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ANALYSIS OF THE IMPLEMENTATION OF THE BOK POLICY IN INCREASING BASIC IMMUNIZATION COVERAGE AT THE BLANGKEJEREN CITY CARE CENTER, GAYO LUES REGENCY, ACEH PROVINCE

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Abstract

Complete basic immunization coverage is an important indicator in improving public health status. The government through the Health Operational Assistance (BOK) policy seeks to strengthen access and quality of immunization services, but in some areas coverage is still low. This study aims to analyze the implementation of BOK policies in increasing basic immunization coverage at the Blangkejeren City Treatment Health Center, Gayo Lues Regency, Aceh Province. The research method used a qualitative approach with in-depth interviews. The main informants are the head of the health center, the core informant in charge of the BOK program, and the supporting informant of the three midwives implementing immunization. Triangulation was carried out with five mothers under five. Data analysis uses thematic analysis techniques. The results of the study show that the implementation of BOK supports the implementation of basic immunization, but is not optimal. Supporting factors include routine fund allocation, coordination, and a positive attitude of officers. The main obstacles are limited health workers, ineffective planning and reporting, and low public participation due to lack of information and myths about vaccine side effects. In conclusion, BOK policies have helped the implementation of basic immunization, but there is still a need to strengthen coordination, program planning, and public education so that immunization coverage can be increased overall.

Keywords : Policy implementation, BOK, Basic Immunization

Introduction

Basic immunization is one of the most effective public health interventions to prevent infectious diseases and reduce the rate of illness and death in infants and children (Ahmad, 2022). Through the provision of complete basic immunizations, children can be protected from immunization-preventable diseases (PD3I) such as tuberculosis, diphtheria, pertussis, tetanus, hepatitis B, polio, measles, pneumonia, and meningitis. Therefore, increasing basic immunization coverage is a top priority for the Indonesian government in an effort to realize an optimal degree of public health (Adisasmito, 2018).

Various policies have been established, including the Universal Child Immunization National Immunization Acceleration Movement (GAIN UCI), National Child Immunization Month (BIAN), School Child Immunization Month (BIAS), as well as the integration of immunization services with maternal and child health programs (In addition, the government has also strengthened the digital recording system through the Sehat Indonesiaku (ASIK) application and provided financing support through Health Operational Assistance (BOK) to improve access and quality immunization services at the primary service level (Ministry of Health of the Republic of Indonesia, 2020).

However, the achievement of basic immunization in Indonesia has not been evenly distributed. Data from the Ministry of Health shows a decrease in coverage in the 2019–2021 period, with around

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1.7 million infants not yet receiving complete basic immunizations (Ministry of Health of the Republic of Indonesia, 2020). In Aceh Province, immunization coverage is still far below the national target. In 2019 it only reached 61% of the target of 92.5%, down to 49% in 2020, and 40.5% in 2021. Post-pandemic recovery efforts show a gradual increase, namely 45% in 2022, 52% in 2023, and an estimated 58% in 2024, but it is still not optimal.

Puskesmas as a first-level health service has a strategic role in the implementation of the immunization program. One of them is the Blangkejeren City Treatment Health Center, Gayo Lues Regency, which is still facing the challenge of low immunization coverage. Factors that affect include limited logistics and distribution of vaccines, lack of health workers, lack of education, and socio-cultural obstacles that reduce public awareness.

Method

This research is a descriptive qualitative research with a type of program review (BOK policy evaluation) using a case study approach at the Blangkejeren City Treatment Health Center, Gayo Lues Regency, Aceh Province, which was carried out from October 2024 to May 2025. Informants were determined by purposive sampling consisting of the head of the health center as the main informant, the BOK treasurer as the key informant, three village midwives as supporting informants, and five mothers under five as triangulation informants. Data were collected through observation of program implementation, in-depth interviews, and documentation studies of related reports and archives. Data validation is carried out by triangulating sources, techniques, and time to ensure the validity of information. Data analysis is carried out thematically through the stages of data reduction, data presentation, and conclusion drawing until credible findings are obtained (Sugiono, 2018).

Research Results

1. Communication

Vertical communication between the Health Office and the Puskesmas runs regularly through official letters, coordination meetings, and digital communication groups; Response to technical constraints is relatively fast. However, horizontal communication within the Puskesmas and to the community is not optimal: there is still a gap in understanding procedures (administration/reporting) in the implementation and public education that is short and without auxiliary media, so that health messages are not always understood.

KP: *"We received BOK technical information through letters and coordination meetings; If there are technical problems, they are usually quickly responded."*
BOK: *"Often needs additional guidance to make reports compliant."*
Midwife: *"Education is usually short oral at posyandu."*
A mother of two: *"I have received information but only once and I don't understand."*

Implications: it is necessary to strengthen the communication capacity of cadres/personnel, the use of simple educational media based on local culture, and a mechanism for reminding immunization schedules.

2. Resources

The number of special immunization personnel is limited (one person in charge, supported by midwives and pediatric poly). At the moment of mass activity (BIAN/sweeping) the load increases; Rotation and the role of cadres help but have not closed the shortcomings. Infrastructure (cold chain,

vaccine carriers) is available but some are aging and need maintenance; The availability of vaccines/logistics is generally fulfilled even though it is sometimes late. BOK funds help with operations, but procurement flexibility is limited technically; The defrost is not always fast.

KP: *"Cold chains exist, but some have been around for a long time; vaccine distribution is sometimes late."*
BOK: *"Vaccines/syringes from the center; BOK is limited to support and goes through a long process."*
Midwives: *"The achievement has not been maximized; need to strengthen promotion/education."*
Mother of toddlers: *"The service is deft, but still worried about the side effects; information is difficult to understand."*

Implications: increase/optimize manpower, cold chain asset maintenance plans, manage logistics more agilely, and strengthen easy-to-understand health promotion.

3. Disposition (Implementing Commitment)

High commitment of health workers; Routine immunization activities and pick-up balls continue to run even though incentives are limited/late. Operational support (transport/logistics) has a real effect on the smooth running of services to difficult areas. From the community side, the reminder of schedules and follow-up of children left behind has not been consistent.

KP: *"BOK funds support transportation and cadres; coverage improved."*
BOK: *"The compliance with the use of funds is quite good; routine coaching."*
Midwife: *"Keep going even though the incentives are not appropriate; sense of responsibility."*
Mum-of-two: *"Rescheduling is rarely recalled; home visits are inconsistent."*

Implications: reminder system (card/WA/SMS), SOP for post-absence home visits, and more responsive incentive governance.

4. Bureaucratic Structure

Planning (RUK/RPK), reporting, and structured supervision; there is internal monitoring and external audit (Dinkes/Inspectorate). Obstacles arise in the allocation of BOK across programs so that support for education/promotion has not been maximized.

KP: *"Monthly evaluation and monitoring of the Health Office is routine."*
BOK: *"Every expense is checked; "Discipline is mandatory."*
Midwife: *"The BOK supports transportation, health programs, and home visits—but the funds are divided into other programs."*

Implications: increase the flexibility of allocation for educational/advocacy activities and clarify the division of roles across programs.

Discussion

1. Communication

Communication between the Health Center and the Health Office is going well through coordination meetings and digital media, but communication internally and with the community is still top-down and minimal participation. Education is only given briefly during posyandu without auxiliary media, so many mothers under five do not understand the importance of immunization. This is in line with Robbins who emphasized the importance of feedback, message clarity, and two-way communication (Robbins, 2005). Research by Marliyanti et al. (2020) also shows that dialogical, participatory, and community-based communication increases immunization success (Marliyanti, 2020; Widiyanti, 2021).

2. Resources

Health workers are quite competent, but the number is limited, especially during mass activities. Cold chain facilities are available, but some are old and need maintenance. The BOK fund supports operations, but the flexibility of use is limited to the juknis. This condition is in line with the Input-Process–Output (IPO) theory which states that limited inputs (human resources and facilities) have an impact on service output (Effendy, 2017). Siregar & Mulyati also found that administrative constraints of BOK funds often hinder the procurement of immunization support equipment (Siregar, 2021).

3. Disposition or commitment of the implementer

The head of the health center, BOK managers, and midwives showed high commitment, even though the incentives were limited and the disbursement of funds was often late. Midwives continue to carry out immunizations out of moral responsibility, although they hope that there will be an increase in incentives. This is in accordance with Sari et al. (2022) who emphasized the importance of the availability of operational funds for the success of the immunization program (Sari, 2022), and Kurniawan (2023) who found that incentives play a role in maintaining the work spirit of officers (Kurniawan, 2023).

4. Bureaucratic structure

Program planning and reporting have been structured through RUK and RPK, and are supervised by the Health Office and the Inspectorate. However, there is no special internal supervisory team, and BOK funds are divided for many programs so that community counseling activities have not been maximized. Pranoto et al. (2024) emphasized the need for internal supervision so that the use of funds is more accountable (Pranoto, 2024).

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