



Indonesia

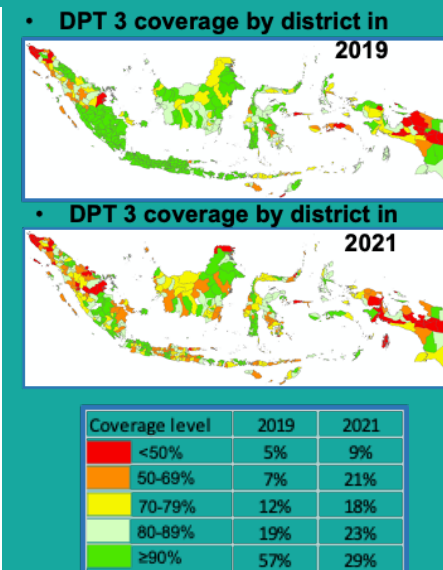
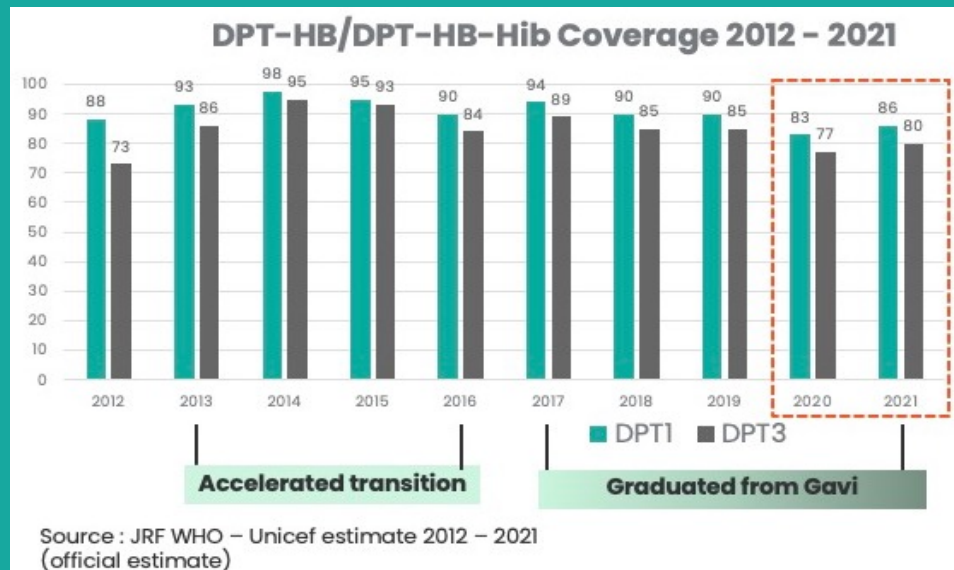
BUILDING BACK BETTER WORKSHOP

Sri Lanka, December 6-7, 2022



Restoring RI Coverage in the Wake of COVID-19

Drivers:	Explaining Factors:	Current Initiatives:	Possible Solutions:
<ul style="list-style-type: none"> Disruption to service availability, both outreach sessions (>90%) and fixed services in PHC (65%), due to COVID-19 related service close out Public fear of COVID-19 caused caregivers avoid bringing their children to health facilities, especially public HFs Misinformation on immunisation grew rampant 	<ul style="list-style-type: none"> High COVID cases lead to strict limitation to social gathering, including health outreach sessions. It also caused HCWs shortage due to COVID-19 related illness Symptomatic COVID-19 cases are seeking treatment in HFs that led people to limit or avoid visiting areas with probable high COVID-19 cases. COVID-19 vaccination brought focus on immunisation that led to people questioning vaccine safety, AEFI, and halal-haram issues. Misinformation related to these are spread through WAGs, which some believe in. 	<ul style="list-style-type: none"> Developed, disseminated and implemented technical guidelines of immunisation services during pandemic In addition to above technical guidelines, also strict implementation of health protocol, including PPE distribution Developed and disseminated IEC materials through various methods. Strategic involvement of religious leaders to increase vaccine acceptance. 	<ul style="list-style-type: none"> High level commitment from MOHA to subnational leaders for immunisation program prioritisation Immunisation schedule by appointment Improve private health facilities capacity Strengthening collaboration and cooperation with Ministry of Information to reduce hoax at digital media



Under Immunised Children: 6%

Zero Dose Children: 14%

Workforce (National): 32

Workforce (Sub-national): 102 at 38 Provinces

Key Measures 2018 - 2021

	2018	2019	2020	2021
Number of Children under 1 year of age (mio)	4.7	4.6	4.6	4.4
Coverage with third dose of DTP vaccine (%)	85	85	77	80
Coverage with the first DTP dose under 12 m. (%)	90	90	83	88
Drop-out rate between the first and third dose of DTP vaccine under 12 m. (%)	5	5	6	8
Coverage with the first DTP dose w/t age restriction (%)	-	-	-	-
Drop-out rate between the first and third DTP dose w/t age restriction (%)	-	-	-	-
Rota-1 coverage (%)	n/a	n/a	n/a	n/a
PCV-1 coverage (%)	58	68.3	9.6	27.6
DPT-1 coverage by 4 months (%)	-	-	-	-
MCV-1 coverage timely (as per schedule)	92	95.1	86.2	87.3
MCV-2 coverage timely (as per schedule)	67	72.7	64.7	60.5
Number of Zero dose children by 12 months (K)	79	84	469	615
Number of Zero dose children by 24 months (K)	-	163	553	1.084

Reaching zero-dose and under-immunized children

Drivers:	Explaining Factors:	Current Initiatives:	Possible Solutions:
<ul style="list-style-type: none"> Political commitment from subnational leaders to prioritise immunisation for children Indonesia's geographic areas; hard-to-reach villages Vaccine stock out (EPI reviews 2020 and PIE new vaccines : PCV, IPV) Misinformation and disinformation/hoax related to immunisation within communities. New vaccines introduction also translated to higher HCW's workload and training need. 	<ul style="list-style-type: none"> Lack of strong direction from MOHA that followed by reward and punishment system Hard-to-reach areas need specific strategy that differ from other areas, and usually need high operational cost Delay vaccine procurement especially for import new vaccine Delay vaccine distribution due to travel restrictions during COVID-19 pandemic Antivax campaign, halal-haram issues, and low literacy in some areas. Operational cost to support HCW higher workload (additional staff or incentives), and training cost that need to be budgeted by subnational level 	<ul style="list-style-type: none"> Immunisation program as part of standard health services (SPM) Revision the National Planning Strategy (Renstra) Nusantara sehat program (HWs placement in hard to reach area for health program including immunisation), regular flying doctor to hard to reach area integrated with MCH Improve cold chain equipment Adoption Electronic Immunization Registries (EIRs)- know locally ASIK for catch up immunisation Strengthening demand vaccine forecasting Access the Advance Market (AMC) for PCV and plan for HPV Develop communication strategy, conduct BeSD and Human Centred Design (HCD) approach at 8 provinces Collaboration with religious/community leaders, engagement professional organisation Increase coordination and collaboration with private sector; involving private sector in delivering and reporting immunisation program 	<ul style="list-style-type: none"> Additional health operational cost (BOK) based on performance Remote training with e module and e-certificate Adoption Electronic Immunization Registries (EIRs)- know locally ASIK for routine immunisation Research and development domestic vaccines to meet the NIP (14 antigens) including transfer technology acceleration Scale up of Human Centred Design (HCD) approach Establish communication forum group for immunisation involving media and journalism HWs internship/long-term temporary placement outcome include immunisation program activities

