

**IMPLEMENTATION OF IMMUNIZATION PROGRAM POLICY
TOWARDS UNIVERSAL CHILD IMMUNIZATION (UCI)
ACHIEVEMENT VILLAGE IN BANDUNG DISTRICT
(STUDY AT SANGKANHURIP AND SOREANG COMMUNITY HEALTH
CENTERS)**

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Abstract, Immunization is one of the primary health care efforts in terms of preventive play a role in reducing infant mortality. Although existing immunization policies and programs exist, the availability of vaccine logistics and service standards already exists, but with no achievement of targets there is still a gap between policy decisions and implementation of immunization programs. This is based on data obtained where in 2015 there was a significant decrease in the achievement of targets from Soreang and Sangkanhurip Community Health Center or *Puskesmas*. This research is to study how to Implement Implementation Policy of Universal Immunization Immunization (UCI) in Soreang and Sangkanhurip *Puskesmas*. And what strategies are used to achieve the village's Universal Child Immunization (UCI) immunization program at the Soreang and Sangkanhurip *Puskesmas*.

In this research, the researcher uses qualitative research method with descriptive approach, because the researcher will describe the problems of two research objects with the same problem without doing comparison. Communication in Immunization Program Policy toward the achievement of Universal Child Immunization (UCI) of the village in Soreang and Sangkanhurip *Puskesmas* has not been running optimal, this is because there is no special coordination meeting to discuss Immunization Program but still united with monthly meetings / monthly workshops of the *puskesmas* as well as the Bureaucratic Structure has not been sufficient, so that the implementation of immunization program targeting UCI village is not achieved.

Keywords : Implementation, immunization program, universal child immunization.

1.1 Research Context

Immunization is one of the basic health care efforts in terms of preventive play a role in reducing infant mortality. In the era of Government Susilo Bambang Yudhoyono President issued Presidential Regulation no. 12/2013 on the National Health Insurance and the policy is transmitted by the Minister of Health who issued policy No 42 of 2013 on the implementation of immunization.

Community Health Centers or in bahasa *Puskesmas* is a unity of functional organization that conducts health efforts that are comprehensive, integrated, equitable and acceptable and affordable by the community with active participation of the community and use the results of the development of science and technology appropriate, at a cost that can be borne by the government and the wider community to achieve optimal health status, without neglecting the quality of services to individuals (MOH, 2009). In its implementation to achieve a healthy Indonesia, every *puskesmas* given professional targets in order to become a benchmark in improving the health of Indonesian citizens.

Although immunization policies and programs already exist, availability of vaccine logistics and service standards exists, but with no achievement of targets there is still a gap between policy decisions and implementation of immunization programs. This is based on data obtained where in 2015 there was a significant reduction in target achievement of Soreang and Sangkanhurip health centers. From the above description it can be assumed that the implementation of the immunization program is not yet optimal.

1.2 Problem Formulation

Based on the statement of the problem identification problem being formulated as follows:

1. How is Implementation of Immunization Program policy of Universal Child Immunization (UCI) at Soreang and Sangkanhurip Community Health Center?
2. What strategies are used to achieve the village's Universal Child Immunization (UCI) immunization program at Soreang and Sangkanhurip Community Health Centers?

1.3 Research Purposes

1.3.1. Theoretical Aspects

Research of results are expected to be useful for subsequent assessment of policy implementation, so that in turn is expected to be an input for parties related to the issue of policy implementation as a reference for similar research.

1.3.2 Practical Aspects

The results of this study is expected to be a vehicle of various sciences that have been studied and useful to develop understanding, reasoning of the author's experience, is also expected to be useful for the development of science, especially the field of public administration

1.4 Framework

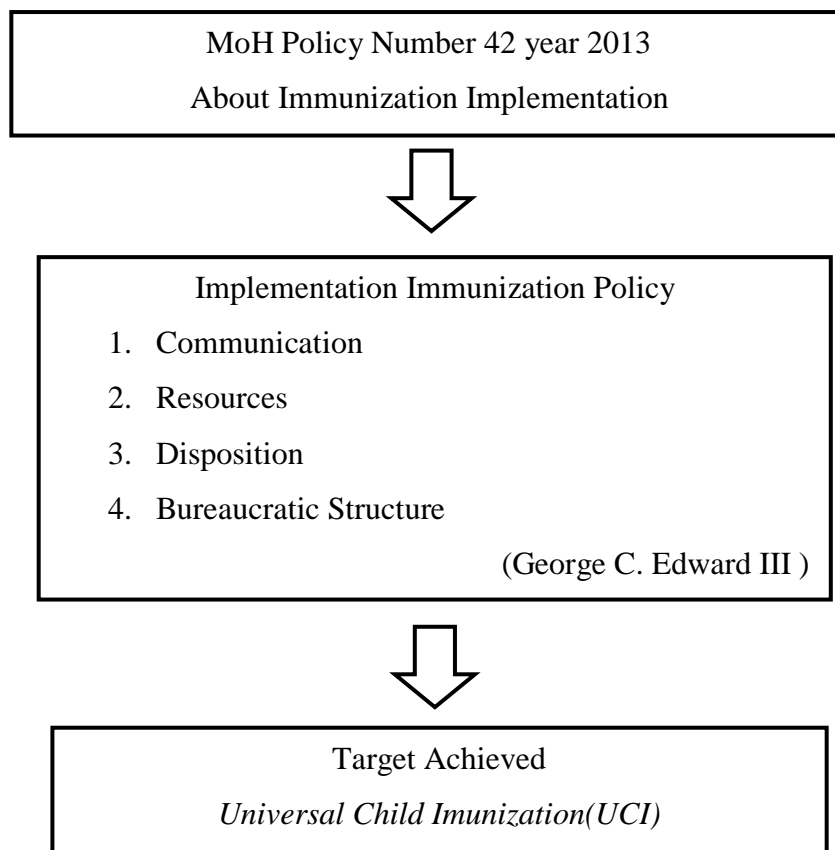
For make it easier to analyze research, in this research the focus of the core framework used is public policy and public policy implementation. Public policy is an action taken by the government to overcome the problems or problems that exist in society. In any policy undertaken by the government must have the objectives of the existence of the policy. with the policy being issued will make the society better.

Indicator of the achievement of immunization program activity is the achievement of target of Universal Child Immunization (UCI) that is complete basic immunization coverage of at least 80% of infants equally throughout the village according to the policy of health minister No. 42 year 2013. To achieve the target policy of Universal Child Immunization at least 80 % required a good and effective implementation.

Implementation of the policy is influenced by four variables, namely: (1) communication, how communication and information submitted whether the target is right or not, (2) resources, whether the resources owned is sufficient or not. (3) disposition, how seriousness of employees in carrying out their duties. and (4) bureaucratic structure. Is the tupoksi also the authority is in accordance with the position held. The four variables are related to each other.

Based on the above explanation above, the researcher framework are presented in the frame of thought as follows:

Picture 1
Framework



Picture 2.1. Frame of Policy Implementation Analysis Model

1.5 Proposition

Based on the above framework, where the policy implementation theory that researchers take from Edwards III (1980), policy implementation is influenced by four variables, namely: (1) communication, (2) resources, (3) disposition, and (4) bureaucratic structure. The four variables can not be separated means interconnected with each other Widodo (2010: 96), then the researchers formulate the proposition as follows:

If Implementation Immunization Program at *Puskesmas* Sangkanhurip Bandung District runs well or meet the standards as in *Puskesmas* Soreang, it will have good impact in achieving the target of immunization program in Bandung district.

1.6 Research Method

Research is a process of looking for something systematically in a long time by using certain methods. The application of such methods in the practice of research required the design of research in accordance with the conditions and situations of the study. According to Nazir (2011: 84), Research design is all the necessary processes in planning and conducting research. Thus it is clear that the research process consists of research planning and implementation research or operational research process.

In this study, researchers used qualitative research methods with a descriptive approach, because researchers will describe the problems of two objects of research with the same problem without doing a comparison. According to Irawan (2006: 5) the qualitative method is referred to as 'Natural inquiry (because of its natural, not artificial context), or Interpretive inquiry (because it involves many subjective factors both from the informant, the subject of the researcher himself). While the descriptive approach Sugiyono (2011: 11) describes the research conducted to determine the independent variable, either one variable or more (independent) without making a comparison, or connecting between variables one with other variables.

Bungin (2009: 68-69) Descriptive qualitative research aims to describe, summarize the various conditions, various situations, or various phenomena of social reality that exist in the community that became the object of research, and attempt to draw the reality to the surface as a characteristic, , model, sign, or description of certain conditions, situations, or phenomena. Qualitative descriptive formats are generally carried out on research in the form of a qualitative descriptive study. The study does not have characteristics such as water (spreading on the surface), but focuses on a particular unit of various phenomena. From such a feature it is possible that the study can be very profound and thus that the depth of the data into consideration in the study of this model. Therefore, this study is in-depth and "stabbing" the target of research.

1.7 Research Result and Explanation

In this study, the authors use the theory of Edward III in analyzing Implementation of Immunization Program Policy Towards UCI Achievement Village in Sangkanhurip and Soreang Community Health Center. Edward III explained that there are four variables that become indicators of successful implementation of a public policy, namely: communication, resources, disposition and bureaucratic structure. So the author wants to know How to Communicate the Immunization Program Policy towards Universal Child Immunization (UCI) achievement village in Soreang and Sangkanhurip *Puskesmas*? How is Human Resources The Immunization Program Policy towards Universal Child Immunization (UCI) achievement villages in Soreang and Sangkanhurip *Puskesmas*? How is the Disposition of Immunization Program Policy toward of Universal Child Immunization (UCI) achievement in Soreang and Sangkanhurip *Puskesmas*? How is the Bureaucratic Structure of the Immunization Program Policy toward of Universal Child Immunization (UCI) the achievement villages in Soreang and Sangkanhurip *Puskesmas*?

The following authors will provide a description of the implementation of immunization program policies towards the achievement of UCI Desa in Sangkanhurip and Soreang *Puskesmas* based on Edward III theory.

1.7.1.Implementation of immunization Program policy Universal Child Immunization (UCI) Village in Soreang and Sangkanhurip Community Health Centers or *Puskesmas*?

Communication is the process of delivering information from the communicator to the communicant. Meanwhile, policy communication means the process of delivering policy information from policy makers to policy implementors.

To find out how far the effectiveness of program communication Universal Child Immunization (UCI) village in Sangkanhurip and Puskesmas Soreang *Puskemas* Bandung district, it can be seen in the following dimensions:

The transmission dimension requires that public policy be submitted not only to policy implementors, but also to policy groups and other interested parties whether directly or indirectly.

Based on the analysis from several key informants, the information about Immunization Implementation Implementation and Target of Universal Child Immunization at Sangkanhurip and Soreang Public *Puskesmas* utilize direct face-to-face coordination. This coordination activity is routinely carried out at *Puskesmas* by involving program organizers at *puskesmas*, village midwives, intergrated service post (*posyandu*) cadres, and private practice midwives. In addition, some program organizers at *puskesmas* get information through informal channels from program organizers in the regions.

While the socialization to the target group or the community is done through special meetings by inviting the community, such as: Immunization Program socialization for Community Leaders, Religious Leaders and for the Principal elementary school (SD) / MI & Principal Junior High school (SMP) /

Tsanawiyah. Although not all villages in Bandung regency can implement it. This is related to several obstacles, namely the lack of physical socialization, access to villages, and forms of community rejection related to immunization related to the beliefs held by some villagers in Bandung District.

The form of anticipation by *Puskesmas* and Village Midwives is to approach and explain to the leaders of village religions, so they are also expected to be agents of transmitting immunization information to other communities. With the socialization to religious leaders and understanding by religious leaders to the public is expected then the community participation to get high immunization.

In addition, Head of *Puskesmas* intensified supervision with coordination in one month conducted one time coordination meeting. The pattern calls the village midwives to be questioned about the problems. From the coordination material, the Head of *Puskesmas* visited integrated service Posts or *Posyandu* to observe the problems in *Posyandu* and cross check between the reports and the findings in the field.

The dimension of clarity requires that the policy transmitted to the implementer, the target group and other interested parties clearly so that among them know what the purposes, objectives, targets, and substances of the public policy so that each will know what should be prepared and implemented to succeed the policy effectively and efficiently.

Clarity of information about Immunization Implementation and target of Universal Child Immunization (UCI) of Villagevat Sangkanhurip and Soreang *Puskesmas* is quite clear for some parties. This is explained through the acknowledgment of some key informants regarding the clarity of the immunization program information and its targets.

Result of analysis from some key informant still there is unclear information related to Immunization Program which happened at Sangkanhurip and Soreang *Puskesmas*, this things happen because there is no special coordination meeting to discuss Immunization Program but still united with monthly meeting / workshop of *puskesmas*. In the meeting discussed / evaluated all the programs so that all the programs are discussed so that the problems of the immunization program has not been discussed in a masksimal manner. Due to the lack of clarity on the information, there are still Village Midwives / Immunization Implementers who do not know the new Immunization program when it has been running for two years. Submission of immunization program policy changes to Bidan Desa is still not optimal. for example availability of equipment information. The information obtained is not whole.

Consistency dimension is required so that the policy adopted is not confusing, thus confusing the policy implementer, the target group and the parties concerned.

The information contained in UCI Village immunization implementation policies and targets is clear and the organizers already know the purpose and objectives of the policy. It's just that there are some things that become obstacles with immunization program information. Based on the results of the analysis of the informants, in Sangkan Hurip *Puskesmas*, some program organizers felt that there were confusions about program targets, information on vaccine availability

and policy changes. Simply confusing immunization program targets and changes in immunization program policies this happens because of delayed socialization conducted. Whereas the variance of information about vaccine availability is lack of coordination between vaccine responsibility holders at *puskesmas* and some village midwives

Sangkanhurip and Soreang *Puskesmas* have resources to implement existing immunization program policies. Resources here relate to any sources that can be used to support the successful implementation of immunization program policies. These resources include human resources, budgets, facilities and authorities described below:

The existence of human resources at Sangkanhurip *Puskesmas*, based on the analysis result from the Head of Sangkanhurip *Puskesmas* which for 2 years back had experienced void of village midwife. The vacancy is then anticipated later by the midwife of the *puskesmas*. The lack of awareness of the Village Midwife about how to pursue the UCI itself. Lack of performance support for immunization program holders. The problem that existed in the program holder is because no serious data retrieval so the data obtained is not accurate. In addition, there is no report from the program holder to the Head of the *Puskesmas* regarding the distribution of the vaccine and its liabilities. This effort was anticipated by replacing program holders by Village Midwives who are considered to have knowledge about Immunization in the hope that their knowledge can have anticipative steps to catch up with UCI village. However, the change is not effective because many of these midwives have multiple positions in certain organizations, so the work becomes unfocused and there is no concrete step to catch up with UCI. This can be seen from how the coordination of immunization data with the service (*Dinas*) has never found conformity.

While in Soreang *Puskesmas* there are some villages that do not reach the UCI target of the village due to lack of awareness from the Village Midwife about how to pursue UCI itself and have not reported the coverage of private practice.

The main problem is actually in private practice midwives where they rarely coordinate and provide immunization reporting to immunization program holders at *puskesmas*.

Disposition or attitude is a behavior that is shown by elements of a policy implementation activity to be able to align the behavioral growth of the attitude shown by the developers of government policy on the subject and the object of the policy. Includes various forms of program activities and follow-up of a development activity.

Based on the analysis of key formants that Soreang and Sangkanhurip *pukesmas* in the case of a high commitment to achieve the target UCI village is still not optimal, that was because when immunization coverage has not yet reached the target village midwives have not done an evaluation and measures to overcome them. From the analysis that many of the targets are immunized in private midwife practice, but the village midwife does not seek and how the private midwife practice reports on immunization coverage. When private midwife practice does not report immunization coverage results, the Village

Midwife does not take the coverage of private midwife practice so that UCI village coverage is can not achieved.

Based on the analysis of key forman that the Head of *Puskesmas* is less helpful and evaluate the result of immunization program coverage periodically when it is the main duty and function and responsibility of head of *puskesmas*. Head of *Puskesmas* knowing the coverage of UCI villages did not reach the target at the end of the year even after the end of the year so it can not make steps for the achievement of UCI Village target.

Based on the analysis result from the Head of Puskesmas that the Immunization Coordinator (Korim) as responsible for immunization program at puskesmas has not conducted maximum guidance and monitoring to the Village Midwife who has not reached UCI Desa and did not give periodic evaluation report about UCI achievement of the village and the problems occurred in the field so the Head of Puskesmas was late to find out the problems that occurred.

The result of the analysis of the key forman that the bureaucratic structure in implementing the Immunization Program policy is well available. This means that bureaucratic structures are available from provincial, district, community and village levels. The institutional availability is intended so that each designated institution has its own duties and authorities in implementing the Immunization Program policy. Due to the clarity of tasks and workload of each instanssi will provide convenience for other agencies in doing their work. One of the important structural aspects of any organization is to use Standard Operational Procedures (SOPs). This is also evidenced by the findings of researchers on the existence of SOP or juknis which is a guideline Immunization Program implementation. Standard Operational Procedures (SOPs) are needed in the implementation of a policy. Basic procedures of work are the procedures or standards used as a reference in the implementation of a policy. With the basic procedures of work, the implementation of the policy can be in accordance with the predetermined plans.

Based on the analysis of key forman, the coordination between the implementer of the immunization program policy in Sangkanhurip and Soreang *Puskesmas* through cooperation between Bandung Health Office, Head of *Puskesmas* and Village Midwife. Through good cooperation or coordination in the implementation of each task, the Health Office as a hand gap from the central government is responsible for preparing the Head of *Puskesmas* and Village Midwife in understanding and implementing the immunization program policy. Head of *Puskesmas* and Village Midwife disseminate immunization program information to community and as implementer of immunization program policy. The coordination with private midwife practice and private doctor practice has not been optimal, it is related to reporting mechanism of immunization program coverage, whereas not all immunization program coverage that is served in the practice of midwife and private doctor is reported to *Puskesmas*.

1.8 Conclusions and Recommendations

1.8.1. Conclusions

Successful Implementation of Immunization Policy Toward the Achievement of Universal Child Immunization (UCI) Village In Bandung District Study At Sangkanhurip and Soreang *Puskesmas* based on the results of the research, the researcher can conclude that the implementation has not run optimally.

Based on the description and the results of research that has been described in the previous chapter, the authors draw conclusions in accordance with the problems studied namely Implementation Policy About Immunization Program Towards The Achievement of Universal Child Immunization (UCI) Village In Bandung District Studies At Puskesmas Sangkanhurip and Soreang, adalah as follows:

1. Communication in Immunization Program Policy towards the achievement of Universal Child Immunization (UCI) of the village in Soreang and Sangkanhurip *Puskesmas* has not run optimally, this is because there is no special coordination meeting to discuss immunization program but still united with monthly meeting / workshop of puskesmas. In the meeting discussed / evaluated all the programs so that all the programs are discussed so that the problems of the immunization program has not been discussed maximally.
2. Human Resources in Immunization Program Policy towards the achievement of Universal Child Immunization (UCI) of the village in Soreang and Sangkanhurip *Puskesmas* is adequate but not maximally in terms of implementation.
3. The disposition of the Immunization Program Policy towards the achievement of the Universal Child Immunization (UCI) of the villages in the Soreang and Sangkanhurip *Puskesmas* has not been maximized, it is related to the attitude and consistency of implementers who seem to neglect the tasks so that the target of UCI Desa is not achieved. When the coverage of the immunization program has not reached the target Village midwife has not conducted an evaluation and steps to overcome it. From the analysis that many of the targets are immunized in private midwife practice, but the village midwife does not seek and how the private midwife practice reports on immunization coverage. When private midwife practice does not report immunization coverage results, the Village Midwife does not take the coverage of private midwife practice so that UCI village coverage is not achieved.
4. Bureaucratic Structure in the Immunization Program Policy towards the achievement of Universal Child Immunization (UCI) in Soreang and Sangkanhurip *Puskesmas* is not sufficient, so that the implementation of immunization program targeting UCI in village is not achieved. Coordination with private midwife practice and private doctors' practice has not been optimal, this is related to the reporting mechanism of immunization program coverage, whereas not all immunization program coverage in the practice of midwives and private doctors has been reported to the *Puskesmas*.

1.8.2. Recommendations

Based on the conclusions that the authors described above, it can be recommended suggestions as follows:

1. Immunization program implementers at Sangkanhurip and Soreang *Puskesmas* must fully understand the guidance of immunization program implementation and GAIN UCI in order to have full awareness of duty and responsibility in carrying out the task.
2. The need for more attention to officers who have high dedication to the program and who have performed well.
3. The need for increased understanding through trainings for immunization officers / guides on guidance on immunization program implementation and GAIN UCI in order to have full awareness of the duties and responsibilities carried out in carrying out the tasks.
4. The need to intensify the implementation of coordination on a regular basis with the practice of midwives and private doctors, so information on the policy can be accepted clearly and completely by all stakeholders.

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