



## Analysis of Factors Affecting the Achievement of the Immunization Program at Community Health Center Patek Darul Hikmah District Aceh Jaya

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### Abstract

Complete immunization in healthy Indonesia demonstrates the importance and benefits of immunization for the health of children and the world community, addresses the immunization coverage gap through increased program investment, and conveys that complete routine immunization is the basis for strong health. The purpose of the study was to analyze the factors that influence the achievement of the immunization program at the Patek Health Center, Darul Hikmah District, Aceh Jaya Regency. This qualitative study contained a sample of 10 people, namely 3 main informants from the Head of the Patek Health Center, 1 immunization Programmer and 1 Implementing Midwife and 5 Village Midwives supporting informants and 2 Community. The results of the research explained by informants that Facilities and infrastructure Although there are still mothers who still do not want to bring their children to immunization, Process (planning, implementation, monitoring, evaluation) Planning for immunization activities every month, implementing posyandu not for immunization at Puskesmas, Monitoring monitoring of the local area (PWS), Evaluation of the level of immunization coverage for measles has not been achieved properly. The output of this activity is carried out with cross-programme, cross-sectoral collaboration, professional organizations, NGOs, and community officers/cadres. and Outcome of immunization achievement did not reach 85%. Conclusions and Suggestions It is hoped that as input for the Patek Health Center, Darul Hikmah District, that research provides a positive discourse to further improve the quality of Immunization Program Achievements so that it runs effectively.

### Introduction

According to the Indonesian Ministry of Health, of the 194 member countries of the World Health Organization (WHO), 65 of them have Diphtheria, Pertussis and Tetanus (DPT) immunization coverage below the target of 90%. It is estimated that worldwide in 2013, one in five children or about 21.8 million children did not receive the life-saving immunizations. The Indonesian Health and Demographic Survey showed that there were 415 cases of diphtheria with 24 deaths, so the case fatality rate (CFR) for diphtheria was 5.8% (Anggraeni et al., 2016). Newborns cannot directly produce their own immune system, so all components of the immune system in newborns are obtained from the mother. But the immune system that comes from the mother will experience a passive decline during the first few months. As a result, babies are very susceptible to disease because their body has not yet formed a strong immune system. Therefore, it is necessary to give complete basic immunization consisting of bacillus calmette guerin (BCG), diphtheria-pertussis tetanus-hepatitis b (DPT-HB), hepatitis B in newborns,

polio, and measles. from the womb of a mother. This period is an important period during the baby's growth and development phase. At that time babies are susceptible to contracting diseases, especially infectious diseases because their immune systems are not yet formed and function optimally, so an effort is needed to prevent these diseases. (Depkes RI 2009) (Prayoga, 2017).

Immunization is an attempt to gain immunity artificially by giving live attenuated germs or body parts from germs to form antibodies. The purpose of giving an immunity from immunization is to reduce the number of sufferers of a disease that is very dangerous to health and can even cause death to the sufferer. Basic immunization is very important given to infants aged 0-11 months to provide immunity from diseases that can be prevented by immunization (PD3I), namely Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio, Hepatitis B, and Measles. Immunization is an effort to actively induce/increase a person's immunity to a disease, so that if one day they are exposed to the disease, they will not get sick or only experience mild illness (Rahayu & Idris, 2021). Immunization as a preventive way to prevent diseases that can be prevented by immunization (PD3I), including tuberculosis, diphtheria, pertussis, tetanus, polio, hepatitis B and measles through the provision of immunity which must be given continuously, thoroughly and carried out according to standards so as to be able to provide health protection (Yudhianti, 2020).

Complete immunization in healthy Indonesia demonstrates the importance and benefits of immunization for the health of children and the world community, addresses the immunization coverage gap through increased program investment, and conveys that complete routine immunization is the basis for strong health. 3.9 million children (92.04%) have been fully immunized, 70,000,000 children < 15 years are protected from polio, and 35.3 million children in Java and 23.4 million children. The percentage of immunization coverage for infants in Indonesia in 2015 was 92.3%, in 2016 it was 93.0%, while in 2017 it fell to 91.8%. This shows that there is a decrease in infant immunization coverage in Indonesia (Rahman et al., 2020).

Vaccines have saved millions of children's lives in the last three decades, but there are still millions more who are not protected by immunization. WHO shows that in 2017 there were 19.9 million babies who did not get complete immunization, of which some of the babies lived in five countries, namely Ethiopia, India, Nigeria, Pakistan, and Indonesia. Some of these children are protected from infectious diseases that can cause serious illness or disability and be fatal. During 2018, an estimated 116.3 million (about 86%) children under one year of age worldwide received three doses of diphtheria-tetanus-pertussis (DTP3). These children are protected from infectious diseases that can cause serious illness or disability and be fatal. In 2018, an estimated 19.4 million babies worldwide were not reached by routine immunization services such as 3 doses of DTP vaccine, Around 60% of these children live in 10 countries: Angola, Brazil, Democratic Republic of Congo, Ethiopia, India, Indonesia, Nigeria, Pakistan, Philippines and Vietnam. Indonesia is one of the countries with a large number of children who do not get complete immunization.

Based on data from the Indonesian Ministry of Health in 2016, complete basic immunization coverage in Indonesia was 91.6%. In 2017 the complete basic immunization coverage in Indonesia became 90.8%. In 2018 complete basic immunization coverage in Indonesia decreased by 81.99%. In 2019 the complete basic immunization coverage was 92.3% with the 2019 strategic plan target of 93% with the achievement of HB-0 immunization (83.6%), BCG (94.3%), DPT-HB-Hib 3 (97.0% ), Polio 4 (92.4%), Measles (93.0%). The percentage of villages that achieved Universal Child immunization (UCI) in Indonesia in 2016-2019 decreased and increased, in 2016 the Universal Child immunization (UCI) village coverage in Indonesia was 81.82%, in 2017 the Universal Child immunization (UCI) village coverage in Indonesia by 80.34%, in 2018 by 82.13%, and in 2019 by 89.13% (Utami et al., 2015).

Complete basic immunization has achieved its target and coverage, it will reduce the high mortality and morbidity rate in children under five and will also reduce the occurrence of outbreaks (extraordinary events) in measles, diphtheria, neonatal tetanus, poliomyelitis and hepatitis B, and vice versa if given Complete basic immunization is not effective, it will increase the morbidity and mortality rate which will worsen the condition of children under five and can reduce immunity in children (Sipayung et al., 2018).

Babies who are not given complete basic immunization and are not regularly immunized, then their bodies do not have sufficient and specific immunity against the disease. If enough harmful germs enter, the body is unable to fight germs so that it can cause serious illness, disability or even death (Maghfirah et al., 2017). The benefits of giving immunizations to children not only provide the prevention of certain diseases in the child, but can also prevent the transmission of the disease to others. Therefore, knowledge and attitudes of parents are very important to understand the benefits of immunization, so that children can avoid diseases that can be prevented by immunization (PPD3I). Every year more than 1.4 million children die from various diseases that can actually be prevented by immunization. Although the provision of immunization to children has made progress, it turns out that in 2008 there were almost 24 million or almost 20% of babies born every year around the world who did not get complete basic immunization (Khomariah et al., 2018).

Research conducted by Isna Nurul Khomariah, et al (2018) states that the existence of standard operating procedures (SOPs) is difficult for midwives to reach because the storage of standard operational procedure (SOP) files is not well coordinated. Then for the process aspect, there are still obstacles in several variables, namely the planning variable for the immunization schedule for the Puskesmas with low coverage, which is still carried out in conjunction with other maternal and child health (MCH) programs so that midwives cannot focus on only one program (Rahmawati & Umbul, 2014).

The coverage of complete basic immunization in Indonesia in the last five years has always been above 85%, but has not yet reached the target of the Strategic Plan of the Ministry of Health. In 2018 it was 86% and in 2019 complete basic immunization in Indonesia was 91.12%. This figure is slightly below the 2018 Strategic Plan target of 92%. Meanwhile, according to provincial rankings, there are 15 provinces that have achieved the 2020 Strategic Plan target. Complete basic immunization coverage is in the provinces of South Sumatra (102.3%), Lampung (101.5%), Jambi (101.4%) and West Nusa Tenggara (100.2%) had received complete basic immunization. Meanwhile, the provinces with the lowest achievement were North Kalimantan (66.2%), Papua (68.6%), and Aceh (70.0%).

The Decree of the Minister of Health regarding the Universal Child Immunization National Immunization Acceleration Movement 2010-2014 (GAIN UCI 2010-2014) states that in general the problem of decreasing coverage and quality of immunization services is caused by several things, including (1) as a consequence of the implementation of decentralization that has not been running properly, (2) lack of routine immunization operational funds at the district/city level, (3) the number of regional expansions that are not supported by the availability of facilities and infrastructure, (4) lack of cross-sectoral coordination (private health service units) especially regarding recording and reporting), (5) still there is a delay in the distribution of vaccines, both from the central vaccine warehouse to the provincial vaccine warehouse, the provincial vaccine warehouse to the district/city vaccine warehouse, the district/city to the puskesmas, (6) lack of quantity, quality and distribution of human resources, for example due to high turnover (turn over). from employees, especially at the Regency/City level and community health centers, so that many officers have not received training on immunization programs (Cold Chain, RR, immunization management) and (7) lack of complete and accurate information about the importance of immunization (Saifullah, 2019). As a result, often activities for the preparation of information materials or implementation of

advocacy as a way to increase immunization coverage are neglected, and these activities generally do not receive sufficient budget from the government. This activity is often placed in other costs so that budget discussions are not accommodated (Ummah, 2017).

Disease prevention is a process to avoid a disease through certain interventions/actions. Based on a report from the Aceh Health Office expressing concern about the poor achievement of Aceh's immunization program, various methods have been carried out but the realization in the field is still quite difficult. The negative issue of Morbili and Rubella immunization has a very large contribution to routine immunization coverage in Aceh. So it is hoped that more officers in the field will have to go down to the community to convey information about the importance of immunization, especially for routine immunization. So far, the Indonesian Pediatrician Association (IDAI) has played a significant role in the implementation of immunization in Aceh. Based on 2019 data, immunization achievement dropped dramatically. Pidie Jaya ranks third lowest with a percentage of 22%, under Pidie Jaya District there is Aceh Jaya District as much as 15% the lowest position is Pidie District, immunization achievement in the District only reaches 13%. The low immunization achievement in the district is because the community itself is not interested in immunizing their children, even health workers annually carry out immunization socialization and training and even involve religious leaders in the local district, however, immunization achievements are still low. One of the reasons is because the community itself still associates immunization with halal and haram (Siregar, 2018).

The Aceh Provincial Health Office 2019 targets the Complete Basic Immunization (IDL) program to be run for up to 93% of approximately 113,000 children in Aceh. However, in its implementation, it was only able to immunize 49% of children. so that in that year also found cases of diphtheria although it had decreased to 129 cases. Measles cases in Aceh that have occurred are caused by obstacles experienced by the health side in an effort to handle these cases, one of the reasons is that there are still many people who are reluctant to bring their children to be immunized even though one of the prevention of these cases is by giving immunizations to children child (Triana, 2017).

Incomplete immunization is 46.3% and not immunized is 22.5% and in 2020, Measles immunization coverage is 81.5% (Aceh Province Health Profile, 2021). At the Patek Health Center, Darul Hikmah District, immunization coverage was low for all types of immunization, including HB-0 (59.8%), BCG (60.1%), DPT-HB 3 (71.2%), Polio 4 (46, 9%), and measles (62.4%).

From January to June 2021 in the Patek Health Center Work Area, Darul Hikmah District, Aceh Jaya Regency, only 12 babies had received immunizations. Meanwhile, there are more than 20 children aged 9 months who have received immunizations from 19 villages in the region. This proves that there are still few people who are aware of the importance of immunization for their children.

As a comparison of immunization coverage data at the Teunom Aceh Jaya Health Center for all types of immunization in 2020 including HB-0 (64.7%), BCG (25.1%), DPT-HB 3 (19.7%), Polio 4 ( 11.5%), and measles (19.8%) the target of achieving 75% is higher when compared to the Patek Public Health Center which only achieved 55%.

From the initial survey conducted by researchers in June 2021 on 8 basic immunization officers at the Patek Health Center, Darul Hikmah District, there were several obstacles, namely the achievement of the number of babies targeted for immunization was not appropriate due to input (lack of adequate human resources, Immunization communication and information has not been evenly distributed to the community, supporting facilities and infrastructure are inadequate and even inadequate facilities and infrastructure are not available, the availability of funds to be used for services for immunization program activities is still an obstacle due to lack of operational funds for routine and additional immunizations, public knowledge which

are still not enough obstacles to support the achievement of the immunization program), in terms of process (planning, implementation, monitoring and evaluation) then in terms of output (immunization coverage) and in terms of outcome (reducing morbidity, disability and death due to PD3I).

The results of initial interviews with village midwives at the Patek Public Health Center, Darul Hikmah District, showed that health efforts were not optimal in increasing counseling, improving coaching and increasing the active role of cadres in providing training to the baby's mother so that the mother was on time to bring her child to the posyandu at the time of immunization. Then for health promotion programs that are carried out by the Puskesmas are only in the form of health education programs, and the problem at the puskesmas in implementing immunization coverage is due to the lack of health workers on duty in that section. The community empowerment efforts carried out by the Puskesmas are still not well received by the community because they are considered less attractive to them and the limited education on the importance of immunization for children.

## Methods

This research is a 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 incident. Qualitative research whose purpose is to identify the causes, by evaluating what is the reality that occurs in the achievements of the immunization program in the work area of the Patek Public Health Center, Darul Hikmah District, Aceh Jaya. This research will be conducted at the Patek Health Center, Darul Hikmah District, Aceh Jaya Regency, having the address Pajar, Blang Dalam, Darul Hikmah, Aceh Jaya Regency, Aceh 23656. The research is planned to be carried out from February to October 2021. This technique is carried out to direct data collection in accordance with needs through the selection and determination of informants who really master the information and are trusted to be sources of data. With purposive sampling technique, the sample that became informants was finally determined, namely: the head of the puskesmas, immunization officers. The head of the puskesmas is designated as the main informant because he is considered to be in control and close to the situation that is the focus of the research. And the main information is looking for other informants. This technique is used to search for informants continuously from informants to other informants so that more data is obtained, complete and in-depth. The use of this technique will stop if the data obtained is saturated and does not develop again and is the same as the data obtained previously. The number of informants in this study was 10 informants consisting of: Head of Patek Public Health Center, Darul Hikmah Sub-district as the person in charge of activities at the puskesmas level (1 person), Community Health Center Immunization Programmer (1 person), Implementing Midwife of Patek Public Health Center, Darul Hikmah District (1 person), Village Midwife at Puskesmas Patek Darul Hikmah District (5 people), Patients who have children representing the community (2 people).

## Results and Discussion

Based on the data obtained from the results of the study with 10 respondents, it can be seen in the frequency distribution table as follows:

Table 1. Characteristics of the Main Informant

No.	Age	Education	Work
1	43 th	S1	Head of Puskesmas
2	34th	D4 Obstetrics	Immunization Programmers
3	31st	D3 obstetrics	Executing Midwife

Table 2. Characteristics of Supporting Informants

No.	Age	Education	Work
1	28th	D3 obstetrics	Village Midwife
2	32 th	D3 Obstetrics	Village Midwife
3	35th	D1V Obstetrics	Village Midwife
4	37th	D3 Obstetrics	Village Midwife
5	25th	D3 Obstetrics	Village Midwife
6	34th	Junior	Community
7	28th	Sma	Community

The first thing the researcher did was to submit a letter that had been received from the Institute of Education, the researcher delivered the letter to the Patek Health Center, Darul Hikmah District, where the research was conducted. After the letter was responded to by the management of the Patek Health Center, Darul Hikmah District, the researchers compiled a description of the informants in accordance with the research. Then the researcher determines who is the supporting informant in the study, after that the researcher goes to the informant to ask whether the informant is willing to be interviewed and asks for the right time to conduct the interview. After asking for time readiness to conduct interviews in accordance with the research. In the first week the researcher visited the informant, namely the head of the puskesmas with the initials Bpk Musmuliadi, Bd.Rosmiati and Bd.Yuniar (as the main informant) I asked the informant if he was willing to be interviewed, then the informant stated he was willing to be visited and made an appointment with the informant. On the next day the researcher met the Village Midwife (as a supporting informant) and the researcher made an appointment with the informant and the next day the researcher went to the supporting informant to ask if the informant was willing to be interviewed and asked for a time, at that time the informant made an appointment with the researcher regarding his willingness to be interviewed. After making a request to all supporting informants, the researcher met the informants, who were interviewed were midwives who were in the villages as many as 7 people (as supporting informants). conducted direct interviews assisted by 1 (one) friend of the researcher to take documentation, and the interview went well and the information was obtained by the researcher clearly.

### Human Resources (HR)

Analysis Based on observations made by researchers at the Patek Health Center, Darul Hikmah District, Aceh Jaya Regency, that Human Resources (HR) are still lacking, which is seen from human resources (HR) which are still less than the number, the service is also still not good. Based on the results of the analysis of immunization achievements, several problems were found, namely as follows: Human (HR) is still lacking, which is seen from human resources (HR) is still less than the number, the service is also still not good. And according to the researcher's perception that the staff's service is lacking due to the high work demands of the officers so they cannot provide full services such as good communication and hospitality.

Based on the results of the interview above, the researcher concluded that the main informant of human resources (HR) had fulfilled it, but because of the large number of village areas that included immunization, the implementing midwife felt overwhelmed because they only directly carried out posyandu in immunization. However, based on the results of interviews with informants supporting human resources (HR), some stated that it was lacking because the implementing midwife or midwife who was responsible for administering immunization injections was only one midwife, while the villages that immunized every specified date were 3-4 villages, sometimes even have to run there and run here to catch up to those who want to be immunized.

According to researchers with human resources (HR) are needed in the management of immunization runs well, if human resources are lacking then all activities will be disrupted starting from the delay of the implementing midwife coming to the village due to carrying out immunizations in other villages, it is better if the implementing midwife must be added according to the needs of the village. when immunizing.

In accordance with the results of Susilawati's research (2019) Based on the results of interviews that immunization at the Raya Health Center and Posyandu is only carried out by 1 person, namely the nurse who is responsible for all immunization activities at the Puskesmas and in Posyandu activities, the person in charge of the program also has other workloads, so that there is a lot of workload on 1 person in charge of the program and also as an immunization implementer. Puskesmas Raya will affect the implementation of immunization, so whatever is done in the acceleration will not be achieved and those who receive training in the implementation of immunization are the person in charge of the immunization program, posyandu cadres.

Based on observations made by researchers at the Patek Health Center, Darul Hikmah District, Aceh Jaya Regency, that Human Resources (HR) are still lacking, which is seen from human resources (HR) which are still less than the number, the service is also still not good. And according to the researcher's perception that the staff's service is lacking due to the high work demands of the officers so they cannot provide full services such as good communication and hospitality. The standard operating procedure is due to the fact that one day the Implementing Midwife has to move from one village to another on the same day, but based on the researcher's assumption that Human Resources at the Patek Health Center, Darul Hikmah District, Aceh Jaya Regency is very important to be implemented properly, because with the presence of Adequate human beings, the better the immunization achievement, the more comfortable the patient will be, and can also create satisfaction for the patient.

### **Facilities and Infrastructure**

Analysis Based on observations/observations made by researchers at Patek Health Center, Darul Hikmah District, Aceh Jaya Regency that facilities and infrastructure are still lacking. Based on the results of the analysis of the achievement of immunization obtained several problems, namely as follows:

Based on the results of the interview above, the researcher concluded that the main informant said that the facilities and infrastructure in the implementation of immunization were currently quite good and in accordance with what was needed by medical personnel at the time of immunization and posyandu. the main informant could not explain how the facilities and infrastructure were properly and clearly. However, based on the results of interviews with supporting informants that the facilities and infrastructure are quite good, sometimes if there are tools that are lacking, such as the security box, the posyandu will still be carried out, and used or medical waste will be brought back to the puskesmas.

According to researchers, with good facilities and infrastructure, appropriate actions will be achieved, both patient satisfaction, comfort and welfare for both the community and the medical staff themselves.

The limited infrastructure owned by village midwives does not mean that immunization is not implemented but that the quality of immunization implementation such as the vaccines given may be reduced. Findings encountered in the field.

In accordance with the results of Ade Irma's research (2018) with the title "Analysis of Immunization Program Management in Achieving Universal Child Immunization (UCI) Coverage at the Tukka Health Center, Central Tapanuli Regency in 2018" for facilities and infrastructure have started well but there are some things that are still not good, namely The

absence of vaccine management officers, immunization training has not been carried out, planning for the need for injection equipment, safety boxes, and cold chains, unavailability of timely immunization waste management sites (Siregar, 2018).

Based on the observations/observations of the researcher that the availability of infrastructure is based on qualitative findings, it does not fully guarantee the objectives of implementing the immunization program to run well. the factor of public trust in ideological immunization that makes certain community groups do not want to bring their babies to be immunized. in this study posyandu and/or puskesmas. The non-fulfillment of these indicators hinders the aim of immunization to increase knowledge and the willingness of the community to take an active role in improving health. The immunization program is not the only reason that contributes to public interest in participating in basic immunization services, there is a trust factor in terms of beliefs held by the community that do not justify immunization actions. Program management, SOP compliance, and the availability of good infrastructure can affect the high efficacy of the basic immunization program.

### **Source of Funds**

Analysis Based on observations made by researchers at the Patek Health Center, Darul Hikmah District, Aceh Jaya Regency that the source of funds is still lacking, which is seen from human resources (HR) is still less than the number, the service is still quite good because the government immunization program has provided separate funds so that immunization is not charged any fees from the community.s

Based on the results of the interview, it is known that there is a difference between the answers of the main informants and the supporting informants. Declaring that there is a source of funds for the current immunization program coverage achievement program can help facilitate the smooth running of posyandu activities in the village and community. Although the implementation of community immunization is not levied because the source of this funding can also come from the operational funds of the puskesmas, the APBN and the Provincial APBD, the Regency/City APBD, partnerships and local community self-help. However, the source of funds that every midwife should receive from the field funds they will receive is often obtained by health workers, especially the village midwife who owns the village under their guidance.

In the implementation of the immunization program, the central government needs to coordinate with cross-sector/program related assistance in the utilization of various sources of funds that allow for immunization financing to reach remote villages, especially in remote areas; For example, village funds from the Ministry of Villages, immunization funding in districts/cities according to cost sources are no different from health budgets in general which still rely on DAU and Dekon in their implementation, so that central transfer funds still play a very important role in the implementation of health programs, including in input variable to determine immunization coverage in districts/cities. Central commitment in financing immunization programs should be balanced with local commitments in providing operational budgets.

Based on the observations of the researchers that the source of funds is still not good because often the medical staff do not immediately get the funds they should get, meanwhile the source of funds is the main focus of the patient, namely with the existence of PKH funds for every family that has complete immunization coverage, many mothers want to immunization of their children, but there are also mothers who still do not want to bring their children to immunization for various reasons, even though immunization is free for the community.



## **Process Factor**

### ***Planning***

Based on the results of in-depth interviews conducted with key informants based on planning. Planning is good, so that health program activities can run well with health program planning to achieve immunization well, but otherwise the activities will not be optimal. At the Patek Health Center, Darul Hikmah District, Aceh Jaya Regency, the planning is quite good because there is an immunization schedule and a posyandu being held. by the health center.

Based on the results of the interview above, the researcher concluded that the main informant said that the planning had been prepared every month before immunizing, for people who wanted to immunize every child whose immunization achievements were complete, the main informant could not explain how the planning flow was obtained properly and correctly. However, based on the results of interviews with supporting informants that the planning came from the Aceh Jaya district government, and 2 community informants who were mothers with toddlers said there was no planning but there was already a schedule for the implementation of immunization.

According to Ashari's research (2017), the planning of activities at the puskesmas has been carried out starting with a mini workshop at the puskesmas level, from these results it is proposed to arrange the types and forms of activities as outlined in the POA. All puskesmas have prepared POA for one-year activities. As stated by one of the informants, namely; "Look, sir, if the activities carried out must be in the POA according to the BOK guidelines, but for activities that are included in the POA there must be data, for example data (Mukhi & Medise, 2021).

Planning. According to the Minister of Health Regulation Number 44 of 2016, the planning stages of Puskesmas are in accordance with regional development, starting from the bottom of the village/kelurahan to the district/city health office. This plan needs to be consolidated by various sub-district parties, and will be transferred from the sub-district to the district/city government. When planning will make Microplanning, RUK and RKP (Activity Implementation Plan).

According to the researcher's assumption that planning has been prepared every month before immunizing, for people who want to immunize every child whose immunization achievements are complete, the main informant cannot explain how the planning flow is obtained properly and correctly. However, based on the results of interviews with supporting informants that the planning came from the Aceh Jaya district government, and 2 community informants who were mothers with toddlers said there was no planning but there was already a schedule for the implementation of immunization.

### ***Implementation***

Based on the results of the interview above, the researcher concluded that the main informant said that the implementation obtained came from the local government and for people who wanted immunization. For every child whose immunization achievement is complete, the main informant cannot explain how the flow of funding sources is obtained properly and correctly. However, based on the results of interviews with supporting informants that the implementation comes from the Aceh Jaya district government, midwives will still get money to immunize both village midwives and others who participate in implementing immunizations or posyandu. However, the implementation of immunization does not always go well because many mothers do not want to immunize their children. And 2 community informants who are mothers with toddlers said that they came to the posyandu only to weigh their children every month for the posyandu, but not for immunization.

## ***Monitoring***

Based on the results of the interview above, the researcher concluded that the main informant said that the monitoring obtained came from the local government and for people who wanted immunization, the community did not want to be immunized, even afraid because it was forbidden by their husband. If the fever is well controlled, there will be no seizures. The main informant cannot explain how the monitoring flow is obtained properly and correctly. However, based on the results of interviews with supporting informants that Monitoring comes from the Aceh Jaya district government, midwives will still get to immunize both village midwives and others who participate in implementing immunizations or posyandu. However, funds given to midwives sometimes have to wait quite a long time to issue them. And 2 community informants who are mothers with toddlers said they were afraid to take their children for immunization because their children had a fever and there was no support from their husbands for immunizations.

Monitoring and Evaluation (ME) are two words that have different activities, namely Monitoring and Evaluation. Monitoring is the activity of understanding whether the program is designed to work as expected, whether it has obstacles and how the actors solve the problem. Monitoring of planned results is happening so a controlling tool for all implementation activities. The principles of supervision are: Sustainability, being a material for changes in group activities, being able to provide benefits to users or organizations, encouraging officers and other resources to excel, adjusting to existing rules, being fair, leading to program goals (Setiawan & Wijayanto, 2022).

## ***Evaluation***

Based on the results of the interview above, the researcher concluded that the main informant said that the evaluation obtained came from the local government and for people who wanted to immunize their children, this evaluation of immunization achievement was difficult. What else is your family business. However, based on the results of interviews with supporting informants that the evaluation of immunization in the Aceh Jaya district government, midwives will continue to socialize and carry out immunizations even though there is a refusal to immunize both village midwives and others who take part in carry out immunizations or posyandu. And 2 community informants who are mothers with toddlers said that they came to the posyandu but did not immunize their children because of a fever and were afraid that their husbands would be angry if their children had a fever.

## **Output Factor**

### ***Increased use of Immunization***

Based on the results of interviews with supporting informants that the output of implementing measles immunization, of course, many obstacles were found that interfered with the running of the measles immunization program properly. One of them is that measles immunization must wait until the maternal antibodies disappear so that measles immunization is not neutralized by the maternal antibodies.

The principles of supervision are: Sustainability, being a material for changes in group activities, being able to provide benefits to users or organizations, encouraging officers and other resources to excel, adjusting to existing rules, being fair, leading to program goals. Fattah (2014) suggests that there are 6 principles of evaluation, namely: continuous, meaning that it is carried out continuously. comprehensive, meaning that all aspects and parts of the program are evaluated, objective, meaning that they are carried out freely. Sahih, which means consistency, critical use, benefits, Evaluation (ME) are two words that have different parts of activity, namely Monitoring and Evaluation. Monitoring is the activity of understanding whether the program is designed to work as expected, whether it has obstacles and how the

actors solve the problem. Monitoring of planned results is happening so a controlling tool for all implementation activities. (Setiawan & Wijayanto, 2022).

According to the researcher's assumption, another obstacle that is often found is vaccine damage caused by improper storage because the measles vaccine itself is a live, attenuated virus so that it cannot be exposed to direct sunlight and must be stored in a frozen state. Although immunization activities come from the Aceh Jaya district government, midwives will continue to immunize both village midwives and others who participate in implementing immunizations or posyandu. However, to make immunization services successful, it is absolutely necessary to prepare and mobilize the community. this activity is carried out in collaboration across programs, across sectors, professional organizations, NGOs, and community officers/cadres.

## **Outcome**

### ***Reducing the number of deaths, disabilities and deaths due to P3DI.***

Based on the results of in-depth interviews conducted on key informants based on immunization activities. which is the implementation of immunization program activities with the implementation of programs to improve the quality of health services that have been carried out in several places. The outcome is an increase in the number of people who come to the posyandu, but the posyandu does not carry out measles immunization but to carry out weighing and measuring the height of their toddlers. This is not because the immunization program is not running but because of geographic factors, and the culture of the people who do not want to immunize.

The implementation of immunization can be carried out by the government, the private sector, and the community, by maintaining the principle of integration between related parties. Immunization is a series of planning, implementing, monitoring, and evaluating immunization activities. The purpose of immunization is to provide comprehensive protection against dangerous diseases. By giving immunizations according to a predetermined schedule, the baby's body will automatically be stimulated to have a strong immune system so that the body is able to defend against dangerous disease (Hartaty, 2017). immune to disease so that it can reduce morbidity and mortality in children and the body will not be susceptible to dangerous and infectious diseases (Puri, 2016). To be able to achieve the target of Universal Child Immunization, namely complete immunization coverage of at least 80% evenly distributed to infants in 100% of villages or sub-districts, in addition to achieving Maternal and Neonatal Tetanus Elimination (incidence below 1 per 1,000 live births in one year) (Mona, 2018).

## **Research Implications**

The implications of this study are as follows: Implications for Puskesmas: The results of this study have implications for providing information about the Achievements of the Immunization Program at the Patek Health Center, Darul Hikmah District, Aceh Jaya Regency. Implications For Researchers: The results of this study have implications for providing information about immunization achievements and adding insight to researchers.

## **Researcher Limitations**

It is difficult for researchers to communicate with informants, because informants have a busy job, so researchers must make an appointment in advance to the informant. The lack of openness from informants, so researchers must take an approach to be able to dig up the answers as much as possible. It is difficult for researchers to meet with supporting informants because they have a busy task.

## Conclusion

The influence of Human Resources Factors on the Achievement of the Immunization Program at the Patek Health Center, Darul Hikmah District, Aceh Jaya Regency. Lack of health workers, namely implementing midwives, there are only one person, even though immunizations are carried out in 3-4 villages per day, so it is necessary to add implementing midwives according to what is needed and infrastructure. And even though the Septy Box tool is lacking, immunizations continue to run as they should. Facilities and infrastructure have no effect on the achievement of the immunization program at the Patek Health Center, Darul Hikmah District, Aceh Jaya Regency

## Suggestion

For Health Officers, it is expected that officers will provide services regarding the Achievement of the Immunization Program at the Patek Health Center, Darul Hikmah District, Aceh Jaya Regency. It is recommended as input for the Patek Health Center, Darul Hikmah District, that this research is expected to provide a positive discourse to further improve the quality of Immunization Program Achievements so that it runs effectively and for the Helvetia Health Institute. Society in the library of the Helvetia Institute of Health.

## References

- Anggraeni, R. T., Sriaatmi, A., & Fatmasari, E. Y. (2016). Analisis Pemanfaatan Dana Kapitasi Oleh Puskesmas Dalam Penyelenggaraan Jaminan Kesehatan Nasional Di Kabupaten Purbalingga. *Jurnal Kesehatan Masyarakat (Undip)*, 4(4), 135-144.
- Hartaty, H. (2017). Pengaruh Tingkat Pengetahuan Ibu Tentang Imunisasi Pada Bayi Di Wilayah Kerja Puskesmas Batua Kota Makassar. *Jurnal Ilmiah Kesehatan Sandi Husada*, 6(2), 1-19
- Khomariah, I. N., Suryoputro, A., & Arso, S. P. (2018). Analisis Pelaksanaan Program Imunisasi Dasar Lengkap (Idl) Pada Bayi Di Puskesmas Kota Semarang (Studi Kasus Pada Puskesmas Kedungmundu Dan Puskesmas Candilama). *Jurnal Kesehatan Masyarakat (Undip)*, 6(5), 86-94.
- Maghfirah, N., Yusuf, S., & Hajar, S. (2017). Hubungan Pengetahuan dan Sikap Ibu Balita terhadap Pemberian Imunisasi Polio di Gampong Jawa Kecamatan Kuta Raja Banda Aceh. *Jurnal Ilmiah Mahasiswa Kedokteran Medisia*, 2(3).
- Mona, F. F. (2018). *Faktor Yang Mempengaruhi Kelengkapan Imunisasi Dasar Pada Bayi 10-12 Bulan Di Wilayah Kerja Puskesmas Air Batu Kabupaten Asahan Tahun 2018* (Doctoral dissertation, Institut Kesehatan Helvetia).
- Mukhi, S., & Medise, B. E. (2021). Faktor yang Memengaruhi Penurunan Cakupan Imunisasi pada Masa Pandemi Covid-19 di Jakarta. *Sari Pediatri*, 22(6), 336.
- Prayoga, R. (2017). Tinjauan Fiqh Jinayah Terhadap Pelaku Tindak Pidana Pemalsuan Vaksin Imunisasi Menurut Undang-Undang Republik Indonesia Nomor 36 Tahun 2009 Tentang Kesehatan (Thesis). repository.radenfatah.ac.id
- Puri, Y. E. (2016). *Pengaruh persepsi ibu tentang imunisasi ditinjau dengan health belief model terhadap kelengkapan status imunisasi* (Doctoral dissertation, UNS (Sebelas Maret University)).
- Rahayu, M. M., & Idris, H. (2021). *Kelengkapan Imunisasi Rutin Pada Anak Usia 0-59 Bulan Di Indonesia (Analisis Data Riskedas 2018)* (Doctoral dissertation, Sriwijaya University)

- Rahman, Z., Munir, Z., & Siam, W. N. (2020). Pengaruh Pengetahuan dan Sikap Orang Tua terhadap Motivasi untuk Melengkapi Imunisasi Lanjutan. *Citra Delima: Jurnal Ilmiah STIKES Citra Delima Bangka Belitung*, 3(2), 101-105.
- Rahmawati, A. I., & Umbul, C. (2014). Faktor yang mempengaruhi kelengkapan imunisasi dasar di Kelurahan Krembangan Utara. *Jurnal berkala epidemiologi*, 2(1), 59-70.
- Saifullah M. Selama 2019, 57.630 Anak di Aceh Gagal Dapatkan Imunisasi. 2019.
- Setiawan, M. S., & Wijayanto, A. W. (2022). Determinants of immunization status of children under two years old in Sumatera, Indonesia: A multilevel analysis of the 2020 Indonesia National Socio-Economic Survey. *Vaccine*, 40(12), 1821-1828.
- Sipayung, E. M., Maharani, H., Sirait, T. H., & Gunawan, E. (2018). Perancangan Sistem Informasi Imunisasi Dasar Lengkap (IDL) Menggunakan Teknologi SMS Gateway. *Prosiding SISFOTEK*, 2(1), 139-145.
- Siregar, A. I. O. (2018). Analisis Manajemen Program Imunisasi dalam Pencapaian Cakupan Universal Child Immunization (UCI) di Puskesmas Tukka Kabupaten Tapanuli Tengah Tahun 2018.
- Susilawati, S. (2019). Implimentasi Imunisasi untuk Mencapai Universal Child Immunization (UCI) di Puskesmas Raya Kecamatan Siantar Barat Kota Pematangsiantar. *Jurnal Kesehatan Global*, 2(1), 8-19.
- Triana, V. (2017). Faktor yang berhubungan dengan pemberian imunisasi dasar lengkap pada bayi tahun 2015. *Jurnal kesehatan masyarakat Andalas*, 10(2), 123-135.
- Ummah, W. (2017). *Analisis Manajemen Pelaksanaan Imunisasi Oleh Puskesmas Kaitannya Dengan Pencapaian Universal Child Immunization (Uci) Di Puskesmas Arjowinangun Kota Malang* (Doctoral dissertation).
- Utami, R., Yasin, Z., & Sulistiorini, I. (2015). Hubungan dukungan keluarga dengan motivasi ibu dalam mendapatkan imunisasi dasar lengkap pada bayi usia 0-12 bulan di Desa Nyabakan Barat. *Wiraraja Medika: Jurnal Kesehatan*, 5(1).
- Yudhianti, D. A. (2020). *Profil Pengambilan Vaksin Infanrix Sebagai Salah Satu Imunisasi Dasar Di Ifrs Petrokimia Gresik* (Doctoral dissertation, Universitas Muhammadiyah Gresik).