



SWOT Analysis of Implementation of the Covid-19 Vaccination Policy in Samarinda City

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ABSTRACT / ABSTRAK

City of Samarinda is the capital of the province of East Kalimantan with the highest performance of COVID-19 vaccination in East Alimantan. On September 30, 2021, for all first-dose vaccination programs, 75% were given and the proportion of vaccine recipients was 66% with Samarinda KTPs. Then for the second dose 40% of vaccine recipients, 32%.

The purpose of this study was to analyze the implementation of the COVID-19 vaccination policy in Samarinda City using a SWOT analysis to find out the strengths, weaknesses, opportunities and threats faced by the Samarinda City government. The data used are secondary data in the form of vaccination policies obtained through the government's official website and news related to the implementation of vaccinations in Samarinda City which will be published in serial electronic media. The results obtained are cooperation with various parties

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1. INTRODUCTION

December 2019 in Wuhan, China, a newly discovered virus attacks the human respiratory system and is spread by droplets (droplets) from the nose or mouth of a patient who coughs or sneezes (Saputra & Salma, 2020). 26 February In 2020, the number of positive cases worldwide reached 81,109 cases and cases outside China reached 2,918 cases in 37 countries with a total of 44 deaths (WHO, 2020b, 2020c). In response to this, the World Health Organization or the World Health Organization (WHO) has identified a disease caused by the corona virus (COVID-19).

Indonesia, the first reported outbreak of COVID-19 On March 2 2020 with a total of 2 cases, as of March 31 2020 the number of cases had increased to 1,528 positive cases and 136 deaths (Working Group on Handling COVID-19, 2020). In response to this, on March 31, 2020, President Joko Widodo announced a public health emergency through presidential decree (Keppres) Number 11 of 2020 concerning the Establishment of a Public Health Emergency for Coronavirus Disease 2019 (COVID-19) (Ministry of Information and Communication, 2020; President of the Republic of Indonesia, 2020).

Many efforts have been made in responding to COVID-19, such as making Massive Social Restrictions (PSBB) by issuing government regulation Issue 21 of 2020 concerning Large-Scale Social Restrictions in the framework of Accelerating the handling of coronavirus disease 2019 (COVID-19), then being revised is the implementation of activity restrictions appropriate micro community (PPKM Mikro) There is Minister of Home Affairs Instruction Number 03 of 2021 concerning its implementation Limit micro community activities and build Coronavirus Disease treatment stations at the village and Kelurahan levels to control the spread of Corona virus disease 2019 (Ministry of Home Affairs, 2021). As of September 30 2021, the total number of COVID-19 cases in Indonesia has reached 4,215,104 cases, 141,939 deaths.

DKI Jakarta Province has completed 10 provinces with the highest number of infections in Indonesia (Covid-19 work unit, 2021b). Judging from age, the highest cases of COVID-19 occurred in the age group 31-45, followed by the age group 46-49 five. Meanwhile, the highest deaths due to COVID-19 occurred in the age group of 60 years and over with an incidence rate of 43.8% of the total cases. COVID-19 cases in East Kalimantan Province continue to experience an increase in the number of confirmed patients and red zone status increases in three areas, Balikpapan remains the home to the largest number of infections. Currently, there are 348 positive patients being treated in Balikpapan, followed by Samarinda with 122 people and Kutai Kartanegara with 89 people. Based on daily case updates as of 10 October 2022, the number of positive patients being treated in East Kalimantan was 177. The total number of confirmed cases of COVID-19 in East Kalimantan was 209,678 cases, 203,765 cases were declared cured, and 5,736 had died.

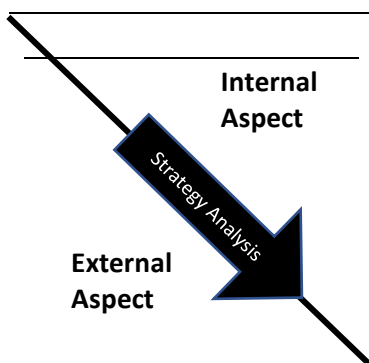
The acceleration of vaccination in Samarinda City is supported by all elements of government as evidenced by the City government's policy of receiving group vaccinations and registering the group with the City Health Office. However, the strategy for accelerating the Covid -19 vaccination requires an adequate strategy to be optimal and achieve the desired target, and if it is investigated, the government has pushed for the acceleration of dose 2 vaccination to 100% and this needs to be caught by the Samarinda City Government to achieve it. This study discusses the handling of COVID-19 through the implementation of the vaccination policy in Samarinda City and is urgently needed as material for studies by the Samarinda City government and other cities regarding the strategy for implementing the policy. Get a COVID-19 vaccination against COVID-19. Researchers use the SWOT method by analyzing the strengths, weaknesses, opportunities and threats related to policy implementation to develop strategies that the government of Samarinda City and other provinces need to accelerate vaccination against COVID-19. In addition, researchers provide suggestions to help continue to develop strategies for spreading COVID-19 vaccinations in Samarinda City.

2. MATERIALS AND METHOD

This research is a type of qualitative descriptive research using secondary data in the form of policies related to COVID-19 vaccination in Samarinda City. This policy can be obtained through the official website (<https://covid19.go.id/> and <https://corona.samarindakota.go.id/id>). In addition, this research also uses additional data in the form of official press releases, news published in local and national media from 15 February 2021 to 30 September 2020-2021. The policy will then be analyzed using a SWOT (strengths, weaknesses) analysis. opportunities and threats). This analysis is a strategic planning tool that is widely used in education, health and community development programs. The aim is to find out the positive advantages it has, hidden problems that can be found and might occur are mentioned and will discuss and highlight all the characteristics, relationships and synergies between internal and external variables of vaccination policy in Samarinda City.

3. RESULTS AND DISCUSSION

Table 1. SWOT Analysis of Implementation of the Covid-19 Vaccination Policy in Samarinda City

 <p>Internal Aspect</p> <p>External Aspect</p>	<p>Streight</p> <p>1. Covid-19 vaccination has been proven to break the chain of transmission and reduce symptoms</p> <p>2. Location and time of scheduled vaccinations</p>	<p>Weakness</p> <p>Lack of vaccinators</p>
	<p>Opportunity</p> <p>There is cooperation between various parties</p>	<p>Streight Opportunity Strategy</p> <p>COVID-19 vaccination can be implemented due to strong partnerships and participation between agencies and stakeholders</p>
<p>Threat</p> <p>People choose types certain vaccines</p> <p>People with comorbidities are</p>	<p>Streight Threat Strategy</p> <p>Conduct education both directly and through the media to vaccine related community COVID-19 to want vaccinated and willing using this type of vaccine</p>	<p>Weakness Threat Strategy</p> <p>Ensuring power trained vaccinators can available order throughout society can accept COVID-19 vaccination.</p>

worried about being vaccinated

which also explains the impact if there are comorbidities

1) Streght Analysis

- a. Covid-19 vaccination has been proven to break the chain of transmission and reduce symptoms

DKI Jakarta Province is among the 10 provinces that have experienced the highest incidence of COVID-19 in Indonesia. Meanwhile, the implementation of the COVID-19 vaccination in DKI Jakarta is urgently needed to prevent illness and death from COVID-19 and achieve herd immunity. In addition, to speed up vaccination, the government requires vaccination certificates for activities in Samarinda City (Fitri Sartina Dewi, 2021).

The spread of this virus is through the air or droplets expelled when coughing or sneezing. To accelerate the handling of the Covid-19 pandemic, the strategy adopted is vaccination to ensure immunity for everyone. This vaccination is an effort by the state to protect the health rights of all citizens during a pandemic (Ma'ruf, S. A. , 2021).

- a. Scheduled vaccination locations and times

Immediately distribute the COVID-19 vaccine, the Samarinda City government has also partnered with medical service organizations in health centers, clinics, government and private hospitals (Velarosdela, 2021). To facilitate the life of the people of Samarinda City, they have implemented a weekend vaccination service program at health centers and vaccination centers in 10 sub-districts (Wijayaatmaja, 2021).

2) Weakness

When vaccination started in Kota Samarinda, there was inequality in the number of vaccinating staff (vaccinators) versus the number of people being vaccinated. The number of people vaccinated is 2,000 people while the number vaccinated is 3 million. Based on the decision Permenkes Number 4638 of 2021, it is estimated that one person will be vaccinated able to give up to 70 goals per day. So, more people will be vaccinated (Ministry of Health of the Republic of Indonesia, 2021a). Currently, the number of health workers likely to be immunized is over 30,000, but the number is dwindling due to preparation and vaccination skills.

3) Oportunity Analysis

There is cooperation from many parties. As part of the vaccination activity, the City Government of Samarinda is working with various parties. Partnerships can be established in the form of providing a COVID-19 vaccination site, logistics/transportation, warehousing and equipment for storing the COVID-19 vaccine, security and/or awareness and community movement, provision of non-medical personnel, medical waste management. For example, the Samarinda City government cooperates with the private sector (Wahyuniarti, 2021). In addition to that, the Samarinda City government also cooperates with social, religious, professional organizations and health facilities to provide vaccination sites, medical staff, etc. (Herdian, 2021).

4) Analisis Ancaman

People choose several types of vaccines. As of early September 2021, up to 2 million residents of the city of Samarinda have not been vaccinated. The reason is, they still don't want or are waiting for some kind of vaccine. As is known at the beginning of the vaccination, the vaccine used was sinovac, then gradually the other vaccines were Astrazeneca, Sinopharm, Pfizer to Moderna (Kumparan Team, 2021). Indeed, each vaccine has a different level of effectiveness. Pfizer, which is the most effective vaccine, is 95% effective against COVID-19 infection (WHO, 2021b). Furthermore, Moderna is the second most effective vaccine, equivalent to 94.1%. Protecting individuals from COVID-19 (WHO, 2021a).

The COVID-19 pandemic in Indonesia started in early March 2021 and is still ongoing today. Many policies issued by the government, starting with the issuance of guidelines for the prevention and control of the 2019 corona virus disease, formed a task force for handling COVID-19 in the implementation of the PSBB. Then, after the discovery of the COVID-19 vaccine and safety statements by relevant global organizations and recommended by WHO to ensure vaccination, the government has issued Regulation of the Minister of Health Number 10 of 2021 concerning Implementation of Internal Vaccination framework for preventing the coronavirus disease 2019 (COVID-19) pandemic. such as efforts to prevent disease and death, achieve herd immunity or herd immunity clusters and improve public health status (WHO, 2020a).

The regulation clearly states that vaccination is carried out in stages depending on the availability of the COVID-19 vaccine, therefore the criteria for receiving the COVID-19 vaccine have been determined in accordance with available vaccine indications and the Review of the National and/or Group Immunization Expert Advisory Committee. World Health Organization Immunization Specialist Strategic Advisor (WHO SAGE). In addition, this regulation also identifies priority subject groups for vaccination, ie:

- a) Medical staff, auxiliary medical staff and work assistants in medical facilities;
- b) Elderly and civil servants/officers;
- c) Geographically, socially and economically vulnerable communities/and
- d) Other people

Vaccination against COVID-19 is a mandatory practice because this policy is intended to prevent morbidity and mortality due to COVID-19 herd immunity or community immunity and to improve public health status. Therefore cooperation is needed to ensure the implementation of this policy by various parties as well as authorities, professional associations, with community organizations and companies or private offices in relation to ensuring the availability of human resources, availability of vaccines, safety and so on. Following are some of the results of this collaboration between the Samarinda City Government and other parties:

- a. Mobile vaccination
- b. Mass vaccination

4. CONCLUSION

The Covid-19 vaccination policy has been well implemented, this can be done. This is reflected in the vaccination in Samarinda City, which is a city in East Kalimantan with high Vaccination Coverage.

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