VACCINES FOR ALL:
Tackling immunization challenges across communities

Immunization is highly effective in preventing disease and saving lives. Indonesia faces inequitable vaccine coverage, an increasing number of zero-dose children, and pandemic-driven setbacks that demand urgent, sustained recovery efforts. In partnership with PATH, the Center for Indonesia's Strategic Development Initiatives (CISDI) identified barriers to immunization services and developed community-based solutions to improve vaccination coverage. The project focused on children younger than five years in 12 subdistricts of Depok City and Bekasi Regency.

Uncovering vaccine barriers and challenges

To better understand the local challenges related to vaccine access and acceptance, CISDI conducted a rapid assessment (RA) and a budget landscape analysis. The RA included 119 interviews with immunization program coordinators at the puskesmas level, village midwives, health cadres, community and religious leaders, and caregivers. CISDI conducted the budget landscape analysis through a literature review and interviews with immunization program coordinators, district health officers, provincial health officers, and the Ministry of Health. The assessments highlighted supply- and demand-side barriers to immunization, including frequent vaccine shortages, community concerns about vaccine safety, and complex budget management mechanisms in primary care services that often resulted in financial shortfalls. Based on the RA, CISDI, in collaboration with PATH, identified an opportunity to engage with PKK to strengthen connections between families and the health system and to build stronger partnerships with the puskesmas, the public provider for primary health care services.

Glossary

Puskesmas (Pusat Kesehatan Masyarakat)
A government-run health center at the subdistrict level in Indonesia. Puskesmas provide primary health care services, including maternal and child health, immunization, infectious disease control, and basic curative services.

Posyandu (Pos Pelayanan Terpadu)
A community-based health post in Indonesia that delivers primary health services at the village level. Traditionally focused on maternal and child health—such as growth monitoring, immunizations, prenatal care, and nutrition counseling—Posyandu is now evolving into a "Posyandu for all life cycles" (Posyandu siklus kehidupan).

Under this expanded model, Posyandu also provides services across all age groups, including screening and health promotion for noncommunicable diseases (NCDs) such as hypertension, diabetes, and obesity. This shift reflects Indonesia's efforts to strengthen community-level health systems and address the growing burden of NCDs through early detection and prevention.

PKK (Pemberdayaan dan Kesejahteraan Keluarga)
A women's organization in Indonesia that operates nationwide to empower families and communities. PKK focuses on health, education, economic, and social welfare activities.

Nurturing the PKK's role as community champions

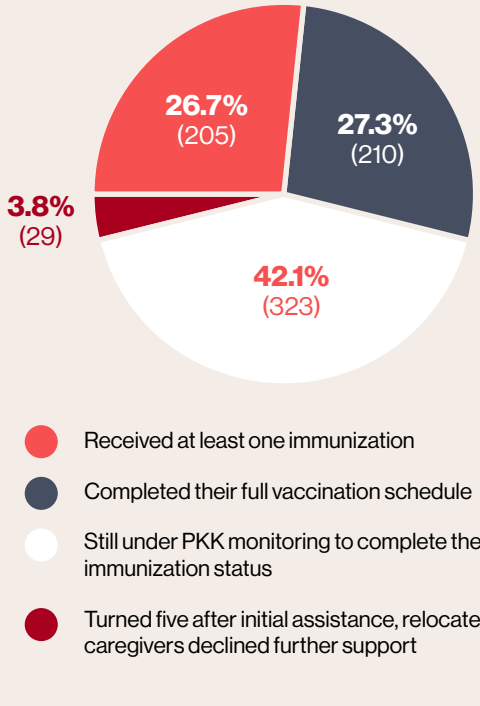
Importantly, CISDI co-created project interventions with PKK, puskesmas, and other key stakeholders to ensure activities were rooted at the most local community level. After an initial co-creation workshop, CISDI held a series of preservice training sessions for PKK, reaching 55 village- and ward-level PKK representatives. The training strengthened their capacity to identify children with incomplete immunization status, assist them in receiving immunizations, and share accurate, locally appropriate information on the importance of immunization. CISDI encouraged PKK representatives to share vaccine information through their regular activities, including on social media, during door-to-door outreach, and at posyandu visits. To provide supportive supervision and mentorship, 14 representatives from subdistrict- and district-level PKK joined the training as supervisors. Their involvement fostered stronger integration across multiple levels of the health system.

Following training, village-level PKK cadres identified children younger than five years old with incomplete or missing immunizations. Cadres engaged parents by sharing information, listening to concerns and challenges, and offering support to ensure children received vaccines for which they were eligible. Each cadre supported 5–10 children in a cohort model, regularly following up and sharing simple, encouraging information about the importance of immunization. They also helped address access barriers—for instance, by escorting families to posyandu or health centers to receive vaccines when transportation posed challenges.

Between December 2024 and August 2025, PKK cadres actively reached and routinely supported 767 children across the project area (Figure 1). This represents approximately 43% of all children younger than five years old in the intervention area. On average, each PKK cadre successfully supported 14 children for eight months. Children were intentionally identified and prioritized based on equity criteria—specifically those most at risk of vaccine-preventable diseases, those behind on their immunization schedule, zero-dose children (who had not received any vaccines), and those needing continued support to stay on track with future doses.

Figure 1.

Percentage and number of children assisted by PKK, by immunization status as of August 2025



Of the children identified, 26.7% (205) received at least one immunization, and 3.8% (29) completed their full vaccination schedule. As of August 2025, 27.3% (210) continued to receive PKK monitoring and still required additional doses to complete their immunization.[1] The remaining children were no longer eligible for catch-up vaccination due to relocating, becoming unreachable, aging out (turning five), or having caregivers who declined further support.

Despite persistent barriers for many families, these figures highlight the effectiveness of PKK cadres in reaching previously unreached children. When disaggregated by children's initial immunization status, the data show that PKK efforts enabled 93 catch-up and zero-dose children to begin their immunization journey. This early progress demonstrates strong potential to sustain and expand equity-focused outreach, particularly if cadres receive continued support to provide accompaniment and address remaining barriers.

1 There are several reasons a child may continue to receive PKK monitoring, including that they are not yet age-eligible for a certain vaccine; they were sick during posyandu day and missed their vaccinations; parents forgot the schedules or missed posyandu day; or vaccine stockouts at the posyandu or puskesmas.

CISDI conducted routine supportive supervision visits to PKK members to discuss communication and community outreach strategies.

PKK cadres also conducted 400 in-person community sessions and actively shared immunization content through personal and organizational social media accounts to disseminate key information more broadly. [2] Equipped with educational materials such as posters, leaflets, and a handbook developed by CISDI, PKK cadres conducted immunization education during internal PKK activities and broader community events, including women's religious gatherings, posyandu visits, social events (called arisan, where community members share information while eating together), informal discussions with families, and prenatal classes.

PKK cadres reported increased community knowledge and confidence in vaccines and routine immunization as a result of their outreach. The enhanced engagement encouraged parents to be more consistent in bringing their children to posyandu (local health facilities) for routine immunization and health checks. These regular visits, including those for vaccines, helped sustain the project's impact.

> *"There was one caregiver who initially questioned the halal issue.[3] But after two months, she finally agreed to bring her child for immunization."* —PKK cadre, Depok City

> *"From the parents' feedback, they often expressed their gratitude. They also became more motivated and consistent in coming to the posyandu. On posyandu days, some even arrived early and waited before we came."* —PKK cadre, Bekasi Regency

2 CISDI, with support from the VaxSocial initiative—launched by the Advancing Health Online (AHO) Initiative and Gavi, the Vaccine Alliance—works to strengthen vaccine confidence. By integrating this effort with PKK's community-based programs, CISDI connects online social media engagement with offline community activities, ensuring that trusted health information translates into real behavior change for routine immunization.

3 "Halal" refers to what is permissible or lawful under Islamic law, extending beyond food to pharmaceuticals and health care products such as vaccines. A halal-certified product ensures the absence of prohibited substances, adherence to Islamic guidelines in production and processing, and ethical sourcing. Halal vaccines therefore comply with Islamic dietary and ethical requirements.

In Indonesia, where most of the population is Muslim, halal compliance is integrated into the National Immunization Program (NIP) to ensure cultural and religious acceptability. Under the Halal Product Assurance Law (UU JPH No. 33/2014), the certification process involves several institutions: Badan Penyelenggara Jaminan Produk Halal (BPJPH) as the official certifying body; LPPOM-MUI as the halal inspection agency auditing ingredients and production processes; and the Indonesian Ulema Council (MUI), whose Fatwa Commission issues religious rulings on permissibility.

Among childhood vaccines, there has been notable progress: in March 2025, Bio Farma's BCG vaccine received halal certification from BPJPH, making it the first core infant vaccine in Indonesia to be officially halal-certified. However, several other vaccines used for children under five do not yet have halal certification. For example, the measles-rubella (MR) vaccine contains porcine derivatives and was declared haram in principle by MUI. Still, through Fatwa No. 33/2018, MUI permitted its use under the principle of darurat (necessity) to protect public health during outbreaks, as no halal-certified alternative was available. Other vaccines, such as the rotavirus vaccine, similarly lack halal certification but are used under necessity rulings.

Indonesia's policy therefore prioritizes halal-certified vaccines where available while applying the darurat principle to ensure lifesaving immunizations remain accessible to children. The recent halal certification of BCG signals a stronger push for future childhood vaccines to meet halal standards, supported by regulatory measures such as Permenkes No. 3 of 2024, which requires Halal Good Manufacturing Practice for biologics. This evolving approach balances public health protection with religious compliance, helping sustain caregiver trust and encouraging consistent attendance at posyandu for children's vaccinations.

Using advocacy to overcome supply-side challenges

Project activities in Indonesia aimed to strengthen communication and outreach skills for PKKs and build budget and advocacy skills for puskesmas staff.

As PKK worked to strengthen vaccine acceptance and demand, CISDI and PATH partnered with the Clinton Health Access Initiative (CHAI) to address a persistent supply-side challenge in Indonesia: the complex budgeting system, which involves multiple funding sources and fragmented processes and often leaves puskesmas staff uncertain about how to develop budgets that meet the needs of routine immunization activities. In response, CISDI, together with PATH and CHAI, sought to strengthen the capacity of puskesmas staff to develop budgets for routine immunization delivery.

By leveraging an existing budget instrument developed by CHAI and PATH's existing advocacy resources, CISDI, PATH, and CHAI created a localized budget advocacy training for puskesmas staff. The project used CHAI's budget planning instrument, which has already been implemented in several districts in Indonesia, and integrated it with PATH's existing 10-part advocacy strategy framework. CISDI tailored the advocacy tools and workshop materials to the local budget and financial decision-making context in Bekasi Regency and Depok City and to the needs of immunization coordinators, puskesmas heads, and finance administrators. Together, these resources formed the foundation of a new budget advocacy workshop designed to equip puskesmas heads and coordinators with the skills needed to advocate for the resources required for effective service delivery.

CISDI hosted two budget advocacy workshops involving 12 puskesmas, during which health centers developed both short- and long-term budget advocacy strategies. On the first day of the workshop, participants used the CHAI budget instrument to identify budget and resource gaps. On the second day, participants developed strategies to advocate for the resources needed to fill the gaps they had identified. The budget advocacy workshops significantly improved puskesmas staff knowledge of budget planning and advocacy, strengthened their ability to identify key stakeholders in the advocacy process, and increased their confidence in delivering advocacy messages for required resources. Most participants agreed that they felt more capable of planning advocacy activities (63%), had the skills to implement the advocacy strategies they developed (66%), and saw value in using the advocacy framework to support strategic thinking (63%). Moreover, health workers reported that the budget planning instruments were practical for their daily responsibilities at puskesmas.

> *"Advocacy is still something quite new for us, even though we've had some exposure to it before. I find it very useful—especially since I often carry out activities outside the puskesmas; this really helps ensure those activities run more smoothly."* —Health worker, Depok City

The budget advocacy workshops fostered open dialogue and stronger collaboration among health workers and local stakeholders, including village officials and the district planning body. Unlike routine meetings, where health workers are often present but not meaningfully engaged, the workshops provided a safe space for joint discussion of immunization budget challenges.

> *"During the advocacy session, our village secretary also joined. The follow-up is not entirely clear yet, but we've already had further discussions with him, and there will be adjustments made to align with his scope of work."* —Health worker, Depok City

Overall, the budget advocacy instruments were regarded as useful for presenting budget data, facilitating stakeholder communication, and supporting data-driven immunization planning. The advocacy module has already been applied in several contexts, including communication with local stakeholders such as ward and village governments and PKK to discuss budgeting. The budget instrument has primarily served as a reference and knowledge resource, with plans to integrate it more fully into routine planning documents ahead of the next annual budget cycle.

Learning forward: insights to shape the future

1. Baseline assessments and co-creation as the groundwork for meaningful collaborative action

The combination of rapid assessment, budget landscape analysis, and co-creation fostered a collaborative environment for PATH, CISDI, the National Immunization Program—Directorate of Immunization, Ministry of Health (NIP), puskesmas staff, PKK, and local government stakeholders to work together as partners. These processes ensured that decisions were evidence-informed and grounded in real community challenges. The rapid assessment validated existing understanding of both demand- and supply-side barriers to immunization and provided a foundation for clear, relevant key messages. This evidence base helped ensure that advocacy and outreach activities directly addressed the issues identified as most critical by caregivers and health workers.

2. PKK helps boost community trust

PKK is well-positioned to be actively involved in immunization programs due to its ongoing participation in posyandu activities. When PKK members have basic immunization knowledge—such as familiarity with the Maternal and Child Health (KIA) handbook developed by the Ministry of Health as an official record for tracking a child's immunization status in Indonesia—they can check children's immunization schedules and determine whether children need catch-up immunizations. PKK plays a crucial role in identifying children who are delayed or unvaccinated during posyandu visits and in building trust with families to help children and caregivers access vaccines according to schedule. PKK members are strategically positioned to monitor timely and complete immunization.

CISDI, with support from PATH, hosted budget advocacy workshops for puskesmas staff in Bekasi Regency and Depok City.

The trusted relationship between PKK and communities allows PKK members to deliver key messages about the benefits of immunization and to follow up over time with specific families. These messages can be integrated into various internal PKK activities to increase community awareness and support for immunization. It often takes repeated visits to convince a reluctant caregiver to accept vaccines and additional visits to ensure they take their child to receive immunizations; PKK members play an important role in patiently following up, answering questions, and serving as trusted sources of information that help change the minds of concerned caregivers. Communities already value the work and role of PKK, giving it a strategic vantage point to share important information and dedicate time to helping families accept vaccines.

More than immunization

During home visits, PKK members identified that one challenge preventing children from receiving immunization was the lack of a National Identification Number (NIK) or their parents' missing official marriage certificates. PKK members assisted families in processing the required administrative documents to overcome these bureaucratic hurdles. Once children received their NIKs or once the marriage certificates became valid, they were able to access routine health services more easily. In such situations, PKK members address more than just access to immunization; they help families overcome broader barriers caused by a lack of documentation or registration. This support can ease access not only to health care but also to other government services.

When civil society organizations like PKK support activities that extend beyond immunization, it helps build trust between communities and PKK. This trust, in turn, can have an indirect positive impact on immunization messaging and outreach.

3. Enhancing supply-side preparedness through health worker empowerment

Puskesmas health workers can be strong and strategic advocates; however, effective advocacy requires soft skills in persuasive communication and public speaking—skills in which not all staff feel fully confident. The process itself is time-intensive, with results rarely immediate and often met with resistance from some stakeholders.

Participants in the CISDI-led budget advocacy training appreciated the advocacy module but noted its complexity, highlighting the need for refresher sessions or follow-up training to reinforce skills and ensure consistent application. The advocacy tools introduced have been readily adopted because they are not tied to the annual planning cycle, and staff have already applied them to concrete issues, such as immunization advocacy conducted by Puskesmas Sukmajaya during School-Based Immunization Month (BIAS). Health workers at Puskesmas Sukmajaya engaged stakeholders from faith-based schools to advocate for their support in implementing BIAS events in their schools. They used the steps from the advocacy workshop—from goal setting and stakeholder identification to creating advocacy messages.

4. Building trust and collaboration with key stakeholders

CISDI has established strong relationships with local stakeholders in Bekasi and Depok, especially health workers at puskesmas and district health office officials, which has provided a solid foundation for program implementation. Through this project, CISDI built new relationships at the national level, particularly with NIP. An initial meeting with NIP to obtain support for proposed project activities and tools initiated regular communication that has been maintained during the project, including an invitation for NIP to serve as a validator of the budget landscape analysis. In addition, CISDI actively participated in the National Immunization Technical Working Group, contributing recommendations and sharing best practices to inform broader discussions about immunization activities.

In August 2025, CISDI met with the NIP of the Ministry of Health and PKK leaders to communicate program achievements and discuss how the current impact could be maintained and expanded. Both PKK and the Ministry of Health have committed to expanding the impact of PKK work and budget advocacy activities. This commitment includes expanding best practices to the provincial level through a formal decree (surat keputusan) mandating PKK to lead outreach activities for immunization.

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