

INTISARI

Latar Belakang: Imunisasi lanjutan (*booster*) diberikan pada baduta untuk mempertahankan tingkat kekebalan dan memperpanjang masa perlindungan anak yang sudah mendapatkan imunisasi dasar lengkap. Tahun 2020 cakupan imunisasi lanjutan campak/MR2 sebesar 72,1% dibawah target nasional 76,4%. Penelitian dilakukan untuk mengevaluasi sistem surveilans, implementasi program dan mengetahui faktor yang mempengaruhi kelengkapan dan ketepatan waktu imunisasi *booster* baduta di Kota Yogyakarta.

Metode: Desain deskriptif observasional digunakan untuk evaluasi sistem surveilans dan evaluasi program. Evaluasi sistem surveilans diukur pada kualitas surveilans (kesederhanaan, penerimaan, kualitas data, ketepatan waktu) dan fungsi utama surveilans (analisis data dan interpretasi data, pencatatan dan pelaporan, umpan balik). Evaluasi program dilakukan dengan pendekatan *logic model* CDC berdasarkan aspek input, proses, dan output. Studi *cross sectional* dilakukan untuk mengetahui pengaruh sosio demografis (usia, pendidikan, pekerjaan), pengetahuan, sikap orangtua, dukungan keluarga, dukungan petugas, riwayat mobilitas dan riwayat KIPI terhadap kelengkapan imunisasi dan ketepatan waktu imunisasi. Subjek penelitian adalah orangtua yang mempunyai anak usia 18-24 bulan yang lahir di tahun 2021. Teknik *cluster random sampling* digunakan untuk menentukan subjek penelitian sebanyak 300 orang. Analisis menggunakan uji *log-binomial regression* untuk menghitung rasio risiko pada 95% CI.

Hasil: Kualitas sistem surveilans dikategorikan baik pada atribut kesederhanaan (94,74%), fleksibilitas (97,89%), kualitas data (81,08%), akseptabilitas (100%), ketepatan waktu (89,81%). Fungsi utama sistem surveilans dikategorikan baik pada pencatatan dan pelaporan (100%), cukup pada analisis dan interpretasi data (68,42%), dan umpan balik (70,37%). Evaluasi program berdasarkan nilai input, proses, dan output sebagian besar dikategorikan baik >80%. Pada studi analitik sebanyak 195 (65%) dari 300 subyek penelitian berusia diatas 30 tahun, berpendidikan menengah 165 (55%), tidak bekerja 188 (62,67%), berpengetahuan baik 292 (97,33%), sikap positif 131 (43,67%), dukungan keluarga yang mendukung 266 (88,67%), dukungan petugas yang mendukung 118 (39,33%), tidak memiliki riwayat mobilitas 294 (98%), tidak memiliki riwayat KIPI 168 (56%), tepat imunisasi 170 (56,67%), dan lengkap imunisasi 178 (59,33%). Analisis statistik menunjukan sikap orang tua $aPR = 1,265^*$ (95%CI: 1,045-1,531), dukungan petugas kesehatan $aPR = 1,282^*$ (95%CI: 1,061-1,548) berhubungan dengan ketepatan imunisasi. Dukungan petugas kesehatan $aPR = 1,237^*$ (95%CI: 1,032-1,482) berhubungan dengan kelengkapan imunisasi lanjutan baduta.

Kesimpulan: Implementasi program dan surveilans imunisasi *booster* dilaksanakan secara baik. Kelengkapan imunisasi *booster* dipengaruhi oleh dukungan petugas. Ketepatan imunisasi *booster* dipengaruhi oleh sikap orang tua dan dukungan petugas. Diperlukan peningkatan kapasitas koordinator imunisasi dalam tatalaksana imunisasi, promosi dan edukasi terkait dengan imunisasi.

Kata Kunci: Evaluasi program, Surveilans, Kelengkapan dan ketepatan imunisasi, Program Imunisasi lanjutan, Kota Yogyakarta.

ABSTRACT

Background: Booster immunization is given to children under two years to maintain immunity and extend the protection period for children who have received complete basic immunizations. In 2020, the coverage of booster immunization against measles/MR2 is 72.1%, below the national target of 76.4%. The research was conducted to evaluate the surveillance system, program implementation and determine the factors that influence the completeness and timeliness of booster immunizations for children under two years in Yogyakarta.

Method: An observational descriptive design was used to evaluate the surveillance system and program evaluation. Evaluation of surveillance systems is measured on surveillance quality (simplicity, acceptability, data quality, timeliness) and main surveillance functions (data analysis and interpretation, recording and reporting, feedback). Program evaluation is carried out using the CDC logic model approach based on input, process, and output aspects. A cross-sectional study was conducted to determine the influence of socio demographics (age, education, occupation), knowledge, parental attitudes, family support, health worker support, mobility history, and AEFI history on immunization completeness and timeliness. The research subjects were parents with children aged 18–24 months born in 2021. Cluster random sampling was applied to determine 300 research subjects. The analysis used the log-binomial regression test to calculate the risk ratio at 95% CI.

Results: The surveillance system is classified as good on the attributes of simplicity (94.74%), flexibility (97.89%), data quality (81.08%), acceptability (100%), and timeliness (89.81%). The surveillance system is categorized as good at recording and reporting (100%), adequate at data analysis and interpretation (68.42%), and feedback (70.37%). Program evaluations based on input, process, and output values were mostly good > 80%. In the analytical study, 195 (65%) of the 300 research subjects were over 30 years old, 165 (55%) had secondary education, 188 (62.67%) did not work, had sufficient knowledge 292 (97.33%), 131 positive attitudes (43.67%), family support 266 (88.67%), health worker support 118 (39.33%), no history of mobility 294 (98%), no history of AEFI 168 (56%), timely immunization 170 (56.67%), and complete immunization 178 (59.33%). Statistical analysis showed that parents' attitudes $aPR = 1.265^*$ (95%CI: 1.045-1.531), support from health workers $aPR = 1.282^*$ (95%CI: 1.061-1.548) related to immunization timeliness. Support from health workers $aPR = 1.237^*$ (95% CI: 1.032-1.482) related to the completeness of booster immunizations for children under two years.

Conclusion: The booster immunization program and surveillance are well done. The completeness of booster immunization is influenced by health worker support. Parents' attitudes and health workers' support affect booster immunization timeliness. It is necessary to increase the immunization coordinator's capacity in immunization management, promotion, and education related to immunization.

Keywords: Program evaluation, Surveillance, Completeness and timeliness of immunization, Booster Immunization Program, Yogyakarta City.