

# Analysis of the Implementation of the Basic Immunization Program for Infants during the Covid-19 Pandemic in the Work Area of the Bukittinggi City Health Office

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## ABSTRACT

The basic immunization program is a national program from the Government in the field of immunization which is useful for achieving an international commitment, namely Universal Child Immunization (UCI) in infancy. The achievement of the basic immunization program for infants in Bukittinggi City in 2020 is 56.4%, which is still below the national target. The aim of the study was to analyze the implementation of the basic immunization program for infants during the Covid-19 pandemic in the Work Area of the Bukittinggi City Health Office. The research was conducted using a qualitative approach, a case study research design. The research was conducted in the Work Area of the Bukittinggi City Health Office. Selection of research informants with purposive sampling. The results of data processing and analysis on the input component, human resources are sufficient but have dual duties at the Puskesmas. Funds have been budgeted through the BOK budget. Adequate facilities and infrastructure. The number of guidelines/SOPs is still insufficient. Policies from the government affect community activities. Process : the planning and organizing has been done. Implementation of basic immunization is carried out according to the zone of each region/RT/RW. Recording and reporting has been going quite well. Monev during the Covid-19 pandemic was still not optimal, it could not be done routinely. The conclusion of this study is that the input and process components have not been implemented optimally. The achievements of the basic immunization program at the Bukittinggi City Health Center in 2021 are still below the achievement target.

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## INTRODUCTION

According to the World Health Organization, immunization is one of the health interventions that can be said to be successful, accepted, effective (cost-effective) in the world. In 2018 there were approximately 20 million children in the world who did not receive complete immunizations, and

some did not get immunized at all. With Immunization can save 2 to 3 million children from diseases that can be prevented by immunization (PD3I) every year. Immunization means an effort to actively increase a person's immunity against a disease so that if one time is exposed to the disease, a person will only experience mild illness or will not get sick (World Health Organization, 2018; Regulation of the Minister of Health, 2017).

In 2013, 84% (112 million) of infants worldwide received the DPT vaccine, 84% received the polio vaccine, 84% received the measles vaccine, 81% received the BCG vaccine (WHO, 2014). In 2019 the number of children who are not get complete basic immunization in conflict-affected/fragile countries contributed 44%, namely there were 10 countries: India, Nigeria, Democratic Republic of Congo, Pakistan, Ethiopia, Brazil, Indonesia, Philippines, Angola and Mexico (Chard *et al.*, 2020).

Implementation of health services is currently in a period of adjustment to the impact of the emergence of the *Coronavirus disease -19* (Covid-19) pandemic. Covid-19 originally emerged from a respiratory disease that originally started in Wuhan City, Hubei Province, China at the end of 2019. It is known that this disease is caused by a new type of *corona virus* called SarsCov2 (Severe Acute Respiratory Syndrome Coronavirus 2). Covid-19 can be transmitted from human to human through direct contact or personal contact with an infected person, for example when shaking hands and through droplets originating from the respiratory when the infected person is talking (Ministry of Health of the Republic of Indonesia, 2020).

Implementation of complete basic immunization during the Covid-19 pandemic varies in each region, in West Sumatra Province itself, based on data obtained from the 2020 Indonesia Health Profile, the Province with the lowest percentage is West Sumatra Province, where there are no Regencies/Cities in the Province West Sumatra which can achieve a minimum of 80% complete basic immunization coverage. Complete Basic Immunization Coverage for infants in West Sumatra in 2020 is 54.1% while the target from the 2020 Strategic Plan is 92.9% (Directorate General of Disease Prevention and Control, Ministry of Health Republic of Indonesia, 2021).

In 2021 in the City of Bukittinggi there is not a single village that is capable of UCI (Universal Child Immunization ). Based on the monthly report on the results of routine infant immunization at the puskesmas in 2020 in Bukittinggi City, the coverage of complete basic immunization in infants was only 56.4%, while in 2021 from January to November 2021 the coverage of complete basic immunization in infants in Bukittinggi City was only 41.7%. Of the 7 Community Health Centers in Bukittinggi City, the Guguk Panjang Health Center was the Health Center with the lowest Complete Basic Immunization coverage rate in 2018 compared to other health centers, namely 77.91%. Based on data obtained from the Bukittinggi City Health Office in 2020, that at the Guguk Panjang Health Center the total achievement of complete basic immunization was only 25.4%, and the number of babies who received complete basic immunization was 98 babies.

Factors causing the target of basic immunization coverage to be difficult to achieve, one of which is the parents of babies who are worried that their child will be infected with the Covid-19 virus if they go to health workers and health facilities such as health centers and hospitals, as well as an appeal to prevent the spread of the Covid-19 virus by carrying out activities from home and limiting community activities outside the home can affect access to and limit health service activities in health facilities, then myths and misinformation about immunization and rumors around Covid-19 thus adding to the the problem of doubting the existing vaccines, and from the side of the health workers are also worried about the risk of transmitting the Covid-19 virus which can occur during immunization services and many health workers are also not available due to adjustments in hours service/transfer of duties to a health facility where the emergency room is the Covid-19 post (Irawati, 2020).

## RESEARCH METHOD

This type of research is a qualitative research that aims to explore the implementation of the basic immunization program for infants during the Covid-19 pandemic in the Work Area of the Bukittinggi City Health Office. Researchers used qualitative research methods with a case study research design which aims to reveal certain phenomena in full and in depth, from informant sources related to the implementation of the basic immunization program for infants at the Bukittinggi City Health Office.

The informants in this study were the Head of Public Health and P2P at the Bukittinggi City Health Office, Immunization Program Holders at the Bukittinggi City Health Office, Heads of Community Health Centers in Bukittinggi City, holders of the basic immunization program at the Bukittinggi City Health Center, immunization officers for infants on duty in the the work of the Bukittinggi City Health Center, Head of the Prevention and Preparedness Section of the Bukittinggi City BPBD, Kelurahan in the City of Bukittinggi, cadres of the Posyandu immunization for babies in the work area of the Bukittinggi City Health Center, mothers with babies aged 9 -12 months in the working area of the Puskesmas in the City of Bukittinggi, and NGOs (Non-Governmental Organization) in the City of Bukittinggi. This research was conducted in Bukittinggi City from November 2021 to August 2022. Sampling used a purposive sampling technique, namely a sampling technique in which informants were selected based on certain considerations and purposes. Data collection by in-depth interviews, document review and field observations. In this study, data validity was carried out by triangulation. There are two kinds of triangulation techniques used by researchers in this study, namely: triangulation of sources and triangulation method.

## RESULTS AND DISCUSSIONS

This study discusses the implementation of the basic immunization program for infants during the Covid-19 pandemic which was seen using the system method in accordance with the research objectives. The system method used in this study is: input, process . In this study, researchers conducted in-depth interviews directly/face to face with all research informants.

Before entering the field/research location/interviewing research informants, the researcher conducts an analysis/first prepares a list of questions to be asked, then when in the field the researcher also conducts an analysis of what was conveyed by the research informants and cross check information/data provided/obtained in the field/place of research. Furthermore, the researcher also conducted an analysis in the field after leaving the research location by listening back to the results of the informant's conversation records and also comparing them by looking at the documentation obtained in the field and matching them with the results of direct observations that had been carried out at the research site, if it is felt that the information needed is lacking complete, the researcher can meet/arrange appointments to return to the desired informant/find further research informants. After conducting in-depth interviews with the first informant, the researcher interviewed the next informant (up to the last informant) to re-check the information/data submitted from the previous informant, as well as cross-checking the documentation (documents and photographs) obtained in the field (place of research) as well as from direct observations in the field that the researchers did themselves.

### **Input Component (Input)**

#### **Human Resources (HR)**

The results of data collection through in-depth interviews, document review, and field observations regarding the human resources implementing the immunization program, namely human resources during a pandemic were sufficient, as evidenced by that all Poskeskel had health workers, all health workers had DIII, for training carried out by the Health Office The city of

Bukittinggi is only for program holders, immunization officers are also assisted by MCH and Promkes officers.

Human resources are needed in improving the degree of public health in a country. According to the World Health Organization, Indonesia is one of the countries facing a health workforce crisis. The lack of health human resources in Indonesia can be interpreted as a lack of health human resources or an unequal distribution. Health human resources are health workers (including strategic health workers) and supporting or supporting health workers who are involved and work and devote themselves to health efforts and management (Arman Rifat Lette, 2020).

Research conducted by Arfiyanti in 2009, from the results of statistical tests using the Chi-Square of the relationship between the presence of immunization staff and immunization coverage in Tegal Regency obtained  $p$  value =  $0.005 < 0.05$  then  $H_a$  is accepted, meaning that there is a significant relationship between the presence of immunization staff and immunization coverage in Tegal Regency. The value of OR = 5.444 (95% CI = 1.804–16.427), indicates that Puskesmas without immunization staff have a risk of having immunization coverage in the low category of 5.444 times greater than Puskesmas with immunization staff.

According to the researchers, immunization officers really need to refresh and improve their knowledge/skills in administering the immunization program needs to be done through a routine immunization training to provide refreshing/improving skills and knowledge for midwives and nurses to improve the quality of human resources implementing immunization. Training is held at least 2 times in 1 year which is intended for immunization program holders at the Puskesmas, immunization officers at the public health center, and integrated healthcare center cadres.

Refreshing activities are an effort to refresh knowledge for midwives as immunization officers through various meetings and training to further improve the knowledge and skills of immunization officers. Activities that will be carried out on this refreshing agenda include re-socialization and training related to community approach strategies and implementation of basic immunization in Villages/Kelurahan according to the latest update launched by the Directorate of Health Promotion and Community Empowerment of the Ministry of Health with support from UNICEF regarding the National Routine Immunization Communication Strategy for the period 2022-2025, this communication strategy is an updated version of the Communication Strategy for the period 2013-2015.

Based on research by Juliani et al., 2012 that training is very important to improve abilities, work skills, and improve employee performance in the field (Juliani & Nuridin, 2019). Immunization activities in health care units are mostly carried out by midwives so that midwives are not only injection workers, but are also responsible for starting work planning, vaccine transportation, storage to administering vaccines to babies (Rizki et al., 2020).

### **Fund**

During the pandemic, the funds were available, the amount was fixed, the immunization program funds were from the BOK funds at the Puskesmas, but the amount was limited and only used for sweeping activities to the field/transport of officers.

Law Number 33 of 2004 concerning Financial Balance between the Central Government and Regional Governments, mandates the Special Allocation Fund (DAK) as a source of financing for the regions in the implementation of decentralization, one of which is to improve health development, so that the Central Government and Regional Governments can provide equitable, affordable and quality health services for the community (RI Ministry of Health, 2019).

Breakthrough efforts that have been made by the Ministry of Health through various changes carried out on an ongoing basis, one of which is the Health Operational Assistance (BOK). BOK, namely financial assistance from the Government through the Ministry of Health to assist District/City Governments in implementing health services according to the Minimum Service

Standards (SPM) in the Health Sector by improving the performance of Community Health Centers, their networks such as Poskeskel and Posyandu in providing promotive and preventive health services (Naftalin & Ayuningtyas, 2020).

Several studies show that community outreach activities can reduce the gap in health care outcomes. However, BOK funds are only assistance from the Central Government which is very limited in amount, cannot meet the needs at the Puskesmas and health problems in Indonesia are increasing complex so that planning, especially at the Puskesmas level, must be carried out optimally. In addition, several studies have shown that the use of BOK funds has not been optimal due to administrative limitations such as delays received BOK technical instructions, there was still a lack of socialization the use of BOK funds for the Puskesmas, and the complex accountability system for BOK funds for Puskesmas, the use/allocation of BOK funds must be clear for what they are used, especially for running health programs in the community (Suparmi *et al.*, 2020).

According to researchers, although the amount of funds at the City Health Office is limited, the City Health Office has also divided the budget obtained from the Central Government fairly and has budgeted funds for the needs of implementing health programs at each Health Center, such as one of the funds for the immunization program.

### **Facilities and Infrastructure**

Facilities and infrastructure for the program basic immunization for babies during the Covid-19 pandemic was sufficient to function properly, but during the Covid-19 pandemic the Puskesmas needed coolpacks for Covid-19 vaccination activities in the field, so coolpacks for IDL were limited, from the infrastructure in Bukittinggi City there were 20% Posyandu still aboard.

One of the government-owned health service facilities is the Puskesmas. According to the Regulation of the Minister of Health of the Republic of Indonesia No. 75 of 2014 concerning Community Health Centers Article 1, Paragraph 2, Puskesmas is a health service facility that organizes public health efforts and individual health efforts at the first level, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health in its working area. The number of Community Health Centers in Indonesia up to December 2016 was 9,767 units consisting of 3,411 units. inpatient Puskesmas and 6,356 non-inpatient Puskesmas units (RI Ministry of Health, 2017).

Based on research from Gultom in 2021 it was found that there was a positive/significant influence on the means and infrastructure on the quality of service at the Sipayung Health Center Rengat District, Indragiri Hulu Regency, with existence some indicators in means and infrastructure, such as indicators of medical equipment, space patients, lighting, medicine, sanitation and transportation where Some of the above indicators are important factors in establishment of facilities and infrastructure in a organization to provide quality service to the community.

Research from Syelviani in 2019 entitled the importance of facilities and infrastructure to the work efficiency of Teluk Pinang Health Center employees, stated that facilities and infrastructure affect the work performance/efficiency of health workers at the Teluk Pinang Health Center (Syelviani, 2019).

According to the researchers, the completeness of facilities and infrastructure, both at the Public health center, village health post, auxiliary clinic, is very important because these facilities and infrastructure are one of the spearheads for achieving the achievement targets for basic immunization in infants decreased, especially during the Covid-19 pandemic, the need for medical facilities for health workers in the field (in the provision of immunization services) such as PPE for midwives, nurses, Posyandu cadres, is very important to be provided by the Health Office/Regional Government to reduce transmission of the Covid-19 virus 19 for babies of course, the wider community, as well as the immunization officers themselves. In addition, it is also

important to have a Posyandu building and in the future it is hoped that there will be no more Posyandu supporting the residents' terraces/in front of the mosque.

### **Service Operational Standards or Guidelines (SOP)**

There is already a Standard Operating Procedure (SOP) for the basic immunization program for infants during the Covid-19 pandemic at each Puskesmas, for example, which contains *screening*, PPE for immunization officers/implementation of health programs. SOP is a guide or reference in carrying out tasks in accordance with work procedures and work systems in related departments, accordingly with technical, administrative and procedural indicators, in accordance with functions and performance evaluation tools for government agencies (Mumtazquila, 2020).

Based on Permen PAN and RB Number 35 of 2012 concerning guidelines for preparing government administration SOPs, Standard Operating Procedures are a series of written instructions that are standardized regarding various processes for organizing organizational activities, such as how to carry out these activities, when to do them, which activities to carry out and including carried out by whom (R. Siburian & Kurniawati, 2020).

Based on research conducted by Erna in 2017 it was found that SOPs that were well prepared and complied with were very useful for realizing quality services for patients (Sugiharti, 2017). An SOP does not always apply permanently, because changes in the organizational environment can have an impact on existing SOPs, therefore SOPs need to be continuously evaluated so that procedures within the organization always refer to good performance. Evaluation is not looking for faults but is a process of finding facts about work systems, overhauling, improving SOPs must be carried out and adapted to the needs of the Puskesmas (Stiyawan et al., 2018).

Research conducted by Aliansy in 2016 entitled Effects of Immunization Program Management by Village Midwives, Compliance with Standard Operating Procedures, and Availability of Infrastructure on Basic Immunization Efficacy in Cianjur Regency in 2014 assessed midwives compliance with the implementation of the basic immunization program, namely in the process/procedure storing and administering immunizations, in this study the SOP compliance process was not only assessed based on the midwife's attitude but also regarding the existence and socialization of the SOP itself (Alliansy & Hafizurrachman, 2016).

Based on Khomariah research (2018) entitled Analysis of the Implementation of the Complete Basic Immunization Program (IDL) for Infants at the Semarang City Health Center (Case Study at the Kedungmundu Health Center and Candilama Health Center), it is known that the SOP variable, namely the use of SOP at Health Centers with low coverage is still not optimal, this is evidenced by the existence of SOPs which were difficult for midwives to reach due to the storage of SOP files that were not well coordinated at the Public health center.

In the process of making the SOP at the Bukittinggi City Health Center, an update was carried out in accordance with the new policy regarding the administration of immunization, both from the Ministry of Health, namely Permenkes No. 12 of 2017 and Mayor of Bukittinggi No. 19 of 2020 concerning instructions for implementing Large-Scale Social Restrictions in handling the Corona virus.

According to researchers, SOP is a guide used by officers and leaders to ensure organizational operational activities run smoothly, SOP is a document that refers to procedures that are carried out chronologically to complete work and aims to obtain effective work results, facilitate and order work, so that work can be controlled by officers in accordance with rules that have been determined and can reduce the occurrence of errors in the implementation of workflow and one of the factors to achieve the target coverage of a health program both at the Puskesmas, and from the leadership of the Puskesmas can monitor officers who go to the field in accordance with existing SOPs, SOPs must be obeyed, implemented by officers to protect themselves health workers from lawsuits, and of course can protect/reduce the transmission of the Covid-19 virus from officers to the community/from the community to health workers .

## Policy

Policies from the Government have an influence on all community activities, especially health services, there is a policy of prohibiting gatherings for the community so that it causes low immunization achievements in the City of Bukittinggi during the Covid-19 pandemic.

The results of in depth interviews with several informants and document review revealed that the policy for the basic immunization program for infants during the Covid-19 pandemic in the Work Area of the Bukittinggi City Health Office was based on Perwako No. 19 of 2020, from the Kelurahan, Puskesmas and Health Service, they already know the contents of Perwako No. 19 of 2020. Immunization executors have also carried out program implementation instructions basic immunization for infants during the Covid-19 pandemic based on existing rules/policies.

The term policy (*policy*) is often used interchangeably with the terms goals (*goals*), programs, decisions, laws, provisions, proposals, and grand designs. The United Nations gives a policy meaning, namely a declaration regarding a basic guideline for action, a certain direction of action, a program regarding certain activities/a plan (Azza El Darman, 2021).

According to researchers, the Bukittinggi City Health Center and the village chief office in Bukittinggi City have implemented a new policy regarding the implementation of immunization from Bukittinggi Mayor Mayor No. 19 of 2020 concerning instructions for implementing Large Scale Social Restrictions in handling the Corona virus and also guided by Instruction of the Minister of Home Affairs No. 25 of 2021 concerning the implementation of restrictions on community activities level 4 Corona Virus Disease 2019 in the Regions of Sumatera, Kalimantan, Sulawesi, Nusa Tenggara, Maluku and Papua, with the implementation of this policy indirectly also made the achievements of the basic immunization program for infants in Bukittinggi City low during the the Covid-19 pandemic, it is also best if a policy is made in Bukittinggi City which states that basic immunization for infants is mandatory, if a baby does not complete basic immunization then he cannot register for kindergarten and elementary school, as well as evidenced by the existence of a MCH book and a complete certificate of immunization as Pre-requisites brought when registering for school, as implemented in Kota Pariaman and Batam, it is proven that in these cities the immunization achievement rate has reached the national target.

## Component Process (Process)

### Planning

There has been a work plan made every year, both from the Puskesmas and the Bukittinggi City Health Office, at one of the Puskesmas there were no documents/files/archives related to the POA (Plant of Action) work plan for the immunization program, at the village chief office in the working area of Guguk Panjang District obtained documents/archives of the activity plan (UKM) of the Bukittinggi City Health Center in 2020 (during the pandemic) from the Section Chief PPME Ward staff, in the contents of the activity plan that had been made by the Public health center there was no significant difference in the activity plans of Public Health Business Public Health Center in 2020 (in during the Covid-19 pandemic) as a whole the list of activities made by the Public Health Center is the same as the year before the Covid-19 pandemic.

Planning namely the process of anticipating future events and determining strategies (means, adaptive actions) to achieve organizational goals in the future. Planning must be arranged in stages starting from the Puskesmas, District/City, Province and Center (bottom up) (Viani, 2017).

Research conducted by Khomariah et al., in 2018 entitled analysis of the implementation of the Complete Basic Immunization (IDL) program for infants at the Semarang City Health Center (Case Study at the Kedungmundu Health Center and Candilama Health Center) stated that the planning was related Achievement of immunization services was carried out by both Community Health Centers during the mini-workshop, in the planning the Community Health Centers discussed goals, targets for immunization service coverage based on Minimum Service Standards

(SPM), determined schedules and objectives of immunization activities, all Health Centers with high coverage and low coverage planned service schedules immunizations on certain days according to the policies made by each Puskesmas (Khomariah, Antono Suryoputro, 2018).

According to researchers, activity planning in the immunization program has been carried out during the Covid-19 pandemic, such as at the City Health Office how much budget is needed for 1 year, midwives at Poskeskel and their cadres have also made plans, for example when implementing Posyandu H-2/H-1 Integrated Healthcare Center cadres have announced that they will open a Integrated Healthcare Center (tell the community/mothers who have toddlers that we will carry out immunizations during a pandemic).

### **Organizing**

There is already an organization for the basic immunization program in the Work Area of the Bukittinggi City Health Office, in each Public health center, there are those who are immunization program holders, as midwives implementing immunization at Poskeskel, there are also midwives/nurses at Integrated Healthcare Center, in the past pandemic officers in each region are sufficient. The results of data collection through in-depth interviews, document review, and field observations regarding the organization of the management of the implementation of the basic immunization program for infants during the Covid-19 pandemic in the Work Area of the Bukittinggi City Health Office, namely that the organization already exists, is evidenced by the existence of an organizational structure and every officer health services have been distributed, then it can also be seen that during the implementation of services at Integrated Healthcare Center, at the village chief office there is also documentation of the distribution/list of cadre names for each region.

The leader of a health service organization, in this case the head of the Public health center, should be able to apply management principles, be skilled at analyzing problems, be it program problems or public health problems, before planning the activities of a health program (planning), delegating authority and dividing tasks main tasks to the members they lead (organizing), developing staff motivation according to their respective roles implementation, being able to measure progress already achieved by members in carrying out their respective duties, providing guidance, if irregularities are found, being able to assess the level of productivity, efficiency and effectiveness of programs that have been achieved by the organization as a whole (Andani, 2020).

According to the researchers, the cooperation of members of the immunization officers who are involved in implementing the basic immunization program for infants in the Work Area of the Bukittinggi City Health Office must be maintained, especially since the position of cadres greatly influences the implementation of the basic immunization program for infants because cadres are the spearheads in the community, who close to the community, support from cadres is urgently needed by health workers at the Puskesmas, because without cadres it will be difficult for midwives/nurses from the Puskesmas to visit/gather the community, it is the cadres who know the exact members of the community.

### **Implementation**

The implementation of the basic immunization program for infants during the Covid-19 pandemic in the Work Area of the Bukittinggi City Health Service in 2020 has already closed Integrated Healthcare Center and opened and closed Integrated Healthcare Center in 2020, depending on the development of the Covid-19 case in Bukittinggi City, especially in each village area. In 2020 there will be a Work From Home implementation for health workers at the Public health center, in 2021 there will be no more Work From Home, the implementation of basic immunization in 2021 will also continue to pay attention to the Covid-19 case and continue to apply health protocols, to Human Resources (health workers at the Public health center). Busy carrying out Covid-19 vaccination activities/tasks for the community in Bukittinggi City, as well as the level of community participation in coming to Integrated Healthcare Center was low which resulted in low



achievement of the basic immunization program for babies during the Covid-19 pandemic in Bukittinggi City. Apart from that, there is also the fear that the baby's parents/community will contract the Covid-19 virus if they bring their baby to the facility good health services to Integrated Healthcare Center, Village health post, Auxiliary Health Center, Public health center.

Health services for the community are mandatory human rights implemented by the state. The government must be able to provide equal treatment to its citizens in health services and other public services. In the delivery of health services, people with higher economic status have access to meet the level of patient satisfaction. Conversely, as long as health services do not meet the level of patient satisfaction, the level of conformity will be low, causing the Public health center to fail abandoned by the community, the second is the factor of change (transition). Therefore, the position and role of Public health center services is very important to implement (Fadillah Rijal et al., 2019).

Myths and misinformation about immunization and rumors around Covid-19 add to the existing problem of vaccine hesitancy. Many health workers are also unavailable due to adjustments to service hours/transfer of duties to the local health facility emergency department/covid-19 post and lack of personal protective equipment (PPE). Vaccination officers are also worried about the risk of transmission of Covid-19 which can occur during immunization services (Irawati, 2020). Immunization services during the Covid-19 pandemic were carried out according to local government policies, based on an analysis of the epidemiological situation of the spread of Covid-19, routine immunization coverage, and the epidemiological situation of PD3I (Yazia et al., 2020).

According to the researchers, the provision of immunization services at the Public health center and village health post has been carried out in accordance with Minister of Health regulations No. 12 of 2017 concerning the implementation of immunizations listed in the immunization screening system and when giving basic immunizations to midwives/nurses, cadres also pay attention to preventing the transmission of the Covid-19 virus such as using complete PPE and imposing restrictions on the number of people entering the immunization room, in the waiting room at the Public health center, it is also regulated to maintain a distance between seats (there is an X mark on the patients chair/seat).

### **Recording and Reporting**

Recording and reporting of the implementation of the basic immunization program for infants has been carried out quite well by all officers in the field. Recording and reporting related to basic immunization in infants is carried out routinely every month in stages from Integrated Healthcare Center cadres to immunization program holders at the new Public health center to the Public health center level (program holders after compiling all data, reports are submitted to the Head of the Public health center to be examined), then from the new Public health center to Bukittinggi City Health Office level every month (report given to immunization program holders).

The main activities of the Public health center both inside and outside the Public health center building, auxiliary clinic, Village health post, and village midwives must be recorded, the form of recording is based on targets, such as: individual records (records of mothers, babies and toddlers), family records (certain family health), community records. While the form of records is based on activities such as one of them: records of child health services, immunization records, and records of home visits (Ibrahim, 2020).

According to the researchers, the collection of immunization reports should not be past the specified date, because it can hamper the recap process for immunization program holders at the Public health center, then there will also be delays in delivering immunization program reports to the City Health Office, immunization program holders at the City Health Office too. It is also certain that it will be too late to report immunization results to the Head of Health and P2P at the City Health Office, then there will also be delays in reporting to the Provincial Health Office.

### Monitoring and Evaluation

Monitoring and evaluation of the basic immunization program for infants during the Covid-19 pandemic could not be fully carried out by the Public health center and the City Health Service, monitoring from the Ward was carried out during the Covid Pandemic to Village health post such as from the village chief, then work evaluation was only carried out during lokmin (Mini Workshop) Health Center which is held every month.

Monitoring is an activity to observe or observe continuously or periodically to provide information about the development status of a program/activity, as well as identify problems that arise and formulate the necessary follow-up actions. While the evaluation is a series of activities systematically collect and analyze data and information to assess achievement of goals, objectives, and activity performance (Hanik & Subiyantoro, 2010).

Supervision activities at the Public health center are expected to have a more frequent frequency and with a longer duration of visits and provide basic immunization materials so that implementers in the field really understand immunization recording and reporting as well as a form of Health Service support for an even program (Hapsari *et al.*, 2020).

According to the researchers, program evaluation should be used to evaluate the managerial performance of the head of the Public health center. Evaluation of the Public health center program is used to assess whether the work patterns and management of the Public health center used are appropriate to achieve the objectives of the activity plan, find out the link between the activities of the Public health center with the aim of obtaining a measurement of the progress of the managerial performance of the head of the Public health center, and adapt the activities of the Public health center to changing situations and environments without deviating from the goals set by the Public health center beforehand.

## CONCLUSION

The number of immunization officers is sufficient, but there are still immunization officers who have not attended training during the Covid-19 pandemic, there are even officers who have attended immunization training for a long time, immunization officers at the Public health center during the Covid-19 pandemic were busy with Covid vaccination activities -19 to the community, handling confirmed Covid patients, so that they have a double workload, and many immunization officers who are confirmed positive for the Covid-19 virus and the enactment of Work From Home rules for health workers during a pandemic. Monitoring and evaluation of the basic immunization program for infants during the Covid-19 pandemic was not optimally carried out (not all of it could be monitored downwards) by the Head of the Public health center and the Bukittinggi City Health Office, monitoring from the Ward was carried out during the Covid-19 pandemic to Village health post, the evaluation is carried out during the Health Center's Workshop (Mini Workshop) which is held every month, when the lokmin conveys the constraints faced by the holders of the immunization program.

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