

# Executive Summary

## BACKGROUND

The trend towards urbanization is increasing and it is projected that 68% of world population will live in urban settlements by 2050.<sup>1</sup> In Indonesia, the Jakarta Population and Civil Registry Office (Dukcapil) observed a continuous rise in urbanization, predicting a 2% annual increase in new arrivals to Jakarta,<sup>2</sup> which is already the most populous city in Indonesia. Within urban settings, marginalized groups with high mobility require special attention in terms of their health and social needs. Due to their high mobility and lack of access to health services, including immunization, there is increased risk of outbreak for infectious diseases in these urban centers. Therefore, immunization efforts are important, as these interventions are the most efficient way to control the spread of infectious diseases, primarily vaccine preventable diseases (VPDs).

As a part of a global initiative, Gavi, the Vaccine Alliance (Gavi) co-leads a multi-partner working group on urban immunization and includes an objective to compile and share lessons and information on urban immunization. This global initiative also includes a multi-country effort, funded by Gavi under the Partners' Engagement Framework (PEF), to address the immunization needs for urban poor populations. The PEF project in Indonesia, led by JSI Research & Training Institute, Inc. (JSI), specifically works to generate data and information to create recommendations on improving access for basic immunization services to infants, children in their second year of life, and the urban poor in Indonesia, in addition to supporting ongoing immunization-strengthening activities. With Gavi's support, JSI collaborated with the Centre for Health Research Universitas Indonesia (CHRUI) to conduct

a diagnostic assessment to observe immunization coverage and identify the barriers contributing to low coverage in Jakarta and surrounding urban areas.

## METHODOLOGY

This study used a mixed-method approach in three urban sites: South Tangerang, Central Jakarta and South Jakarta. The quantitative study reviewed basic immunization service and coverage data by using a Lot Quality Assurance questionnaire, adapted from an existing UNICEF survey<sup>3</sup>. The qualitative study was conducted to better understand the needs of unimmunized urban poor communities, and document observations of the Expanded Programme on Immunization (EPI) services in community health centers and posyandus (village health posts) to identify bottlenecks in services.

The household survey was given to caregivers of the children ages 12-23 months (for basic immunization) and 24-35 month (for booster dose). Focus group discussions were held with mothers of fully immunized children and mothers with children not fully immunized, as well as homeless families. In-depth interviews were also conducted with health officials, community leaders and homeless individuals. Direct observations were carried out in all study locations to capture insights from caregivers, health service providers, and city health workers who manage the EPI program, using a supervision checklist as a tool. The qualitative study included homeless individuals with the aim of assessing their access and needs for immunization services.

## RESULTS

**Quantitative results:** Coverage of fully immunized children in these urban poor areas were relatively low compared to the general population and provinces, which in 2018 reached 58%<sup>4</sup>. In the three

<sup>1</sup> United Nations Department of Economic and Social Affairs (UN DESA). 2018. *68% of the world population projected to live in urban areas by 2050, says UN*. New York, NY. United Nations Department of Economic and Social Affairs. <https://www.un.org/development/desa/en/news/population/2018-revision-of-world-urbanization-prospects.html>.

<sup>2</sup> Kartika, H. 2018. *Pemprov DKI Jakarta siapkan langkah antisipasi peningkatan arus urbanisasi*. Jakarta, Indonesia: Kontan.co.id. <https://regional.kontan.co.id/news/pemprov-dki-jakarta-siapkan-langkah-antisipasi-peningkatan-arus-urbanisasi>.

<sup>3</sup> UNICEF's Immunization Baseline and Endline Qualitative and Quantitative Surveys in High Risk Community in Poor/Urban Slums in Jakarta.

<sup>4</sup> Kementerian Kesehatan RI (2018) *Hasil Utama Riskesdas Penyakit, Hasil Utama Riskesdas Penyakit Tidak Menular*. [https://www.depkes.go.id/resources/download/info-terkini/materi\\_rakorpop\\_2018/Hasil\\_Riskesdas\\_2018.pdf](https://www.depkes.go.id/resources/download/info-terkini/materi_rakorpop_2018/Hasil_Riskesdas_2018.pdf).

districts, immunization coverage varied; 54% in South Jakarta and 48% in South Tangerang. While 63% in Central Jakarta, the three areas had a combined total average coverage is 55%. The low coverage of immunization among the urban poor were caused by the following underlying issues: very low knowledge of types of VPDs; missed opportunities for children to get immunization, which happens for many reasons, including sickness (stated by mother or confirmed by health provider), caregiver busy or not aware, and lack of availability of vaccination service. There is also small group of caregivers who stated immunization is against their religion (not halal)<sup>5</sup> and cause serious effect, yet most mother and caregiver disagree that immunization is not halal for their children.

**Observation results:** In general, EPI management in all three districts are performing well; especially for immunization safety, which is above 70% in all three districts. The best EPI management performance is in South Tangerang, as this district just finished START (Strengthening Technical Assistance for Routine Immunization Training) program in 2017<sup>6</sup>. However, there is a need for improvement in some aspects of EPI across all three districts, such as supervision and management components. Less than 60% of public health centers conducted standard supervision and met management standards (e.g., developing and updating microplans, vaccine forecasting, community outreach). Monitoring of EPI activity was high in South Tangerang, while the other sites performed lower, at below 70%. Observation on human resources also highlighted the issue of capacity and competency in some instances.

#### **Qualitative Results (homeless communities):**

The focus group discussions and in-depth interviews with the homeless population highlighted their living environment, perception of immunization and the barriers to accessing immunization for their children. Most of them were living in groups in temporary shelter often located in inappropriate places. Most of them were not local residents of Jakarta city and often visit Jakarta only to earn money by collecting waste. Accordingly, they did not have local IDs, which contributed as a barrier to accessing immunization in puskesmas (or public health centers) where local ID is required for service. Half of homeless children were fully immunized because their caregivers had good knowledge of and access

to posyandus. Reasons for children not being fully vaccinated were identified as parents' fear of side effects from the vaccines, busy work schedules, and feeling their children are not eligible to receive vaccines as outsiders without IDs; required to pay for services since they are not local residents. There is also an important issue of posyandus not including the homeless as their target population during service delivery planning and vaccine forecasting. Many of homeless have low health-seeking behavior, and since they are not part of the target population, they are missed during immunization outreach.

## **RECOMMENDATIONS**

### **Supply Component**

**Management:** The EPI microplanning needs to be strengthened, as it is still severely lacking in all three districts. The microplanning is essential part to established the immunization routine which the lack/ no microplanning may reduce the immunization coverage. and needs Therefore, to increase immunization coverage and improve EPI supervision and management, catchment area data should be updated with estimates of population mobility and those without ID cards. To improve access to immunization services, waivers to receive vaccination without ID cards should be considered for homeless and new comers with eligible children. Supervision and the quality of supervision needs to be improved using the supportive supervision checklist and conducting supervisions on a regular basis. In the long term, the Ministry of Health (MOH) should revise the EPI supportive supervision checklist form for supervision to make it more understandable for health providers.

**Monitoring EPI Activity:** Although the overall monitoring is already good, yet recording used and wasted vaccine are still lacking, therefore, in the short term, recording and reporting on EPI activity should be strengthened and the tracking system improved. Then, as a long-term activity, health workers should use the monitoring findings for evaluation of EPI activities, providing performance feedback to the district head office on a regular basis.

**Vaccine and cold chain management:** The vaccine and cold chain management especially the health providers knowledge and skill about supply needs for vaccination, vaccine used record and shake test skill

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<sup>5</sup> Halal is an Islamic term meaning that a substance or action is permissible under Islamic Law. Vaccines may be considered not halal if they use animal-derived products during the manufacturing process. However, many Islamic religious scholars have pronounced that animal-derived medical products, including vaccines that undergo transformation are halal. Majelis Ulama Indonesia (MUI). 2002.. fatwa majelis ulama indonesia tentang vaksin polio khusus (IPV). Jakarta, Indonesia: MUI. <http://halalmui.org/images/stories/Fatwa/vaksin%20polio-khusus.pdf>.

<sup>6</sup> **START Program:** Collaboration program between MoH, WHO, CDC US that provides technical assistance to health providers in districts/cities level to improve their immunization management skills and emphasizing to do Vaccine Preventable Diseases (VPDs) surveillance programs.

are still lacking. Therefore, as a short-term intervention, vaccine monitoring and cold chain management should be strengthened at puskesmas. In the long-term, capacity building, through training, for EPI managers is needed to increase demonstrable competency for EPI service delivery and management.

**Human resources:** There is a need to restructure the role of the vaccinator, which often hold a double position, as a vaccinator and the person delivering other primary health care (PHC) services. HR, especially staffing and division of roles, should be reviewed since the burden may be too high for vaccinator. Furthermore, puskesmas need EPI managers with backgrounds in epidemiology and public health instead of having only clinical staff.

**Information, Education and Communication (IEC) material and supplies to address fears of vaccine side effects:**

The IEC materials for immunization are still lacking, which this is important for the health providers to know about vaccine injection and knowledge, therefore, As a short-term action, IEC material should be produced to improve community knowledge with messaging about mild and expected adverse events following immunization (e.g., “fever is OK – immunize your children”) and creating reminder cards for vaccination schedules. In the long term, utilizing gamification<sup>7</sup> to promote immunization and creating an electronic system for health workers; and social-media group or SMS

services for immunization reminders for caregivers will be important.

**Immunization Safety:** While this was quite strong, it is important to keep immunization safety at a high level by socializing e-training on basic vaccine safety, available on the World Health Organization’s (WHO) website to improve knowledge and skill about immunization among vaccinators. In the long term, vaccinators must be certified to ensure their knowledge and skill is adequate to carryout vaccination.

**Demand Component**

**Partnering with Communities:** In the short term, regular interaction with communities, particularly new residents and the homeless, to educate about vaccination and its value is needed. Advocacy to remove barriers to immunization for these communities, such as lack of ID cards and fees, needs to be intensified. Creation of a short video about immunization status among homeless will be needed for advocacy and to increase awareness of stakeholders, such as; Ministry of Home Affairs, Ministry of Social Welfare, WHO, UNICEF, MSF, etc. In the long term, the policy about immunization card as requirement for school admission should be strengthened. It is important to create a system for immunization without boundaries in target groups, to include homeless and non-local residents as groups who also require immunization services.

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<sup>7</sup> Gamification: application of game-design elements, in this case, with the purpose of health promotion to encourage and engagement with health knowledge.