

# Assessment and Capacity Building for School-Based Health Program Indonesian's experience

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#### School-based Health program

(Usaha Kesehatan Sekolah=UKS)

- The school based health program has been done in each grade of preliminary school, content of three programs
  - health education
  - health service delivery through schools (including Immunization School-based Program = Bulan Imunisasi Anak Sekolah= BIAS)
  - healthy school environment

## **EPI Goals & Objectives**

- UCI Target
  - ♦To reduce morbidity, mortality & disability caused by EPI target diseases
  - ♦ Reduction, elimination, eradication of EPI target

## Legal Framework of EPI

- State Constitution 1945 (article 28)
- Law No. 36 / 2009 (Health System)
- Law No. 23 / 2002 (Children Right)
- MOH Regulation No. 12 / 2017 (EPI Program)

#### Immunization Program in Indonesia

- National Program Immunization
  - Routine immunization
    - school-based immunization program is included in routine immunization program conducted to elementary school students
  - Supplementary immunization
  - Special Immunization
- Voluntary immunization
  - Non-EPI vaccination
  - Mostly done by private clinics/professional organizations

#### Policy & Operational Strategy

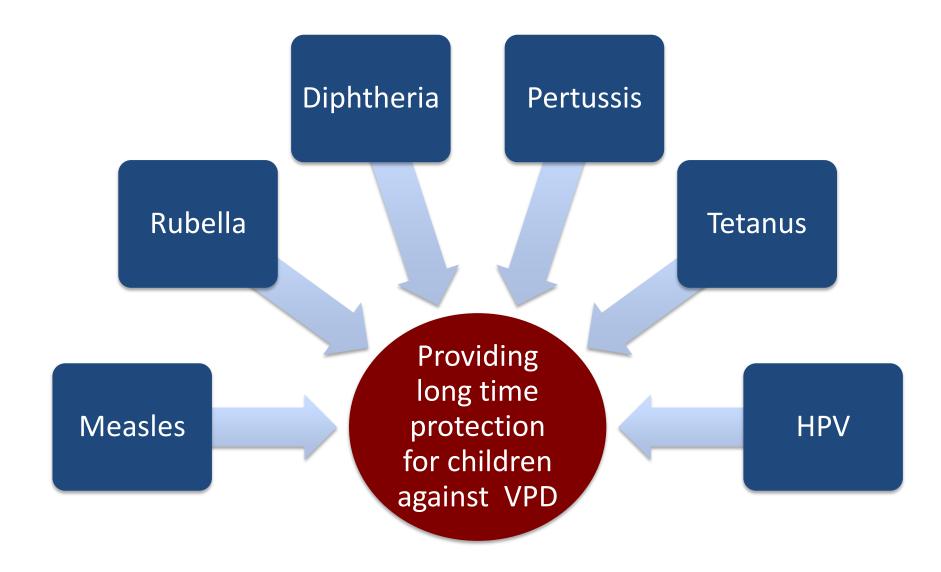
- 1. To achieve high immunization coverage, accessible, equally distributed
  - Availability of static and accessible EPI service
  - Availability of EPI services in hard to reach areas
- 2. Continuous quality improvement through
  - Personnel skills
  - Quality vaccine and cold chain system
  - Correct vaccination procedure
- 3. Community mobilization and participation

# Implementation of School-Based Children Immunization

# Legal Basis of School-Based Immunization Program

- Law No. 36/2009 on Health
- Law No. 23 /2002 on Children Rights (including immunization)
- Law No 35/2014 on Child Protection
- Joint Regulation between the Minister of Education and Culture, Minister of Health, Minister of Religious Affairs and Minister of Home Affairs. 6 / X / PB / 2014, No. 73 years 2014, No. 41 years 2014 and No. 81 year 2014 on School Health/Madrasah

#### The Goal



## Implementation

- First introduction in 14 November 1997
- Collaboration Ministries of Health with Ministry of Education, Home Affairs, and Religious Affairs
- The school based program has been done as a part of health service delivery program through schools
- Immunization program held every November, called as The Immunization Month (Bulan Imunisasi Anak Sekolah = BIAS)

#### A collaboration...

#### Role of MOH

- Development of policy and guidance of technical matters
- Preparation and implementation of immunization service at schools
- Monitoring and evaluation

#### **Role Ministry of Education**

- Socialization and mobilization of teachers in preliminary schools, both public and private schools, to support the program
- Coordination with schools to approach the parents

#### A collaboration...

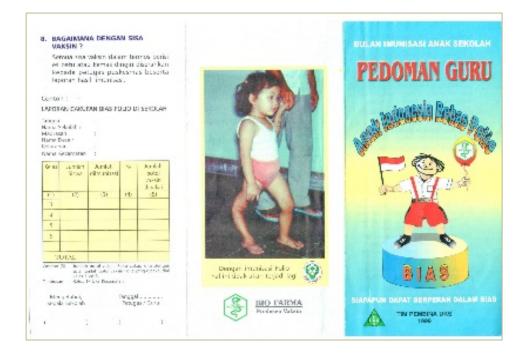
#### **Role of Ministry of Religion**

 Socialization and mobilization of teachers in religion-based schools, both public and private schools, including Islamic boarding schools which are many in most of areas of Indonesia

# Role of Ministry of Home Affairs

 Socialization and advocacy to local governments regarding budget allocation to support logistic supplies (not include vaccines) and operational cost for the program implementation.

# Guidance book & IEC Leaflet







## Progress of School-Based Immunization Schedule

School	1984-1997	1998-2000	2001	2002-2010	2011 -2017	2019 →
Grade 1	DT 2x	DT 1x	DT 1x	DT 1x, measles 1x	DT 1x, measles 1x	DT 1x, MR 1x
Grade 2		TT 1x	TT 1x	TT 1x	Td 1x	Td 1x
Grade 3		TT 1x	TT 1x	TT 1x	Td* 1x	
Grade 4		TT 1x				
Grade 5		TT 1x			HPV-1	Td 1x HPV-1
Grade 6	TT 2x	TT 1x			HPV-2	HPV-2

#### **National Immunization Program**

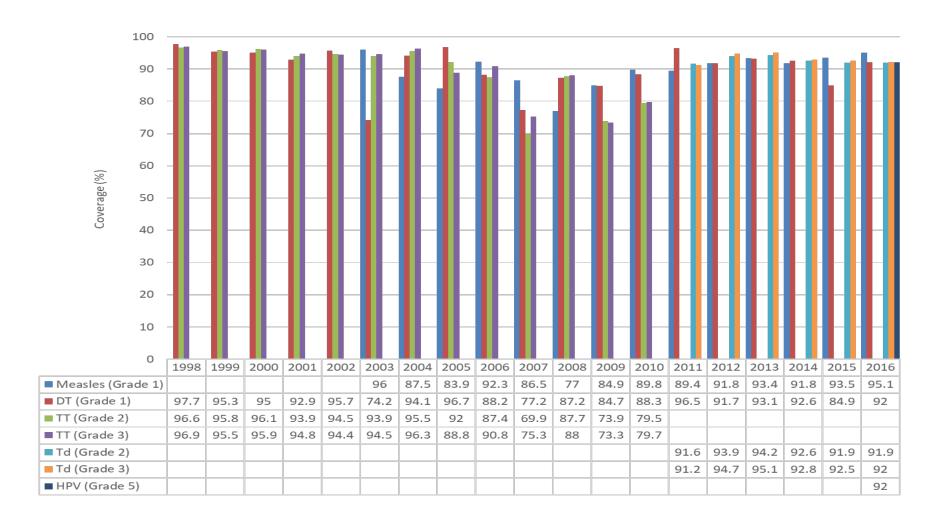
Age	Immunization	Notes	
<24 hours	Hepatitis B		
1 month	BCG, b-OPV		
2 month	DPT-HB-Hib , b-OPV, PCV	PCV in Lombok & Bangka-Belitung province	
3 month	DPT-HB-Hib , b-OPV, PCV		
4 month	DPT-HB-Hib , b-OPV, IPV		
9 month	MR, JE	JE vaccination only in Bali	
12 month	PCV		
18 month	MR, DPT-HB-Hib		
grade-1	MR, DT		
grade-2	Td		
grade-5	Td, HPV		
grade-6	HPV		

#### **Cost & Financing Issues**

Local ownership of operational costs, however in some areas:

- Limited operational cost for immunization school-based program
- Limited sources for monitoring & evaluation
- Lack of advocacy to local government

# Immunization Coverage at School-based Immunization, Indonesia 1998-2016





# Implementation immunization program at schools





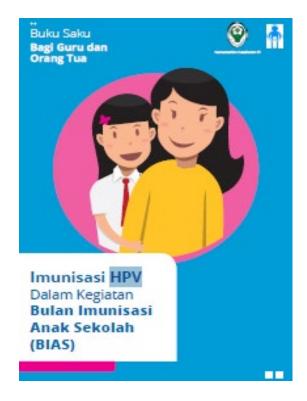
#### WHO Team Visit in November 2008

- School based program in Indonesia is well-designed, elements for successful program exist
  - official policy
  - operational guidelines for health workers and teachers
  - roles and responsibilities of each Ministry
  - budget at health centers and districts
  - vaccine and supplies provided from central government

- High coverage in all schools, where program conducted
- Local ownership of operational costs
- Not a heavy burden on health staff
- Operational costs per student vaccinated are low (TT: \$0,65, measles: \$0,68)
- Consistent data from schools upwards to PHO



# HPV Vaccination Introduction in School-based Program



#### **HPV** vaccination

at Preliminary School in Jakarta province, 2016



#### HPV vaccination coverage Preliminary School, in Jakarta, 2016 - 2017

Grade 5 (2016)Grade 5 (2017)Grade 6 (2017)

92,01% (66.094)

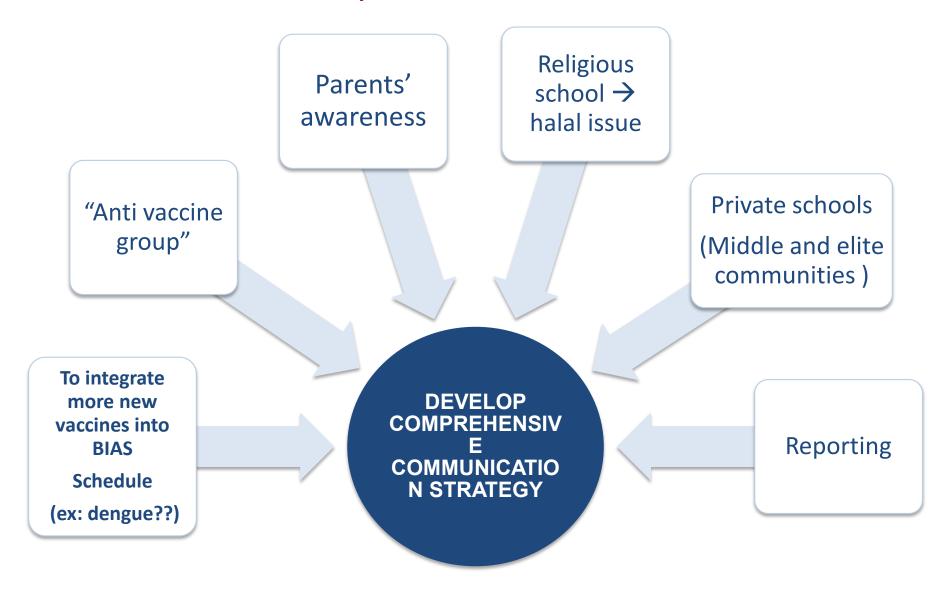
89,41% (70.680)

94,66% (67.127)

### Reasoning ...... why not vaccinated

Reasoning	%
Move to other school	4
Absent from school	12
Got sick	19
Go to private doctor (mostly from private school)	32
Refused (no clear reasons)	20
Others	13

#### CHALLENGES, RUMOURS AND REFUSALS





# **THANK YOU**