

ANALYSIS OF UNIVERSAL CHILD IMMUNIZATION (UCI) MANAGEMENT FUNCTIONS IN THE HEALTH POST CENTER SUAK RIBEE DISTRICT OF ACEH BARAT

¹Susy Sriwahyuni, ¹Farita Meiri, ¹Dian Fera, ¹Darmawan

¹Public Health Faculty, Universitas Teuku Umar

Email: susysriwahyuni@utu.ac.id

Abstract: UCI is a condition for achieving complete basic immunization in all infants (children under the age of 1 year). The number of infants in the Puskesmas Suak Ribee working area in 2017 was 1,393 babies, the number of babies who received BCG immunization was 678 babies, DPT1 + HB1 immunization as many as 659 babies, DPT3 + HB3 immunization as many as 549 infants, polio3 immunization as many as 604 infants and measles immunization as much as 542 babies, where only 7 villages were Suak nie village, Suak Raya, Suak Ribee, Kuta Padang, Suak Indrapuri, Kampung Pasir, and Aceh Market, while the villages that did not reach the UCI were Suak Sigadeng, Ujung Kalak, Kampung Belakang. The purpose of the study was to determine the UCI Management Function Analysis. This type of research is a qualitative research method by conducting in-depth interviews. The research was conducted on 10 - 11 June 2019, the informants in this research were 5 people. Results: Planning for immunization work was carried out according to SOPs and regulations, but the preparation was carried out based on the number of infants who were not yet fully immunized and based on programs from cadres in each village. Organizing is done well according to the tasks set by the head of the puskesmas. The task is carried out in turns and alternately by officers and cadres. The implementation of the immunization program at the Suak Ribee Community Health Center is not currently successful because the Puskesmas Suak Ribee only has 6 villages reaching UCI covering 60% in 2018. Supervision is carried out once a week by the head of the puskesmas to the officers and once a month by officers to cadres. The achievement of the new UCI was carried out and achieved in only 6 villages in the working area of the Suak Ribee health center. It is hoped that officers and cadres will be more active in giving immunizations to mothers of infants and other communities so that they know the benefits of these immunizations and allow babies to be immunized.

Keywords: Implementation, Organizing, Planning, Supervision, UCI

Introduction

Immunization is a promotive and preventive effort in basic health services that plays an important role in reducing infant mortality due to diseases that can be prevented by immunization (PD3I). Promotive and preventive efforts are carried out through routine and additional immunization activities given to infants and toddlers. The relevance of the immunization program is that immunization will reduce the death and illness of infants and children, and will indirectly improve their health. Improving health and reducing disability due to disease will increase productivity in the future. The immunization program has priority, or high relevance to general policies and basic human policies, namely to improve health development in particular, while at the same time increasing the welfare of the community (Ministry of Health, Republic of Indonesia, 2014).

Decree of the Minister of Health of the Republic of Indonesia and Riskesdas (2015) states that UCI is a state of achieving complete basic immunization in all infants. Therefore, the government conducted the Universal Child Immunization National Immunization

Acceleration Movement 2015-2019 (GAIN UCI 2015-2019) which is an effort to accelerate the achievement of UCI in all villages / villages in 2019 is expected to achieve complete basic immunization (IDL) coverage to 93% of infants 0- 11 months and 95% of districts / cities have reached 80% of IDL in infants.

Infants who do not get a complete immunization vaccine do not have high immunity which can cause various illnesses in infants. Diseases that can be caused due to incomplete immunization in infants are tetanus, measles and other diseases on a malignant or dangerous scale (Djamiludin, et al, 2015).

Indonesia is still the fourth largest country in the world with a number of children not receiving DPT3 immunization, this has resulted in Indonesia becoming one of the priority countries that have been identified by WHO and UNICEF to implement acceleration in achieving the 100% UCI target of villages / villages. Based on global estimates conducted by WHO in 2015 the implementation of immunization can prevent approximately 25 million deaths of children under five each year due to diphtheria, tetanus, pertussis (whooping cough) and measles. Worldwide, the coverage of polio immunization received by infants with 3 doses of polio vaccine in 2015 was 82% and the coverage of Hepatitis B immunization with 3 vaccine doses was 65%. Whereas DPT and Measles immunization coverage is 81% and 82% (Unicef, 2015).

UCI data results in Indonesia, where the number of villages in Indonesia in 2015 were 79,305 villages, where the number of UCI villages was 64,839 villages (82.1%) (Kemenkes RI, 2016). Based on data on the number of villages in Indonesia in 2016 as many as 80,928 villages, where the number of UCI villages was 66,217 villages (82.0%) (Kemenkes RI, 2017). Based on data on the number of villages in Indonesia in 2017 as many as 83,558 villages, where the number of UCI villages was 67,132 villages (80.34%) (Ministry of Health, Republic of Indonesia, 2018).

According to UCI data by district, the total number of villages in Aceh in 2015 was 6,491 villages, where the number of UCI villages was 4,385 villages (67.5%) (Aceh Health Office, 2016). Based on data on the number of villages in Aceh in 2016, there were 6,532 villages, where the number of UCI villages was 4,263 villages (65.26%) (Aceh Health Office, 2017). Based on data on the number of villages in Aceh in 2017, there were 6,537 villages, where the number of UCI villages was 4,274 villages (65.38%) (Aceh Health Office, 2018).

Based on data on the number of villages in Aceh Barat in 2015 there were 321 Villages, where the number of UCI Villages was 190 Villages (59.2%) (West Aceh Health Office, 2016). Based on data on the number of villages in Aceh Barat in 2016, there were 321 Villages, where the number of UCI Villages was 187 Villages (58.3%) (West Aceh Health Office, 2017). Based on data on the number of villages in West Aceh in 2017 as many as 321 Villages, where the number of UCI Villages was 185 Villages (57.6%), the highest area of work for puskesmas with UCI villages was Peureumeu Community Health Center (82%), then followed by Pasi Mali Puskesmas (82%) 80%) and then Peureumeu puskesmas (75%), then followed by Kajeung puskesmas (74%) and Suak Ribee puskesmas (60%) (West Aceh Health Office, 2018). Based on data on the number of villages in Aceh Barat in 2018 as many as 323 villages, where the number of UCI villages was 124 villages (38.3%), the highest area of work for puskesmas with UCI villages was the Cot Seumeureung Community Health Center (78%), then followed by Suak Ribee puskesmas (70%) and then Pante Ceureumen puskesmas (56%) (West Aceh Health Office, 2019). The number of babies in West Aceh Regency in 2017 was 4,121 babies, the number of babies receiving BCG immunization was 2,503 babies, the DPT1 + HB1 immunization was 2,379 babies, the DPT3 + HB3 immunization was 1,982 babies, the 2,195 polio immunization and 2,048 babies were measles immunization, infants (West Aceh Health Office, 2018).

Based on data on the number of villages in the work area of Suak Ribee Puskesmas in 2016, there were 10 villages, where the number of UCI villages was 6 villages, namely Suak Raya, Suak Ribee, Kuta Padang, Indrapuri Suak, Sand Village, and Aceh Market (Puskesmas Suak Ribee, 2016) . Based on data on the number of villages in the working area of Suak Ribee Health Center in 2017, there were 10 Villages, where the number of UCI Villages was 6 Villages namely Suak ni village, Suak Sigadeng, Kuta Padang, Kampung Balik, Kampung Pasir, and Aceh Market (Puskesmas Suak Ribee, 2017). Based on data from the number of villages in the work area of Suak Ribee Health Center in 2018, there were 10 villages, where the number of UCI villages was 7 villages, namely Suak nie village, Suak Raya, Suak Ribee, Kuta Padang, Indrapuri Suak, Kampung Pasir, and Aceh Market (Puskesmas Suak Ribee , 2018). The number of babies in the working area of the Suak Ribee health center in 2017 was 1,393 babies, the number of babies receiving BCG immunization was 678 babies, the DPT1 + HB1 immunization was 659 babies, the DPT3 + HB3 immunization was 549 babies, 604 polio 3 immunizations and 604 infant measles immunization as many as 542 babies (West Aceh Health Office, 2018).

Based on the results of interviews with 3 immunization officers, 1 officer stated that planning for achieving immunization in all work areas of the Suak Ribee Community Health Center still faces obstacles in several villages that have not yet fully recorded the number of toddlers so that the achievement of UCI in terms of immunization cannot be reached to the maximum. Furthermore, 1 officer stated that the implementation of planning in the field could not yet be fully carried out to the fullest because the mother had not yet fully brought her baby and toddler to the posyandu where UCI services were carried out. Meanwhile, 1 other officer stated that the control carried out by the head of the puskesmas was directly fielded to record the total number of children under five and the number of children under five who had been immunized, but not all villages could be reached by the officers, due to lack of health workers so there were still some villages that had not reach UCI.

This initial survey was also carried out for mothers who have children under five in the village not UCI ie the results of interviews of 3 mothers are 2 mothers stated that the mother never brought her toddler to the posyandu or puskesmas, because the toddler was never sick and the mother felt no need to be brought health check, besides that the mother also explained that the toddler was not immunized because of a prohibition from in-laws stating that immunization was not needed as long as the child was still healthy. Furthermore, one mother stated that she was afraid when the health worker came to her house to ask questions about her child's health, therefore she was not willing to ask and answer the staff's questions, because she was afraid that if the child was immunized would cause the child to become sick.

Research Methods

Research Types and Design

This type of research is a qualitative research method by conducting in-depth interviews (indepth interview) to obtain more in-depth information about the work motivation of health workers in providing health services, making it possible to get implicit information about the motives for achievement, motives for affiliation and motives for power (Notoatmodjo 2010). which aims to determine the Analysis of the Management Function of Universal Child Immunization (UCI) in the Work Area of the Suak Ribee Health Center in West Aceh District.

Research Location and Research Time

This research was conducted in the Work Area of Suak Ribee Health Center in West Aceh District in June 2019.

Informant

Informants are people who provide information (Arikunto, 2010). Informants in this study are:

Main Informant	Triangulation Informant
Head of The Health Center (IU ₁)	2 Posyandu Cadres (IT ₁ dan IT ₂)
Head of The Immunization Room (IU ₂)	2 mothers who have babies 9-12 months (IT ₃ dan IT ₄)
Immunization officer (IU ₃)	

Results and Discussion

Planning Factors with achieving immunization

Each year the Suak Ribee Community Health Center prepares plans for implementing activities for the immunization program, but the preparation is based on the number of infants whose immunizations are incomplete and based on programs from cadres in each village. Planning is not just a technical activity, but a continuous process of observing adjustments to make changes and the learning process, which must be maintained continuously. Based on the observations of researchers in the field of immunization activity planning is based on existing SOPs and regulations so that everything is in accordance with the needs of the community. It's just that there are obstacles in the field not in accordance with planning where there are still mothers who do not allow their children to be immunized and do not bring their children to the community.

The solution to this problem, according to the researchers, is to go into the field before compiling an immunization work plan, so that the plan is prepared based on the conditions of the surrounding community and the preparation as well as to solve the problems that exist in the field.

Compile activity proposals that contain details of activities, objectives, magnitude of activity (volume), time, location and estimated cost needs for each activity. The plans that have been prepared are submitted in the form of a matrix (Gantt Chart). Preparation of the initial stage of the program development plan is carried out through meetings that are carried out specifically together with the BPP and the District / City Health Office in the form of community deliberations. Submitting a proposal for an activity carried out by a puskesmas is submitting an activity proposal to the District / City Health Office for funding. Proposed activities can also be submitted to the Puskesmas Trustee Body or other parties. If done to other parties, the proposed activity must be accompanied by a description of the background, objectives and urgency of the need to carry out efforts to develop the achievement of the UCI (Permenkes Number 75 of 2014).

The results of this study are supported by June (2016). From this study it can be seen that the average coverage of infant immunization for up to four years is 86% for measles, 89% for DPT1, 86% for DPT3, 87% for Polio4, 84% for BCG and 85% for HB3. Immunization of babies in Puskesmas has not yet reached the UCI target. Planning, implementation which includes supervision, coordination, Cold Chain, workload, motivation and evaluation of the immunization program are still not fully implemented. Obstacles in the immunization program some officers do not yet know the process of preparing the Planning Of Action, there is no supervision for immunization and there is a lack of motivation for officers.

Organizing Factors with achieving immunization

In every activity of the Suak Ribee Community Health Center staff there are officers who carry out work activities for the immunization program, so that the common goals can be achieved in a good learning process, then they must fulfill the following principles: a) Have

clear goals that can be understood and accepted by officers, cadres and the community. In an activity, it must have clear and detailed goals. b) Has a clear organizational structure. Based on the observations of researchers in the field, all UCI activities are carried out based on their respective tasks, namely tasks based on their respective plans and responsibilities.

An activity in the organization of each officer and cadre must be clear their duties, authority and responsibilities, relations and work procedures so that all tasks can be carried out properly and in accordance with the rules and expectations.

The solution for this problem, according to the researcher, is that all the activities or tasks are carried out properly and maximally and mutually help all UCI activities properly and in accordance with SOP.

According to Handayani (2013), states the characteristics of the organization as follows: 1. There is a group of people who can be known. 2. The existence of different activities but interrelated. 3. Each member gives his business contribution or energy. 4. There is authority, coordination and supervision. 5. The existence of a goal.

The results of this study are supported by Kusmiyati (2013). From this study it can be seen that good and directed organizers can increase UCI because each officer does his work according to their respective tasks.

Implementation factors with the achievement of immunizations

The immunization program for children that aims to reduce the number of morbidity and health hazards to children can be seen from the government's targets and the realization of an implementation of the existing immunization program at Puskesmas Suak Ribee. In carrying out the effectiveness of the implementation of the immunization program at the Puskesmas Suak Ribee, it has not been quite successful because Puskesmas Suak Ribee has only 6 villages that have reached UCI, which covers 60% in 2018. Whereas the parties involved at the Puskesmas Suak Ribee always carry out activities outside the Puskesmas in Posyandu which always explains and reminds parents of the children the purpose and benefits of immunization when seeking treatment or visiting the Puskesmas. Based on the observations of researchers in the field of immunization activities carried out based on SOPs and existing regulations so that all are in accordance with community needs. It's just that there are obstacles in the field not in accordance with planning where there are still mothers who do not allow their children to be immunized and do not bring their children to the community.

The solution to this problem, according to the researchers, is to go on field trips and conduct health meetings by showing cases that occur due to children not being immunized.

According to Proverawati and Andhini (2010) immunization service activities from operational and special activities, namely: 1. Routine Immunization Activities are immunization activities that routinely and continuously must be carried out in a predetermined time period. 2. Additional immunization is an immunization activity carried out on the basis of the discovery of problems from the results of monitoring or evaluation. 3. Immunization in response to Extraordinary Events (KLB). 4. Specific immunization activities such as the National Immunization Week (PIN), the National Immunization Week, and the Measles Catch-up campaign.

The results of this study are supported by Rahmawati (2017). The results of this study indicate that the effectiveness of the implementation of the measles immunization program for children in Juanda Health Center, Samarinda Ulu District, Samarinda City has been quite effective, this can be seen from the achievement of policy objectives almost reaching the desired target of the government, fulfillment policy demands that the parents of the children already know the importance of giving measles immunization, more parents feel the positive impact after participating in the measles immunization program, adequate means of policy is received by residents.

Oversight Factors with immunization achievement

Inherent supervision is the activity of observing, observing assessing, directing work, the authority handed over by superiors to their subordinates so that they can be sanctioned subordinates structurally, which are carried out continuously and continuously. While the monitoring indicators that will be used in the measurement of this variable are determining the size of the implementation. This means that ways to measure implementation such as continuous or some minimum requirements to supervise at a time such as once a week or several times a month maybe even a few hours every day, give an assessment.

The solution to this problem according to the researcher is that supervision should be carried out in addition to the reporting of officers as well as in field activities where each activity carried out by officers and cadres in the field gets good supervision so that the achievement of UCI is expected to increase.

Therefore supervision must be seen as an information system, because the speed and determination of corrective actions as a result of the monitoring process depends on the type of information received. According to (Kansil, 2012) supervision is very important to ensure the implementation of government oversight policies is an effort to guarantee: a. Harmony between the implementation of government tasks by the regional government and the central government. b. The smooth running of the government is efficient and effective.

The results of this study are supported by Ika (2013). The results of this study can be seen that supervision is carried out every day by getting activity reports from cadres, village midwives, and immunization officers. As well as monthly reports at meetings, and monthly every 3 months at quarterly meetings in the Kalirungkut Community Health Center Surabaya.

Achievement of immunization

Achievement of UCI has not yet been fully achieved, where only 6 Villages that have achieved UCI have not met the target In accordance with Regulation of the Minister of Health of the Republic of Indonesia Number 42 Year 2013 Regarding the Implementation of Immunization, the implementation of immunization carried out by officers requires several work steps that have been regulated in the SOP on immunization.

Conclusions

In accordance with the results of research in the field and obtained accurate research results in accordance with the data obtained. Then the researchers concluded that based on the results of the interview:

1. Immunization work planning is carried out in accordance with SOPs and regulations, but the preparation is based on the number of infants whose immunizations are incomplete and based on programs from cadres in each village.
2. Organizing is done well according to the tasks assigned by the head of the puskesmas. These tasks are carried out in turns and alternately by officers and cadres.
3. The implementation of the immunization program at the Suak Ribee Health Center is currently not quite successful because there are only 7 Village Health Centers that reach 70% by 2018.
4. Supervision is carried out once a week by the head of the puskesmas to the officers and once a month by the officers to the cadres.
5. The achievement of the UCI has only been implemented and has been achieved in only 7 villages in the working area of the Suak Ribee puskesmas

Suggestions

1. Mothers who have babies should always take part in health education about immunization carried out by the puskesmas so that the mother knows the benefits of the immunization and takes the baby to the posyandu or puskesmas to be immunized.
2. It is hoped that officers and cadres will be more active in providing immunizations to the baby's mother and other communities so that they know the benefits of the immunization and allow the baby to be immunized.
3. To the head of the puskesmas to hold frequent health meeting activities especially on immunization in the villages of the Suak Ribee puskesmas working area to provide information to the general public about immunization.
4. To further researchers to conduct the same research but with different variables.

References

- Abdullah. 2012, *Kumpulan Makalah "Study Implementasi Latar Belakang Konsep Pendekatan dan Relevansinya Dalam Pembangunan"*. Persadi, Ujung Pandang. Hlm 41
- Annisa. 2012. Tingkat Kematangan Social Capital dengan Pencapaian Target Universal Child Immunization (UCI) di Wilayah Puskesmas Kota Surabaya. *J. Adm. Kebijak. Kesehat.*, Vol. 10, No. 1, Januari–April 2012: 1–5. ISSN. 2341-3461. Fakultas Kesehatan Masyarakat, Universitas Airlangga, Surabaya
- Arikunto, S. (2010). *Prosedur Penelitian: Suatu Pendekatan Praktik*. Jakarta: Rineka Cipta
- Atik & Ratminto. 2012. *Manajemen Pelayanan*. Yogyakarta : Pustaka Pelajar.
- Dinas Kesehatan Aceh Barat. *Data Jumlah Bayi dan Imunisasi di Kabupaten Aceh Barat Tahun 2016*.
- Dinas Kesehatan Aceh Barat. *Data Jumlah Bayi dan Imunisasi di Kabupaten Aceh Barat Tahun 2017*.
- Dinas Kesehatan Aceh Barat. *Data Jumlah Bayi dan Imunisasi di Kabupaten Aceh Barat Tahun 2018*.
- Dinas Kesehatan Aceh. *Data Jumlah Bayi dan Imunisasi di Provinsi Aceh Tahun 2016*.
- Dinas Kesehatan Aceh. *Data Jumlah Bayi dan Imunisasi di Provinsi Aceh Tahun 2017*.
- Dinas Kesehatan Aceh. *Data Jumlah Bayi dan Imunisasi di Provinsi Aceh Tahun 2018*
- Djamaludin, dr.Eveline. 2010. *Panduan Pintar Merawat Bayi dan Balita*. Jakarta: PT Wahyu Media
- Handoko, Hani T. 2012. *Manajemen*. Yogyakarta : BPFE
- Handoko, Hani T. 2012. *Manajemen*. Yogyakarta : BPFE
- Hanum. 2015. *Tumbuh Kembang, Status Gizi dan Imunisasi Dasar Pada Balita*. Yogyakarta : Nuha Medika
- Hasibuan, Malayu. 2014. *Manajemen, Dasar, Pengertian, dan Masalah*. Jakarta : Bumi Akasara.
- Hidayat, A. A. A., 2013. *Ilmu Keperawatan Anak I*. Jakarta: Salemba Medika..