

# Vaccine-Derived Poliovirus Response in Indonesia

Situation report no. 27  
18 August–7 September 2024



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## Confirmed cases in Indonesia (2022–2024)



### Aceh (3 cVDPV2)

- 1 case with paralysis in Pidie
- 1 case with paralysis in Aceh Utara
- 1 case with paralysis in Bireuen
- 4 healthy children positive for VDPV2

### East Java (2 cVDPV2 & 1 cVDPV2-n)

- 1 case with paralysis in Pamekasan
- 1 case with paralysis in Sampang
- 1 case with paralysis in Sidoarjo
- 9 healthy children positive for VDPV2

### Central Java (1 cVDPV2)

- 1 case with paralysis in Klaten

### Banten (1 cVDPV2)

- 1 case with paralysis in Pandeglang
- 1 healthy child positive for VDPV2

### West Java (1 cVDPV2)

- 1 case with paralysis in Purwakarta
- 7 healthy children positive for VDPV2

### Central Papua (1 VDPV1 & 1 cVDPV2-n)

- 2 cases with paralysis in Mimika
- 8 healthy children positive for cVDPV2-n

### Highland Papua (1 cVDPV2-n)

- 1 case with paralysis in Nduga
- 3 healthy children positive for cVDPV2-n

### South Papua (3 cVDPV2-n)

- 2 cases with paralysis in Mappi
- 1 case with paralysis in Asmat
- 2 healthy children positive for VDPV2-n

## Polio NID coverage (28 November 2022 - 7 September 2024)

Province	Period	Age	Number of targets	Round 1		Round 2	
				Number vaccinated	%	Number vaccinated	%
Aceh	28 Nov 2022 – 12 March 2023	0-12 years	1,217,939	1,180,322	96.9%	1,153,310	94.7%
North Sumatra	13 Feb – 30 May 2023	0-59 months	1,346,655	1,294,171	96.1%	1,276,852	94.8%
West Java	3 April – 22 June 2023	0-59 months	3,984,797	3,834,634	96.2%	3,676,799	92.3%
East Java	15 Jan – 09 April 2024	0-7 years	4,437,679	4,735,572	106.7%	4,696,688	105.8%
Central Java	15 Jan – 09 April 2024	0-7 years	3,903,678	3,991,363	102.2%	3,899,509	99.9%
Sleman (DIY)	15 Jan – 09 April 2024	0-7 years	149,821	115,659	77.2%	111,407	74.4%
Papua Region	Ongoing, started on 27 May 2024	0-7 years	865,690	469,874	54.3%	314,761	36.4%
27 Province	Ongoing, started 23 July 2024	0-7 years	16,420,460	14,685,577	89.4%	13,317,762	81.1%

<sup>1</sup> cVDPV2: Circulating vaccine-derived poliovirus type 2.

cVDPV2-n: Circulating vaccine-derived poliovirus type 2 from nOPV2 vaccine.

VDPV2-n: Vaccine-derived poliovirus type 2 from nOPV2 vaccine.

VDPV1: Vaccine-derived poliovirus type 1.

## Polio Outbreak Response

Polio NIDs in six provinces in Papua Region and 27 others (all other provinces except Aceh, North Sumatra, West Java, East Java, and Central Java)

### Planning and coordination

UNICEF, WHO, and provincial (PHOs) and district health offices (DHOs) have been actively coordinating polio supplementary immunization activity (SIA) efforts to address coverage gaps. WHO held planning meetings with PHOs and DHOs, scheduling rapid convenience assessments (RCAs) and mop-up activities in areas with low coverage with a focus on collaboration with local leaders, religious figures, and educational institutions. WHO also supported RCA efforts in Papua by working with universities and mobilizing student volunteers. East Kalimantan and West Sumatra PHOs focused on addressing cultural barriers, improving data accuracy, and increasing public awareness through multisectoral approaches. All PHOs and DHOs will conduct regular evaluations and coordination to accelerate polio vaccine coverage and meet national target.

### NID implementation

WHO, UNICEF, PHOs and DHOs conducted RCAs and evaluation meetings to assess polio SIA coverage. Key findings highlighted discrepancies between reported and actual coverage in many areas, with challenges including lack of awareness on the part of the parents, vaccine hesitancy, illness, and fears of adverse events following immunization (AEFIs). Efforts focused on mapping unvaccinated children, increasing coordination between sectors, and utilizing media campaigns to promote vaccination.

### Key issues

- Inadequate monitoring and supervision in several puskesmas and districts impacting campaign effectiveness
- Discrepancies between estimated and actual population sizes in puskesmas and districts.
- Insufficient technical knowledge on Immunization among field teams in certain districts and puskesmas, hindering effective implementation.
- Cold chain monitoring capacity gaps in some puskesmas, including ASIK data entry backlog, lack of refrigerator tags, and improper vaccine storage.
- Lack of established mechanisms to manage infodemic and ineffective awareness efforts in remote areas.
- Lack of coordination and review at the puskesmas level to track and troubleshoot problems.
- Low motivation among field staff and community workers for the polio campaign.

### Next steps

- PHOs and DHOs to implement consistent monitoring and supportive supervision systems across levels.
- DHO and puskesmas to select the most accurate denominator according to available data.
- UNICEF to provide refresher training on vaccine management for DHO and Puskesmas addressing misinformation and managing AEFIs for cadres and frontline staff.
- DHO assesses facilities and evaluates logistic supplies.
- DHO creates province and district action plans, covering scheduling to evaluation.

## Situation update

- The polio national immunization day (NID) was launched on 27 May 2024 in the Papua Region and subsequently expanded to the remaining 27 provinces on 23 July 2024. The total target population in the former is 865 590 and 16 420 460 in the latter. The goal is to achieve 95% coverage in both round 1 and round 2. Currently, only three provinces—Banten, Jakarta, and South Sumatra—have met this goal in both rounds. The Ministry of Health (MoH) has extended the NID campaign in the Papua Region to 30 October and in the 27 provinces to 23 October 2024 with a focus on conducting mop-up activities and ensuring all children receive polio immunization.

No.	27 Provinces	Total Target	Round 1			Round 2		
			nOPV2 administered	(%) Coverage	(%) Districts Achieved 95%	nOPV2 administered	(%) Coverage	(%) Districts Achieved 95%
1	Banten	1.612.831	1.648.954	102,2%	100%	1.637.857	101,6%	100%
2	DKI Jakarta	1.209.303	1.200.583	99,3%	100%	1.196.020	98,9%	100%
3	Sumatra Selatan	1.203.574	1.188.054	98,7%	88%	1.175.883	97,7%	76%
4	Gorontalo	162.752	158.635	97,5%	100%	123.255	75,7%	0%
5	Sulawesi Selatan	1.214.979	1.165.674	95,9%	67%	1.113.206	91,6%	46%
6	Sulawesi Tengah	434.587	408.526	94,0%	38%	366.861	84,4%	15%
7	Nusa Tenggara Barat	820.487	759.876	92,6%	50%	743.192	90,6%	40%
8	Sulawesi Tenggara	419.762	382.788	91,2%	41%	352.201	83,9%	24%
9	Kalimantan Selatan	589.031	535.362	90,9%	62%	503.854	85,5%	23%
10	Kalimantan Tengah	376.165	337.858	89,8%	29%	298.573	79,4%	0%
11	Bali	492.958	442.754	89,8%	33%	406.142	82,4%	11%
12	Jambi	509.291	456.391	89,6%	55%	412.162	80,9%	45%
13	Bangka Belitung	192.297	168.608	87,7%	0%	155.231	80,7%	0%
14	Kalimantan Utara	99.088	86.278	87,1%	20%	50.391	50,9%	0%
15	Maluku	274.564	236.462	86,1%	9%	173.084	63,0%	0%
16	Riau	957.075	821.196	85,8%	33%	740.559	77,4%	8%
17	Lampung	1.259.539	1.072.524	85,2%	13%	1.022.099	81,1%	0%
18	Kalimantan Barat	776.699	642.599	82,7%	7%	543.972	70,0%	0%
19	DI Yogyakarta	263.825	216.654	82,1%	0%	209.134	79,3%	0%
20	Nusa Tenggara Timur	910.087	728.054	80,0%	9%	576.264	63,3%	9%
21	Sumatra Barat	781.467	620.976	79,5%	5%	544.594	69,7%	0%
22	Kalimantan Timur	521.923	409.000	78,4%	0%	259.636	49,7%	0%
23	Maluku Utara	195.512	152.721	78,1%	20%	89.490	45,8%	0%
24	Kepulauan Riau	307.170	237.070	77,2%	0%	191.110	62,2%	0%
25	Sulawesi Barat	227.691	169.691	74,5%	0%	107.961	47,4%	0%
26	Sulawesi Utara	320.262	233.064	72,8%	0%	155.237	48,5%	0%
27	Bengkulu	287.541	205.225	71,4%	10%	169.794	59,1%	10%
<b>Subtotal</b>		<b>16.420.460</b>	<b>14.685.577</b>	<b>89,4%</b>	<b>33%</b>	<b>13.317.762</b>	<b>81,1%</b>	<b>19%</b>
<b>Greater Papua</b>								
28	Papua Barat	85.718	80.367	93,8%	43%	70.037	81,7%	29%
29	Papua Barat Daya	91.043	72.192	79,3%	17%	44.358	48,7%	0%
30	Papua Selatan	119.922	88.948	74,2%	25%	53.218	44,4%	0%
31	Papua	188.659	112.134	59,4%	0%	74.388	39,4%	0%
32	Papua Tengah	205.121	92.898	45,3%	0%	63.402	30,9%	0%
33	Papua Pegunungan	175.227	23.335	13,3%	0%	9.358	5,3%	0%
<b>Subtotal</b>		<b>865.690</b>	<b>469.874</b>	<b>54,3%</b>	<b>12%</b>	<b>314.761</b>	<b>36,4%</b>	<b>5%</b>
<b>TOTAL</b>		<b>17.286.150</b>	<b>15.155.451</b>	<b>87,7%</b>	<b>31%</b>	<b>13.632.523</b>	<b>78,9%</b>	<b>18%</b>

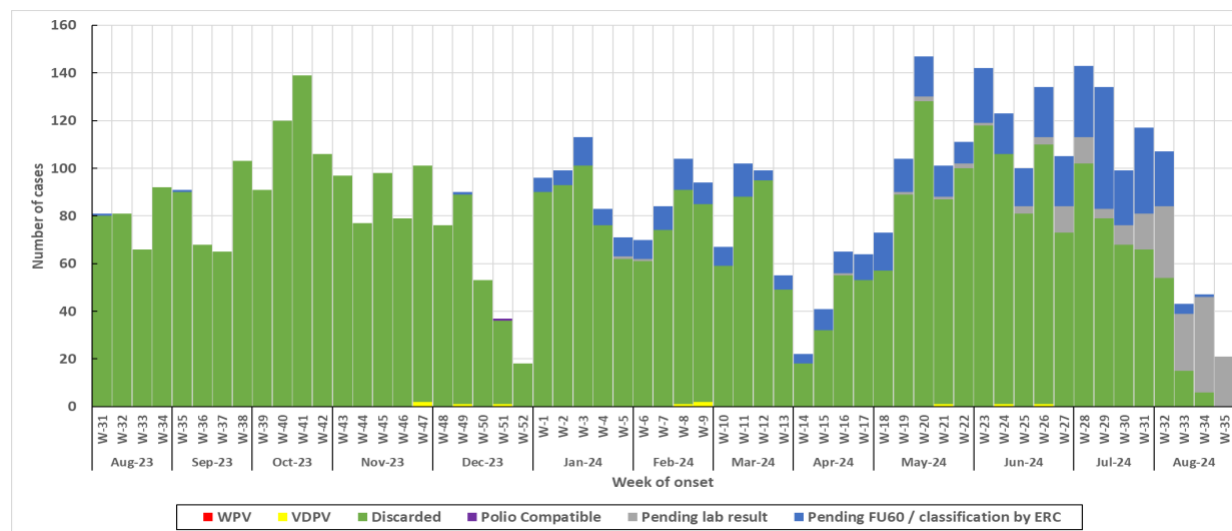
\*Data source for targets aged 0–7 years: Centre for Data and Information, MOH

- In response to a polio outbreak, affected areas are required to achieve a non-polio acute flaccid paralysis (NPAFP) rate of >3 per 100 000 children under 15 years of age. Among the provinces reporting or impacted by an outbreak listed below, only six met this target NPAFP rate during the third quarter: Central Java, DI Yogyakarta, East Java, South Papua, Papua, and West Papua.

Province	2024 AFP case finding target	2024 Q3 AFP case finding target	AFP cases reported	NPAFP rate per 100 000 under 15 (target: $\geq 3$ )
Central Java	488	366	572	8.69
DI Yogyakarta	54	41	23	3.19
East Java	530	398	381	4.70
Banten	204	153	115	2.79
Central Papua	22	17	9	1.30
Highland Papua	26	20	1	0.00
South Papua	14	11	14	5.90
Papua	22	17	14	5.18
West Papua	16	12	11	3.81
Southwest Papua	16	12	3	0.55
Indonesia	4 448	3 346	3 089	4.82

Major challenges
  Remaining challenges
  NPAFP rate achieved

- The target for AFP case detection in 2024 is 4 448, with a target of 3 346 in Q3. A total of 3 089 cases have been reported, marking an increase around 210 cases from the previous report. Several case-finding measures continue to be implemented, including routine surveillance desk reviews by MoH, AFP surveillance capacity building, hospital-based surveillance, and record reviews of silent districts.



WPV: Wild Poliovirus; VDPV: Vaccine-Derived Poliovirus;

Discarded:

1. Cases adequately investigated with no laboratory evidence of WPV or VDPV infection, OR

2. Cases with inadequate specimens resolved within 60 days of paralysis onset or deemed not compatible with poliomyelitis by the national ERC.

Compatible: A suspected case lacking adequate specimens with no WPV or VDPV isolation in stool, with residual paralysis after 60 days, deemed compatible with poliomyelitis by the national ERC.

Pending Lab Result: A suspected case with collected specimens awaiting lab results.

Pending FU60: A suspected case with inadequate specimens awaiting a follow-up visit 60 days after paralysis onset.

Pending Classification by ERC: A suspected case with inadequate stool samples, residual paralysis, lost to follow-up, or deceased, requiring ERC classification.

**Figure 1.** Final classification of AFP cases in Indonesia over the last 12 months, data as at 5 September 2024

## Outbreak response

### Planning and coordination

Date	Place	Activity
<b>14 August 2024</b>	Central Sulawesi	UNICEF and the Central Sulawesi PHO convened an advocacy meeting with the head of the Central Sulawesi Indonesian Mosque Council (IMC). As a result, the IMC pledged its support and developed a Friday sermon script to include polio information. The sermon would be disseminated to all mosques and would be used in every Friday prayer. This would help increase demand from the community, particularly from fathers as key decision makers in the family.
<b>22 August 2024</b>	Bandar Lampung	WHO held an initial coordination meeting with the Lampung PHO and DHO representatives, including surveillance and epidemiology officers. The meeting covered the status of the polio campaign, challenges, and opportunities. Plans for NID supervision and RCA were discussed. WHO and PHO planned to conduct one supervision at an elementary school in Bandar Lampung, with RCAs scheduled in three districts: Bandar Lampung City, Metro City, and Lampung Selatan. WHO, the Bandar Lampung DHO, and Rajabasa Indah Puskesmas held a preparatory meeting to plan the upcoming RCA, securing support from sub-district and village leaders, as well as the mayor's commitment to the ongoing polio SIA. Afterwards, the local immunization team will conduct the RCA in two villages: Rajabasa and Rajabasa Jaya on 27 August 2024. The RCA aims to verify that the target population has received polio immunization.
<b>23 August 2024</b>	Timika	Arwanop Puskesmas and WHO convened a coordination meeting to improve the coverage of polio SIA for the largest target population in Timika. Coverage in Arwanop Puskesmas's area remains relatively low due to recent security issues. Following the meeting, Arwanop Puskesmas will continue door-to-door vaccination in safe locations and will cover other areas once the situation stabilizes.
<b>26 August 2024</b>	Papua	WHO initiated contact with the Indonesian epidemiological association (PAEI) at Cendrawasih University to involve them in RCA activities. The chairman of PAEI has committed to supporting the RCA and immunization programme in Papua by providing field assistants. They will be tasked to assist in RCA in Keerom district with volunteers from Cendrawasih University, covering two puskesmas: Arso Barat and Ywan.
<b>28 August 2024</b>	Bontang City	Bontang City DHO and WHO held a coordination meeting which involved puskesmas immunization and surveillance staff and community workers. This meeting scheduled mop-up activities starting 29 August 2024. Each puskesmas would prepare a coordination meeting with local stakeholders and conduct orientation meetings. As a result, the RCA was conducted in Bontang Selatan I dan Bontang Selatan II, with 97% coverage according to puskesmas records and 96% and 72% according to the RCA. The lower coverage was attributed to religious beliefs, illness among children, and fears of adverse events following immunization (AEFIs). After the RCA, the DHO shared key lessons, including the need for more effective Information, education, communication strategies, stronger engagement with local leaders, and utilizing mosques to announce and disseminate information to increase community participation.

Date	Place	Activity
<b>26 August 2024</b>	National	MOH conducted a routine SIA evaluation meeting, highlighting five provinces that have achieved the 95% coverage target, namely Banten, DKI Jakarta, South Sumatra, Gorontalo, and South Sulawesi. Despite the success in these areas, it was noted that no province in Papua has yet reached this goal, and Bengkulu Province (71.4%) was identified as having the lowest coverage. MOH expressed appreciation for puskesmas teams that met their targets and emphasized the need to identify challenges, share best practices, and plan next steps. The meeting also announced the upcoming outbreak response assessment (OBRA) in November, which would require a unified effort and strong commitment for success.
<b>30 August 2024</b>	Pekanbaru City	The Pekanbaru DHO, WHO, and UNICEF conducted advocacy with the Indonesian Ulema Council (MUI) regarding the polio SIA. This meeting resulted in an agreement between the DHO and MUI to schedule awareness efforts in religious activities, where the DHO and several puskesmas will deliver key messages. To date, several puskesmas have been conducting these activities, which will continue until all 15 of the largest mosques have been engaged.
<b>2 September 2024</b>	East Kalimantan	<p>The PHO and WHO organized an SIA review meeting, where vaccination coverage was shown to vary across the province: 90% for dose 1 and 72% for dose 2 in Samarinda, 92% and 84% in Bontang, and 100% but lower in Kutai Kartanegara and Balikpapan. Challenges included cultural barriers, budget constraints, lack of staff incentive, vaccine hesitancy, and outdated data.</p> <p>To address these gaps, proposed strategies included engaging religious leaders, using digital platforms, and enhancing posyandu operations. Recommendations focused on regular mop-up activities, improved staff training, better cross-sectoral coordination, and media campaigns involving pediatricians. Action points approved included compiling lists of missed children, combining posyandu services for efficiency, broadcasting messages about vaccine benefits, and holding coordination meetings at the subdistrict level.</p>
<b>18 August 2024</b>	Manokwari	The Manokwari DHO coordinated an evaluation meeting with the head of West Manokwari subdistricts on polio SIA. The meeting resulted in a strategy to reach unvaccinated within its area: involving village leaders, woman organizations, and community workers to mobilize the population; disseminating information at worship houses a day before implementation; and sub-district leaders joining mop-up activities. Additionally, subdistrict leaders committed to supporting and ensuring all children would be served in polio SIA in their areas. The leaders also instructed all village leaders to disseminate information about polio SIA and mobilize the community when immunization services are implemented in their respective areas.
<b>19, 28, 29 August, 4 September 2024</b>	West Sumatra, Agam	<p>WHO assisted the West Sumatra PHO in managing logistics for the second dose polio SIA, ensuring vaccine distribution matched actual requirements. In Agam District, WHO supported the evaluation of school immunization programmes, focusing on addressing vaccine hesitancy. A meeting with principals from 30 low-coverage schools resulted in plans to increase awareness, involve the education office, and distribute educational videos.</p> <p>Moreover, the PHO and WHO coordinated with the pediatrics association to raise awareness on polio SIA and routine immunization through radio and social media. WHO also helped the Agam DHO, and local leaders implement strategies to increase immunization coverage, including community engagement and media campaigns.</p>



## NID implementation

Date	Place	Activity
<b>19–20, 21 August 2024</b>	East Kalimantan, Samarinda City	UNICEF and the East Kalimantan PHO conducted an evaluation meeting on polio SIA, attended by DHOs and puskesmas. The meeting reviewed district achievements, updates on vaccines and logistics via the SMILE application, and polio coverage feedback. Following the meeting, DHOs and puskesmas would create an awareness video featuring parents who allowed their children to receive polio immunization, issue a circular letter signed by the governor, and reach unvaccinated children. They would also conduct RCA to validate coverage and update records in SMILE accordingly.
<b>21 August 2024</b>	Palembang City	WHO, the Palembang DHO, and puskesmas officers conducted RCA in Plaju Ulu Village, visiting 21 houses. Plaju puskesmas achieved 100.79% coverage in the first round and 100.06% in the second, as of 21 August. During the RCA, nearly all children had received the full nOPV2 dose; only one child missed the second dose vaccination at school in another district.
<b>21–24 August 2024</b>	Mimika	WHO and Mimika DHO conducted RCA in four puskesmas—Mapurujaya, Pasar Sentral, Wania, and Karang Senang—revealing significant differences between actual and reported vaccination rates. Key issues included unvaccinated children born after the polio campaign and lack of awareness on the part of caregivers. WHO provided education to hesitant parents, increasing acceptance of the nOPV2 vaccine, and recommended rescheduling polio vaccination with multisectoral support and enhancing afternoon mop-up, especially in urban areas.
<b>22–30 August 2024</b>	East Kalimantan	WHO and UNICEF conducted RCA in several villages in East Kalimantan, including Bukuan, Loa Ipuh, Sungai Kapih, Semoi I, and Semoi II. The RCA results in these villages showed coverage below 95%. Reasons for missed vaccinations included newborns, lack of information on the vaccination schedule, and illness. Parents were advised to visit posyandu for immunization the following day. Discussions centred on strategies to reach unvaccinated children through multisectoral collaboration. Especially In Semoi II, WHO managed to persuade five out of six hesitant families to complete their polio immunizations, using the session to train health workers on managing vaccine hesitancy and addressing AEFI concerns. A follow-up meeting at Loa Ipuh Puskesmas led to recommendations to improve data accuracy, engage village leaders, map areas for better planning, and increase community awareness of the polio campaign.
<b>23 August 2024</b>	Lampung	WHO and the Lampung PHO discussed vaccine hesitancy due to religious reasons and fears related to AEFIs. To address this, the Ministry of Religious Affairs and the Ministry of Education have been engaged to help increase polio vaccination coverage. Before the campaign, the Indonesian Pediatric Association (IDAI) was briefed about the potential areas of cooperation that IDAI can offer and a knowledge sharing session during the polio NID in Lampung was held.
<b>22 August 2024</b>	Mimika	Timika Puskesmas, with the largest target population in Timika, has a low coverage of 55.4% for the first dose and 54.8% for the second. The RCA revealed an average coverage in three villages of 67% for the first dose and 54.33% for the second. Reasons for unvaccinated children included lack of awareness about the time and place of polio SIA (42.86%), travel (21.4%), and cultural reasons (7.14%). In addition to these findings,

Date	Place	Activity
		Timika Puskesmas found differences between the programmatic target of 9 330 and the MOH target of 15 521.
<b>22 August 2024</b>	South Sumatra	The South Sumatra PHO, the Palembang DHO, and the WHO conducted RCA in two villages under Puskesmas Merdeka: Kelurahan Talang Semut and 26 Ilir. The puskesmas' coverage for the first round was 100,93%. However, seven unvaccinated children were found, who were then vaccinated. The RCA found that children had been ill, and two parents had been unaware of the polio campaign. WHO encouraged the puskesmas team to conduct another round of mop-up activities and inform community workers to raise awareness of the polio campaign in the villages.
<b>23 August 2024</b>	Jayapura City	WHO and the Jayapura DHO conducted RCA in the Koya Barat Puskesmas area, revealing that several children had not completed two doses of polio vaccine, and six children were entirely unimmunized. There was a 5% discrepancy between RCA results and administrative coverage, prompting puskesmas to map all children and mobilize community workers to disseminate polio information to parents. This strategy would minimize vaccine wastage and concentrate efforts on lower-coverage areas. The puskesmas would also open additional immunization posts in public places, such as churches and mosques, and integrate polio activities with school-based immunization programs in primary schools to ensure all targets would be met.
<b>26 August 2024</b>	Mimika	WHO and Timika Puskesmas discussed with the head of Koperapoka village how to reach unvaccinated children in their area. As a result, the leader requested polio service be held in the afternoon. The village representative will disseminate information about the polio campaign through WhatsApp groups and loudspeakers in churches and mosques and mobilized the community.
<b>28, 30 August 2024</b>	Kerom, Jayapura	WHO and Keerom DHO conducted an RCA at Puskesmas Ptewi, which showed a 25% discrepancy between the manual reported coverage (99%) compared with RCA results coverage (74%). WHO recommended mapping the target population, prioritizing children in palm oil plantation housing, and engaging local leaders for door-to-door visits. Weekly evaluations with remote puskesmas would be conducted to monitor progress. Similarly in Jayapura, public health volunteers from Cendrawasih University also participated in RCA activities at Arso Barat and Ywan Puskesmas. The average RCA results for Kabupaten Keerom indicated a fairly good coverage of 91.3% for the first dose and 80% for the second dose. At the puskesmas level, the highest rates were found in Arso Barat Puskesmas, with 96.6% for the first dose and 91.7% for the second dose, followed by Arso Kota Puskesmas (95% for the first and 91.7% for the second). Puskesmas Ptewi achieved 90% and 70%, while the lowest coverage was in Arso Timur Puskesmas, with 83.9% for the first dose and 70% for the second dose. In Jayapura, the RCA findings indicated a relatively high coverage rate of 95.6% for the first dose, but a significantly lower rate of 70% for the second dose. At the puskesmas level, the highest coverage was observed at Harapan Puskesmas, with 96% for the first dose and 91.8% for the second dose, whereas the lowest coverage was identified at Waibhu Puskesmas, reporting 94.5% for the first dose and 65.6% for the second dose. Following the RCA activities, WHO held an internal discussion on RCA results and scheduled RCA in the remaining six districts in Papua. Following the discussion, the PHO agreed to conduct evaluations and provide a brief orientation on RCA procedures.



Date	Place	Activity
<b>30, 31 August 2024</b>	Barru, Takalar	WHO and Panchana Puskesmas conducted RCA in Barru, assessing 59 eligible children from 40 households. The first dose coverage was 97%, and the second dose one was 79%, prompting advice to start mop-up activities the next day. Similarly, at Ko'mara Puskesmas in Takalar district, an RCA evaluated 80 children from 60 households, showing 100% first dose and 99% second dose coverage. A mop-up immunization activity would follow to vaccinate the remaining children.
<b>30 August 2024</b>	Metro City	WHO implemented RCA in Purwosari subdistrict, Metro City in Lampung. The RCA revealed that despite Purwosari Puskesmas achieving 106% coverage in the first round and 102% in the second round of polio immunization, a significant number of children were still missing. Mop-up activities were not conducted because the targets were deemed to have been met. It was emphasized to the puskesmas staff that a thorough quality mop-up exercise should be carried out across the entire service area. The focus must be on ensuring all households are covered through these mop-up activities, rather than solely aiming to meet target numbers.
<b>29, 30 August 2024</b>	Riau, Indragiri Hilir	WHO and the PHO held polio SIA evaluation meeting, attended by 160 participants including the Head of PHO, DHO, education, and religious office, puskesmas. The meeting discussed RCA results, revealing discrepancies of over 5% in polio NID coverage at eight of 12 puskesmas. Key reasons for unvaccinated children included parents' lack of awareness, illness in children, fear of AEFIs, and non-permission from fathers. DHOs and puskesmas were advised to continue mop-up activities with better promotion. In Indragiri Hilir, WHO conducted SIA monitoring and RCA in the Gajah Mada Puskesmas area. The RCA also revealed a discrepancy of over 5% in coverage. Inadequate waste management and improper use of refrigerator tags were noted. The head of the puskesmas would present findings at a subdistrict meeting to gain support for mop-up efforts. An evaluation meeting with the regent and stakeholders was planned.
<b>30 August 2024</b>	Padang	UNICEF and PHO conducted RCA in the Ulak Karang Puskesmas area, which covered two villages. The first dose coverage was 94.6% for children under 5, 94.7% for children aged 5–6, and 100% for 7-year-olds. Most children were vaccinated at posyandu or school, while unvaccinated cases were linked to AEFI fears from social media or personal experience. The findings were reported to the head of the puskesmas, highlighting the need for improved awareness on vaccine safety and AEFI management.
<b>27-29 August 2024</b>	North Sulawesi	UNICEF conducted RCA in Manado, Minahasa, and Bitung, covering over 100 households. In Manado, Wenang Puskesmas achieved 84.4% coverage of the first dose and 75% of the second, while Sario Puskesmas reached 97% for dose 1 and 91% for dose 2. In Minahasa, Koya Puskesmas recorded 86.6% doses 1 and 83.3% dose 2. In Bitung, Tinombala achieved 96.7% doses 1 and 70% dose 2, and Bitung Barat Puskesmas reached 92.1% doses 1 and 73.7% doses 2. Missed immunizations were attributed to illness, absence, vaccine misinformation, and caregiver refusals.
<b>1 September 2024</b>	West Papua	WHO and the PHO immunization program, in collaboration with the health promotion unit and International SOS, conducted a polio SIA awareness campaign. Announcements promoting third-dose uptake were disseminated in mobile outreach. Meanwhile, Teluk Bintuni was awaiting 500 vials to complete third dose immunization.



**Figure 2.** WHO had a coordination meeting with Epidemiologist in Cendrawasih University. Credit: WHO/Kornelius



**Figure 3.** WHO with Jayapura City DHO and Skow Puskesmas conducted RCA in the border village between Papua province and Papua New Guinea. Credit: WHO/Wildan Ridho



**Figure 4.** Waibhu Puskesmas was implementing polio immunization sweeping by using a mobile ambulance. Credit: WHO/Wildan\_Ridho

## Communication and social mobilization

Date	Place	Activity
August 2024	National	<p>UNICEF, in collaboration with the risk communication and community engagement (RCCE) working group, developed and shared a National Communication Strategy for Polio SIA 2024 with MOH, including key messaging and communication activity guidelines. They also soft-launched an interpersonal communication guidance module for community workers to improve their communication about polio SIA, with 300 health educators attending the online event.</p> <p>A series of online orientations for 3 554 community workers were held, focusing on communication techniques for promoting the polio campaign. In addition, digital communication campaigns reached over 12.2 million people and had 74 125 engagements, raising awareness about the polio outbreak in provinces without direct SIA intervention.</p>
August 2024	East Jakarta and DI Yogyakarta	<p>UNICEF conducted interpersonal communication training to 60 community workers in East Jakarta and another 100 in DI Yogyakarta. The objective of this training was to prepare community workers in communicating polio SIA to communities.</p>

### Key issues

- Inadequate monitoring and supervision in several puskesmas and districts impacting campaign effectiveness
- Discrepancies between estimated and actual population sizes in puskesmas and districts, leading to inaccurate planning.
- Insufficient technical knowledge on Immunization among field teams in certain districts and puskesmas, hindering effective implementation.
- Cold chain monitoring capacity gaps in some puskesmas, with issues including ASIK data entry backlog, lack of refrigerator tags in certain DHOs and puskesmas, and improper vaccine storage in refrigerators.
- Lack of established mechanisms to manage misinformation and ineffective social media coverage in rural and indigenous areas.
- Lack of coordination at the puskesmas level and review to track and troubleshoot problems.
- Low motivation among field staff and community workers for the polio campaign.

### Next steps

- PHOs and DHOs to implement consistent monitoring and supportive supervision systems across levels.
- DHOs and puskesmas to select the most accurate denominator based on data availability.
- DHOs to introduce a monthly on-the-job training program for a year.
- UNICEF provides refresher training on vaccine management for PHOs, DHOs, and puskesmas and addresses misinformation and managing AEFIs for community workers and frontline staff.
- MOH to improve the efficiency of the data entry process.
- DHOs to conduct facility assessments and evaluate logistic supplies.
- DHOs to create province and district action plans covering scheduling to evaluation stages.

### Surge support

#### Ministry of Health

- Coordinates with the Ministry of Home Affairs and the Coordinating Ministry for Human Development and Cultural Affairs to ensure the polio SIA is prioritized and accelerated.

- Conducts regular evaluations to encourage health offices to continue operations and reach unvaccinated children.
- Analyzes logistical needs and ensuring the availability of necessary supplies.

## WHO

- Holds coordination meetings with health offices and puskesmas to implement alternative acceleration strategies.
- Coordinates with local stakeholders to support the implementation of the polio SIA campaign.
- Assists puskesmas in RCA in various regions and ensuring mop-up schedules are organized.
- Analyzes RCA results and providing a follow-up action plan to improve polio SIA coverage.

## UNICEF

- Conducts interpersonal communication training.
- Assists in implementation of RCA from planning to data analysis.

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