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IMPLEMENTATION OF Hb 0 IMMUNIZATION PROGRAM IN NEW-BORN BABIES IN THE WORKING AREA OF RAMBUNG PUSKESMAS, BINJAI, IN 2019

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ABSTRACT

HB-0 immunization is functioned as the immune of a baby's body against the infection of hepatitis B from its mother who has positive HbsAg status. Hepatitis B virus attacks a baby's liver which cause liver cancer. The objective of the research was to analyze the implementation of HBO program in new-born babies in the working area of RambungPuskesmas, Binjai.The research was done at in the working area of RambungPuskesmas, from May to October, 2019. It used qualitative method with descriptive interactive approach. Therewere 18 informants in the research.The result of the communication analysis showed that many women forgot HB0 vaccine. Resources: human resources were adequate, but the funds from BOK in the amount of IDR.60,000 per three months was only be received by the management of the program while the Puskesmas only received report from hospital, its Head acted as supervisor, but independent midwives did not get anything. Bureaucratic Structure: RambungPuskesmas had had SOP in implementing the activity of HB0 immunization. Data Implementation: immunization coverage from villages to Puskesmas as the first stage of reporting was still 64%.It is recommended that the personnel of KIA at Puskesmas increase the coverage HB0 immunization program in babies in the health working area at Binjai, in 2019.

Keywords: HB0 Implementation, Immunization, Balita

BACKGROUND

Health development is implemented by all components of the nation. It is aimed to increase the awareness of and the capacity to be healthy in order to realize the highest health standard. Health development is carried out guided, sustainably, and realistically though health care. The concept of "Healthy Paradigm," health development which provides a main priority for increasing health (promotion) and preventing diseases (preventive) rather than curing/medicating (curative) and recovering completely.

The World Health Organization (WHO) in 2014 revealed that there were 60.4 million people in India, 98.5 million people in China, and 38.4 million people in other Asian countries which received health care (BPS RI, 2014).

Using health care is very important for people to avoid, to prevent, and to recover from sickness and to restore individual or family's health at Puskesmas (Public Health Center). It includes any activity of medical services and public health services such as Health Promotion, Environmental Health, Mother and Child Health/Family Planning, Improvement in Nutrition, Combating Transmitted Diseases, and Medication (Noviana, 2013).

According to Sistriani (2014), KIA (Mother and Child Health) program is one of the priorities for health development in Indonesia. This program is responsible for health care for pregnant women, childbirth women, and new-born babies. One of its objectives is to decrease maternal immortality and morbidity rate and infant mortality rate by increasing health service quality and maintaining the sustainability of health care for women and prenatal in the basic health care and in the primary referential service. KIA strategies, among others, are the empowerment of women/husbands and families, empowerment of communities, and cross sectoral collaboration with other partners, including the local government and other legislative members, and increasing the coverage and the integrated quality of health care for women and their children with other reproductive health components. Facilities for KIA and other people's services should be increased, especially health care for new-born babies since today there are 40% of infant deaths occur when they are fewer than one month old. Advanced action in "Local Area Monitoring" should be analyzed and interpreted in order to find out which villages that urgently need care and advanced action.

Immunization is one of the basic health services, viewed from its preventive aspect, which plays important role in decreasing infant mortality and morbidity rate. Complete basic immunization is required for 0-11 month-old babies. One types of required immunization is the first hepatitis B (Hb 0) immunization which is given to 0-7 day-old babies. Indonesian government has included hepatitis B immunization program into routine immunization nationally since 1997. So far, this program is still operated even though there are many obstacles; for example, the target of the coverage of immunization in certain areas has not yet been achieved (Ranuh, et. al, 2014).

National immunization is the parameter of national health; all types of immunization should reach the coverage of more than 80%. In the national immunization program, Hepatitis B consists of routine basic immunization which has to be completed before the babies are one year old. The schedule of injecting hepatitis B is a very effective prevention to be given after a baby is born in order to break off the chain of contagion through maternal transmission from a mother to her baby because in the neighborhood of 3.9% of pregnant women in Indonesia suffer from active hepatitis B with the risk of transmitting to their babies of 45% (Sri Rezeki, S.H., 2014). Since 2014, hepatitis B vaccine has been combined with HiB vaccines which become pentavalent DPT/Hepatitis B/HiB.

One of the required Puskesmas programs is the program of combating transmitted diseases by implementing immunization for new-born babies. Immunization program is the system of community health care which emphasizes on promotion and preventive efforts. Besides that, immunization is a very important effort to prevent diseases. The implementation of immunization program at Puskesmas is the spearhead of health care.

Hepatitis is a disease which is related to public or community health throughout the world, including Indonesia. It consists of hepatitis A, B, C, D and E. Indonesia is a country with the highest rate of endemicity of hepatitis B, the second biggest country in the South East Asian Region (SEAR) after Myanmar. There are 460 babies die in Indonesia every day caused by diseases which most of it can be prevented by vaccination. Therefore, Indonesia government attempts to give complete immunization five thousand babies every day and punctually to fight against seven diseases which can cause death: tuberculosis, polio, diphtheria, tetanus, pertussis, hepatitis B, and measles (Kemenkes, 2015).

Immunization is one of the basic health services, viewed from its preventive aspect, which plays important role in decreasing infant mortality and morbidity rate. Complete basic immunization is required for 0-11 month-old babies. One types of required immunization is the first hepatitis B (Hb 0) immunization in 0-7 day-old babies.

Hb 0 immunization is important to be given to babies for their body immune from the transmission of Hepatitis B virus of a woman with the status of positive HbsAg. If Hepatitis B virus attacks babies, it will cause damage in liver organ in babies and can also cause liver cancer. Therefore, giving Hb 0 immunization to babies can provide protection for the exposure of Hepatitis B virus.

The Decree of the Minister of Health of the Republic of Indonesia No. 741/Menkes/Per/VII/2008 on the Standard of Health Care in Districts/Towns states that the coverage of Districts/Towns of Universal Child Immunization (UCI) was 100% in 2019. Nationally, giving Hb 0 has not been implemented optimally; therefore, it should be integrated with the activity of KIA (Mother and Child Health) such as neonatal visits to patients' homes by midwives which are in accordance with the schedule of giving Hb 0 immunization to babies. The achievement of giving Hb0 immunization to babies is the indicator toward the coverage of complete basic immunization with the target of 93%.

The Indonesian Health Profile determined the coverage of Hb0 immunization in Indonesia of 85.6% in 2012, 86.8% in 2013, and 85.8% in 2014. From this fact, it can be said that the coverage of Hb 0 immunization in babies in Indonesia has not yet reached the national target (Kemenkes, 2015). Today, there are 350 million chronic patients throughout the world with four million new cases per year. Infection in children is generally asymptomatic, but 80%-95% of it will become chronic and will end with cirrhosis or KHS (hepatocellular carcinoma). In the endemic countries, 80% of KHS are caused by hepatitis B virus and the risk of KHS. Ranuh (2011) points out that VHB infection causes at least one million deaths per year. Hepatitis B immunization in new-born babies has not reached 100% which can cause the level of the contagion of hepatitis B from a mother to her baby to be high. Hepatitis which can get from vertical contagion has the potency to become chronic and can

eventually become cirrhosis or even cancer. According to the data from the Ministry of Health (2014), hepatitis B immunization in babies fewer than seven days old reached 85.8%. Giving Hepatitis B immunization in the first month, the second month, and the third month after a baby is born does not reach 55%. The coverage of hepatitis B immunization in the form of combination of pentavallent 5 antigens of DPT-HB-Hib in the first month after a baby is born is only 52% (Anna, 2015).

The program of giving Hb 0 immunization to babies who are fewer than 7 days old is the implementation of policy on health in order to protect babies from infectious transmission of hepatitis B. According to Van Horn and Van Meter, implementation is an action which is directed to achieve the target which has been determined by policy makers (Muazaroh, 2009).

Based the initial study, it was found that the coverage of hepatitis B immunization in new-born babies at the Puskesmas, Binjai, was 64% in 2017 (Profile of Dinkes of Binjai in 2017). The achievement of the coverage of this program is still below the national target of 80%. The achievement of the coverage of this program indicates that the performance of the manager of KIA program in implementing Hb 0 immunization is low.

Giving Hepatitis B immunization in Indonesia began in 1997. It has become the routine immunization program which is given three times with the first injection is given to 3 (three) month-old babies. Referring to the Letter No. 168/Menkes/I/2003 on the Change in Technical Policy, Hepatitis B Immunization is given to 0-7 day-old babies by using pre-filled syringe (uninjected Hb), a disposable syringe which is sterile and has been filled with hepatitis vaccine for one dosage. The result of the coverage of hepatitis B 0 immunization (0-7 days) nationally showed that it has not achieved optimally; therefore, cooperation in the activity of Neonatal I Visits (KN-I) should be done, and giving hepatitis B immunization with uninjected Hb was done at the same time home visits are conducted. Since the implementation of hepatitis B immunization is a new thing (injecting 0-7 day-old babies), socialization should be provided for people and support from stakeholders should be needed (Muazaroh, 2009).

Obstacles in implementing Hepatitis B immunization program are caused by people's perception, utility perception, and inhibiting perception which are uniform between the group of 0-7 day Hb immunization and the group of 1-7 day Hb immunization. Giving information continuously and consistently about 0-7 days Hb immunization will increase women's knowledge, the time of childbirth aid, the right time for informing messages, and suggestion to give 0-7 days Hb immunization (Kusumawati, 2007).

Formulation of the Problems

1. Finding out the communication about the implementation of hepatitis 0 immunization program in new-born babies in the working area of Rambung Puskesmas, Binjai, in 2019;
2. Finding out the resources for the implementation of hepatitis 0 immunization program in new-born babies in the working area of Rambung Puskesmas, Binjai, in 2019;
3. Finding out the implementers' attitude toward the implementation of hepatitis 0 immunization program in new-born babies in the working area of Rambung Puskesmas, Binjai, in 2019;
4. Finding out the implementers' bureaucratic structure of the success in the implementation of hepatitis 0 immunization program in new-born babies in the working area of Rambung Puskesmas, Binjai, in 2019;
5. Finding out the implementation of hepatitis 0 immunization program in new-born babies in the working area of Rambung Puskesmas, Binjai, in 2019.

Objective of the Research

1. Explaining the communication occurs in the implementation of hepatitis 0 immunization in new-born babies in the working area of Rambung Puskesmas, Binjai, in 2019;
2. Explaining the resources for the implementation of hepatitis 0 immunization program in new-born babies in the working area of Rambung Puskesmas, Binjai, in 2019;
3. Explaining the implementers' attitude toward the implementation of hepatitis 0 immunization program in new-born babies in the working area of Rambung Puskesmas, Binjai, in 2019;

4. Explaining the implementers' bureaucratic structure on the implementation of hepatitis 0 immunization
program in new-born babies in the working area of Rambung Puskesmas, Binjai, in 2019;

RESEARCH METHOD

The research used qualitative method with descriptive interactive approach. It was a deep study, using the technique of gathering the data from those who were experts in their fields of study. The researchers interpreted the phenomena in searching for meaning from them at the same time to obtain the intended data by interpreting the phenomena by involving various methods. A qualitative research which can be used is interviews and strengthening and using documents.

The research also used descriptive phenomenological approach, a study which attempts to search for 'the essence" of meaning from a phenomenon undergone by some individuals. The researchers chose qualitative research with descriptive phenomenological approach since they wanted to explain and to describe the implementation of Hb 0 immunization program in the working area of the Health Agency, Binjai.

Location : This research was conducted in the working area of Puskesmas, Binjai.
Research Period : The period of the research was from May until November, 2019.
Informants : The research used 18 (eighteen) informants, consisted of:

1. The Head of Puskesmas as the man in charge of the implementation of Hb 0 immunization program or in the *tupoksi* as planning, monitoring, and evaluating Hb 0 immunization program at Puskesmas;
2. Two managers of immunization program as the implementers of Hb 0 immunization program at Puskesmas or in the *tupoksi* as the preparation and the implementation of Hb 0 immunization program at Puskesmas;
3. 15 (fifteen) women who hads babies as the acceptors of Hb 0 immunization program at *tupoksi* as the evaluation of Hb 0 immunization program at Puskesmas.

Variables:

Communication, Resources, Attitude, Bureaucratic Structure, and Implementation of Hb 0 immunization program in new-born babies.

Operational Definition

1. Communication is conveying messages and information in the form of socialization to targeted individuals or groups so that they will know about Hb immunization program for 0-7 day-old babies. The method of how to know its success is by developing questions about Hb 0 socialization to the cross-sectors and to people, viewed from transmission, consistency, and explanation. The method of interviewing was done by using interview format which had been made.
2. Resources: A resource is everything which is used to accelerate the implementation of the policy on Hb 0 immunization program to make it effective; it includes financial resource which consists of fund, non-financial resource such as energy, facility and infrastructure (materials and equipment).
3. Disposition/implementers' attitude: Disposition is an attitude and completion owned by village midwives; they consist of commitment, reliability, and democratic value for implementing Hb 0 immunization;
3. Bureaucratic Structure: Bureaucratic structure is the appropriateness in implementing Hb 0 immunization program by village midwives which includes Standard Operating Procedure (SOP) about the clarity, structure, materials/content, and relevance of Operational Manual on the work done by village midwives in order to implement Hb 0 immunization program. Meanwhile, coordination in implementing Hb 0 immunization Program is any efforts to do cooperation for synchronizing and harmonizing any activities done by village midwives between immunization program and KIA program.

4. Implementation (Hepatitis B 0 Immunization): The percentage of the coverage of Hb 0 immunization program is the number of new-born babies that are given immunization, compared with the number of the targets of babies (cohort) times 100%, calculated since January to December, 2017.
   Method: observation and cohort of KIA personnel.
   The coverage of hepatitis B immunization in new-born babies at the Puskesmas of Binjai was 64% in 2017 (Profile of the Health Agency of Binjai, in 2017.

RESEARCH RESULT

Rambung Puskesmas is located at Jalan Jamin Ginting No. 11, Kelurahan Rambung Barat, Binjai Selatan Sub-district. It has its working area in some of Binjai Selatan Sub-districts and is in charge of four kelurahan (equal to village): Kelurahan Rambung Barat, Kelurahan Rambung Dalam, Kelurahan Rambung Timur, and Kelurahan Tanah Seribu.

Geographically, Rambung Puskesmas (Puskesmas Main building, and Tanah Seribu Auxiliary Puskesmas) is in a strategic location. It is located on the main street, but the vicinity of Puskesmas Main Building and the Auxiliary Puskesmas is surrounded by some hospitals - Maternity Clinics, Private Midwife Practices, and other health facilities. The working area of Rambung Puskesmas has the boundary with

a. Kelurahan Mencirim, Binjai Utara Sub-district in the East;
b. Kelurahan Binjai Estate, Binjai Selatan Sub-district in the West;
c. Kuala Mencirim, Langkat Regency in the South;
d. Kelurahan Setia, Binjai Kota Sub-district in the North.

The working area of Rambung Puskesmas has the area of about 7.11 hectares. Majority of the people who live surrounding it are Moslems. In accordance with its natural condition, the people earn their living by doing many jobs such as in poultry (chicken poultry), home industry, big industry (welding shop), government/non-government services, private employees, commerce (shops, food stands, stalls) and transportation services (urban transportation and rickshaws)

The population in the working area of Rambung Puskesmas is about 19,644 people with 6,047 families. The average number of members in a family is 4.14 people. The population consists of 9,791 males and 9,853females.

The vision of Rambung Puskesmas in doing its function is as follows:
"To Realize Healthy and Independent Community."
For realizing its vision, Rambung Puskesmas has its mission as follows:

a. Organizing primary, qualified, equal, and complete health service and increasing work professionalism.
b. Maintaining and increasing the health of individuals, families, and communities and their environment;
c. Establishing partnership with all stakeholders in implementing health care;
d. Increasing people's smart, healthy, and independent participation;
e. Increasing the motivation, togetherness, and performance of all employees of Rambung Puskesmas to realize a comfortable working atmosphere.

Characteristics of Informants

Table 4.1. Distribution of Informants' Characteristics

Informants	Age	Sex	Education	Ethnicity	Marital Status	Occupation
1	30	Female	Senior High School	Javanese	Married	Housewife
2	31	Female	Senior High School	Bataknese	Married	Housewife
3	33	Female	Junior High School	Melayunese	Married	Housewife

4	30	Female	Senior High School	Melayunese	Married	Housewife
5	28	Female	Junior High School	Javanese	Married	Housewife
6	25	Female	Senior High School	Bataknese	Married	Housewife
7	23	Female	Senior High School	Melayunese	Married	Housewife
8	22	Female	Senior High School	Javanese	Married	Housewife
9	27	Female	Senior High School	Javanese	Married	Housewife
10	20	Female	Senior High School	Melayunese	Married	Housewife
11	23	Female	Senior High School	Javanese	Married	Housewife
12	23	Female	Senior High School	Javanese	Married	Housewife
13	25	Female	Senior High School	Javanese	Married	Housewife
14	22	Female	Senior High School	Melayunese	Married	Housewife
15	30	Female	Senior High School	Javanese	Married	Housewife
16	38	Female	D-III (Diploma III)	Javanese	Married	Gov. Employee
17	36	Female	D-III (Diploma III)	Melayunese	Married	Gov. Employee
18	38	Female	S-2 (Graduate Degree)	Bataknese	Married	Gov. Employee

From the Table above, it was found that 13 respondents (72.22%) were 20 to 30 years old, 5 respondents (27.78%) were 31 to 40 years old, 18 respondents (100%) were females, 13 respondents (72.22%) were senior high school graduates, 2 respondents (11.11%) were junior high school graduates, 2 respondents (11.11%) were Diploma III graduates, one respondent (5.56%) was graduate degree graduate, 9 respondents (50%) were Javanese, 6 respondents (33.33%) were Melayunese, and 3 respondents (16.67%) were Bataknese.

DISCUSSION

Communication

The result of the interviews about the communicative process of Hb 0 program obtained from the informants showed that communication done by immunization personnel with women who had under five year-old children and who visited posyandu (integrated health post) was by providing counseling materials about Hb 0 immunization which included what Hb 0 vaccine was, its use and effect on babies that were not vaccinated by Hb 0, and the schedule of giving vaccine. There are many women who have forgotten Hb 0 vaccine. In order to accelerate the spread of information about Hb 0 immunization program to people, it is necessary to make collaboration with village heads, public figures, religious leaders, PKK, cadres, and village midwives. Some obstacles in giving information to women who have babies because they work so that they cannot participate in counseling and there is no evaluation after they participate in counseling whether they have understood the counseling materials about immunization so that they understand what Hb 0 immunization is.

The result of the interviews showed that it is still necessary to give information to women about Hb 0 by collaborating with cross-sectoral. According to Miller, communication occurs when it

conveys a message to receivers (communication) with the conscious intention to influence the receivers' behavior.

Effendy (2004) points out that the function of communication is to convey information, to educate, and to influence one's behavior in order to achieve the goal in the long term for the success in a program. Sendjaja (1999) points out that in order to communicate well with someone, one should convey a message in a language and methods which are in accordance with someone's level of knowledge, experience, orientation, and cultural background. In other words, a communicator should know individual, social, and cultural level of the communicants.

Socialization program which has been done still needs consolidation in order to achieve the target of Hb 0 immunization program. Some existed forums such as Islamic gathering every week, village PKK meetings every month should be used optimally by village midwives to explain the objective of immunization program.

In accordance with the research done by Muliani (2013) on the correlation of giving Hb 0 immunization in the working area of Ponre Puskesmas, Bulukumba Regency, the result of this research showed that of the 96 respondents, 57.3% of them got HB 0 immunization in Ponre Puskesmas area while 42.7% of them did not. Giving information about immunization should be done intensively either in the examination of pregnant women (ANC visits) or in the posyandu activities. Immunization counseling is needed to increase women's understanding and awareness of the importance of giving Hb 0 immunization and prevention and cause of Hepatitis B disease.

Human Resources

The result of interview on the resource of Hb 0 program obtained from informants as follows: Resources in giving vaccine consisted of 2 persons. They said that they got difficulty to immunize Hb 0 to babies. The personnel worked together with independent midwife practitioners and doctors by giving vaccine facility and with the feedback, the monthly report of using vaccine, the number of human resources were adequate. However, the fund was obtained from BOK of IDR.60,000 once in three months and the receiver was only the person in charge of the program while Puskesmas which received the report from hospital and independent midwife practitioners did not get any fund.

Resources are an important factor in implementing public policy. If the executor lacks of resources that are needed to make policy, implementation will not be effective. The implementers can have adequate staffs and understand what they should do, have the authority to do their job although without inadequate equipment or supply so that the implementation does not succeed. In order to implement the policy, implementers should get the needed resources in order to accelerate the program, and one of them is in the form of money so that it can be said that resources can influence the success in implementing HB 0 immunization program.

The management of the hospital and independent midwife practitioners get only vaccine and give feedback by submitting report to Puskesmas while Puskesmas itself does not implement Hb 0 vaccine due to the time of injection of 0-24 hours because puskesmas does not do childbirth service.

Achieving the purpose of the policy should be supported by the availability of equipment and facility. The availability of facility and infrastructure is the determining factor of policy performance. An implementer should get the sources which are needed in order to accelerate the program without which the policy will not be successful maximally.

Attitude.

The result of interviews on attitude in Hb 0 program obtained from the informants as follows: To implement Hb 0 immunization, Rambung Puskesmas has owned SOP in implementing the activity of Hb 0 immunization. This is in accordance with the theory of Swanberg supervision which is the ease of sources needed by the staffs to carry out their tasks.

According to Annas (1996), supervision is doing observation directly and regularly by superiors toward their subordinates' job. It is also intended to find easiness when there is a problem which can be directly guided.

In this research, the supervision was done by the head of puskesmas toward village midwives in order to increase the coverage of Hb 0 immunization which has not achieved the target of coverage. Effective supervision should have guided and systematic planning and coordination. Supervision done by the management of Puskesmas and the Health Agency of Regency should use the standard of

supervision/checklist guideline supervision in order to help private midwife practitioners in villages in solving health problems in villages. Supervision is needed to be planned well with routine schedule, the existence of feedback from the supervision to midwives to help when there are health deficiencies/problems in villages. This is in accordance with the research done by Pinti (2006) that the variable which is correlated with the coverage of immunization in the research, the factor of human resource is the supervision of the head of Puskesmas.

The importance of giving Hb 0 immunization in babies is by giving immune in babies' bodies from the transmission of Hepatitis B virus in women with the status of positive HbsAg. When Hepatitis B virus attacks babies, it will cause damage in babies liver organs and can even cause hepatitis. Therefore, giving HB-0 immunization in 0-7 day-old babies can give protection to the exposure to Hepatitis B virus (Hidayat, 2014). The behavior of giving Hb 0 immunization to 0-7 day-old babies is aimed to increase the health of women and their babies. According to Notoatmodjo (2012), behavior in searching for health for recovery from sickness is related to Green's theory which explains that health behavior can be influenced by predisposition factors (age, knowledge, experience, education, attitude, confidence, belief, and so on), enabling factors (physical environment, fund, and sources in society), and supporting factors (regulations and government's policy, and health care providers).

Attitude is a person's internal reaction which is influenced by various factors such as personal experience, culture, other people who are considered important, religion, and emotional factor in one's own self, all of which play an important role in establishing an attitude. The process of attitude establishment is cased by stimulation such as people's knowledge. The stimulation stimulates people to give response to positive and negative attitude which will eventually be realized in the form of real action.

Attitude consists of 4 (four) stages: *receiving* in which an individual wants to and watches the given stimulation, *responding* in which an individual can give an answer when he is asked, do, and carry out any given task, *valuing* in which a person asks someone else to do or to discuss a problem, and *being responsible* in which a person is responsible and ready to take any risk of anything he has already chosen.

The main factor which influences many respondents who have negative attitude toward immunization is their low level of knowledge of immunization since the lower the women's knowledge of immunization, the more they give contribution to the establishment of negative attitude toward immunization. A person who has known about truth will have positive attitude toward it, and it can occur with immunization. The establishment of this attitude cannot be separated from other people who are considered important, mass media, emotional aspect of an individual, and experience in immunization.

In accordance with the research conducted by Meutia (2018) on the factors which influence village midwives' performance toward giving Hb 0 immunization in the working area of the Health Agency of Subussalam in 2018, the result of this research showed that there was the correlation between attitude and performance of village midwives in giving Hb 0 immunization in the working area of the Health Agency of Subussalam in 2018 (p=0.046). This result indicated that a midwife who had positive attitude would tend to give Hb 0 immunization to new-born babies. From the cross tabulation, it was found that 39 midwives had positive attitude toward giving Hb 0 immunization, 21 midwives (53.8%) had good performance in giving Hb 0 immunization, and 18 midwives (46.2%) did not have any good performance.

Bureaucratic Structure:

The result of the interviews on bureaucratic structure in Hb 0 program obtained from the informants is as follows:

SOP is one of the important structures which become the guideline for implementers in carrying out the policy. Early service of Hb 0 immunization should use standardized and specific guideline. The availability of complete and clear Operational Manual will become the guideline for the executors in acting and avoiding diversity in implementing a policy.

Implementation can be disturbed caused by sectoral ego in bureaucratic structure. The breakdown of bureaucratic structure can impede coordination to the success in the implementation of policy. Complicated policy needs cooperation with many people since it can use up limited resources, impede changes, create chaos, direct to the policy on contradictive purpose, and ignore important functions. The executors of a policy can understand what will be done and have adequate resources to do it although they still face obstacles in its implementation due to complicated bureaucratic structure in their working places.

Implementation

The result of the interviews on the implementation of Hb 0 program obtained from the informants as follows:

The success in immunization program is not only seen from the quantity of data but also seen from the quality of data which are highly needed. Recording and reporting system and monitoring the data of the result of immunization are highly needed to find out accurate data.

The possibilities of errors in recording and reporting in the level of Puskesmas since the data of the result of immunization are gathered from various service units, either the government or private companies; they are then recapitulated and reported. The process of recording and reporting has the risk of inaccuracy of the data of the result of immunization which have been reported; therefore, any activity in recording and reporting should be monitored regularly in order to make them always qualified and accurate. Observational instrument is intended to verify or to recalculate. The accuracy of recording the accuracy of the coverage of immunization data can be known by checking the data of the result of immunization service in the record in the lower level against the data which are reported to the higher level. The calculation of the ratio of data accuracy is by comparing the amount of immunization which has been successfully verified or recalculated from certain sources in one level (numerator) with the amount of immunization reported by that level to the higher level (denominator). Especially for verification, the coverage of Hb 0 is seen through a baby's date of birth and the date of giving immunization, whether is accurate from 0 to 7 days so that when it is more than 7days, it will not considered as Hb 0.

CLOSING REMARKS

Conclusion

Communication done by immunization personnel with women who had children under five years old and who visited posyandu was by providing counseling materials about Hb 0 immunization which included what Hb 0 vaccine was and the use and the effect on babies without being vaccinated with Hb 0, and the schedule of giving vaccine. A lot of women have forgotten what Hb 0 vaccine is. The number of human resources were adequate; however, the fund was obtained from BOK of IDR.60,000 once in three months and the receiver was only the person in charge of the program while Puskesmas which received the report from hospital and independent midwife practitioners did not get any fund. The existed forums such as Islamic gathering each week and village PKK meetings each month should be used more optimally by village midwives to explain the purpose of immunization program. Standard Operating Procedure (SOP) is the guideline or the reference to carry out any tasks according to their function. The coverage of Hepatitis B immunization in new-born babies at the Puskesmas of Binjai in 2017 was 64%.

Suggestion

The following are some suggestions:

1. Scheduled counseling should be provided as additional information for KIA personnel at Puskesmas to increase the coverage of Hb 0 immunization in babies in the working area of the Health Agency of Binjai so that good communication can be established between health care providers and women who have babies;
2. The Head of Puskesmas should add some health care providers, especially who will be in charge of immunization program by collaborating with *Promkes* personnel in providing counseling about immunization;
3. Immunization personnel should have positive attitude toward approaching women who have

babies so that they will be willing to do complete immunization;
4. The Health Agency of Binjai should handle the failure of Hb 0 immunization program.

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