ISSN 2579-7298

Collaborative Governance Strategy In Accelerating Vaccination Through Vaksinasi Merdeka (Independence Vaccination) Innovation Program In Jakarta City Area

Devie Rahmawati[a], Wiratri Anindhita[b]., Mohammad Fadil Imran[c], Youna Chatrine Bachtiar[d], Zulhamri Bin Abdullah[e], Muhammad Zaky Ramadhan[f], Giri Lumakto[g]

[a] University of Indonesia
[b] Universitas Negeri Jakarta
[c] Perguruan Tinggi Ilmu Kepolisian
[d,e] University of Putra Malaysia
[f] Folks Strategic
[g] Klinik Digital
* corresponding author

ARTICLE INFO

Article history
Received
Revised
Accepted

Keywords
Collaborative Governance Strategy, Vaccination Program Innovation, Ethnography

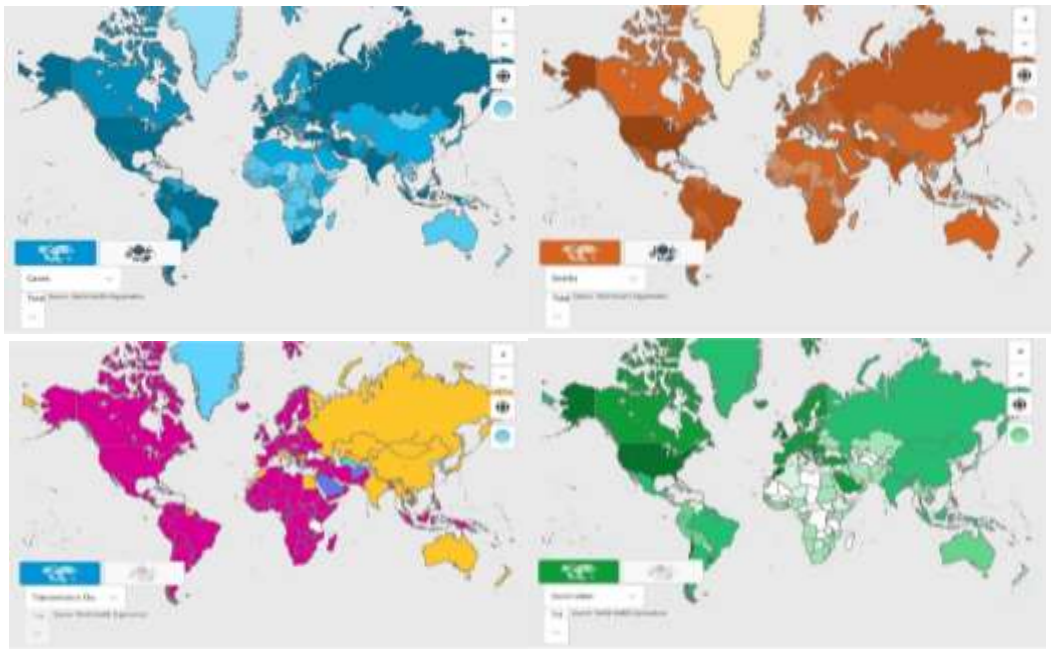
ABSTRACT

Polda Metro Jaya with the Vaksinasi Merdeka (independent vaccination) innovation program has initiated a community-based and collaborative governance strategy where Polda Metro Jaya team gone directly to the community to study, innovate and implemented a better vaccination program, that proven to be more effective and efficient than any other vaccination program. The use of ethnographic study for ten months research, found that this success of the program started with the data science approach that resulted with a vaccination innovation program design that are closer and familiar to the people in the DKI Jakarta area.

1. Introduction

Referring to data released by the World Health Organization (2021), states that since January 2020, the Corona Virus Disease-19 (covid-19) outbreak has infected more than 2,245,872 people worldwide. Covid-19 itself initially started to become an epidemic in December 2019 which then spread throughout the world. The distribution of Covid-19 based on continental classification, namely 55,586,882 confirmed cases in America, 44,561,071 confirmed cases in Europe, 14,763,347 confirmed cases in Southeast Asia, 7,475,714 confirmed cases in the Eastern Mediterranean, 3,074. 086 confirmed cases in Africa and there are 1,887,403 confirmed cases in the Western Pacific.

Since the outbreak of the new acute respiratory syndrome Coronavirus-2 (SARSCoV-2) or Covid-19 the world has been shaken into a crisis unprecedented in decades before. On December 9, 2020, after several months of being spread from Wuhan, there were more than 68 million cases with 1,566 thousand deaths reported in 219 countries (Lassi et al, 2021; Charrier et al, 2022; El-Elimat et al, 2021).



[a] Source: WHO, covid-19.who.int, 2021. From the top left (a) distribution of infected cases, (b) distribution of death cases, (c) transmission of patient status, (d) distribution of vaccinations.

Fig. 1. Distribution of Covid-19 in the World

The uncontrolled spread of the Covid-19 outbreak has led to the collapse of the health care system, the global economic crisis, educational disruption, public anxiety, and forced a national isolation policy, (Rzymski, 2021; Wiryono, 2021; Aeston, 2005). Apart from implementing the 3M protocol, vaccination is the ultimate way to fight the spread of Covid-19, (Delimunthe, 2022; Gandryani, 2021; Citradi, 2021). Covid-19 vaccination has started in various countries or has been going on since the end of 2020, (Hastuti, 2021; Citradi, 2021; Azanella, 2021). The World Health Organization (WHO) has also issued guidelines calling for the accelerated operation of mass immunization programs worldwide, (WHO, 2020).

The phenomenon in the field shows that since January 2021, the Indonesian government has started a vaccination program for the Indonesian people, but the number of vaccination injections is still quite low (Putri et al, 2022; Ashar, 2021). Until March 2021, the vaccination dose that has been given is less than 2% of the population (Sari, 2021). If one person needs two doses of vaccine or two injections and with a target population of 180 million people, the total vaccine needed is approximately 360 million doses, while in the field the uptake of COVID-19 vaccination has only reached 7.35 million doses. Compared to other countries that continue to boost vaccination, the Ministry of Health considers that the coverage of vaccination against Indonesia's target is the lowest, (Citradi, 2021; Wiryono, 2021).

Referring to Statista data, the Covid-19 vaccination rate in Indonesia is low, namely only 1.5 per 100 residents, (statista.com, 2023). This figure is equivalent to vaccination uptake in India and one point above Nepal, which is 1.4 per 100 population, (Azanell, 2021; Citradi, 2021). On the other hand, the results of Our World in Data calculations as of March 7 2021, the world's average vaccination rate is 3.93 per 100 people. Meanwhile, the average vaccination rate in Asia reached 2.43 per 100 population. Indonesia itself is at 1.5 points for the vaccination rate of its population, (ourworldindata.org, 2023). Based on the data achievements above, an innovation is needed that can accelerate the acceleration of vaccination in Indonesia in order to achieve herd immunity.

Jakarta as the capital city attracts a lot of attention, especially the high number of deaths due to Covid-19. Since it was launched in January 2021, the vaccination program in Jakarta has not shown its effectiveness and has not been able to reduce the number of new daily cases (Toharudin et al, 2021). The number of injections of the second dose in DKI Jakarta at the end of March 2021, only 9.8% or 294,083 people were injected. This number is still far from the Covid-19 vaccination target for stages 1 and 2, which reached 3,000,689 residents, (Wiryono, 2021). Head of Jakarta Kadin,

Diana Dewi, mentioned the enthusiasm of business actors ahead of implementing independent vaccinations in May 2021, where 17,600 companies and 8 million employees have registered.

President Jokowi has instructed and coordinated the National Police and the TNI to intervene to accelerate the vaccination program, (Delimunthe, 2022; Putri, 2022). In February 2021, the National Police have alerted as many as 13,500 health personnel, including 900 vaccinators trained by the Ministry of Health's BBPK, while another 12,600 personnel will be given similar training, (Firmansyah, 2021). This involvement is intended to support an easy, cheap and massive method of accelerating the Covid-19 vaccination program, especially in the province of DKI Jakarta. The independent vaccination innovation activity, which has been appreciated by the National Police Chief and President Jokowi, has proven successful in injecting two million doses over 17 days by cooperating with as many as 4,500 volunteers, (Almanzani, 2022). As a result, through this independent vaccination innovation, Vaccination spread reached 100%. Overall, Indonesia as a country that does not produce its own vaccines has succeeded in injecting more than 160 million vaccines, which places Indonesia as the fifth-ranked country in the world that has vaccinated more than 100 million of its citizens, (republika.co.id, 2023).

Scopes

This study aims to analyze the effectiveness and efficiency of implementing the "Vaksinasi Merdeka" innovation program initiated by Polda Metro Jaya together with the Synergy Vaksinasi Merdeka Foundation in order to achieve herd immunity in the DKI Jakarta area through a collaborative governance strategy.

Objectives

This research aims to increase the active role of the community in the DKI Jakarta area in achieving herd immunity in accordance with WHO recommendations, namely the provision of vaccination of at least 70% of the total population through the implementation of independent vaccination innovations based on the 3K concept (generosity, volunteerism and leadership) initiated by Polda Metro Jaya together with the Synergy Vaksinasi Merdeka Foundation.

Problem Statements

This research seeks to observe and analyze the effectiveness and efficiency of the implementation of the Vaksinasi Merdeka innovation program in order to achieve herd immunity in the DKI Jakarta area through a collaborative governance strategy.

Research Questions

1. Can the Vaksinasi Merdeka innovation program initiated by Polda Metro Jaya together with the Foundation be able to increase the target ratio for giving vaccinations to people in the DKI Jakarta area?
2. What is the collaborative governance strategy developed by Polda Metro Jaya in accelerating vaccination through the implementation of the independent vaccination innovation program in the DKI Jakarta area?

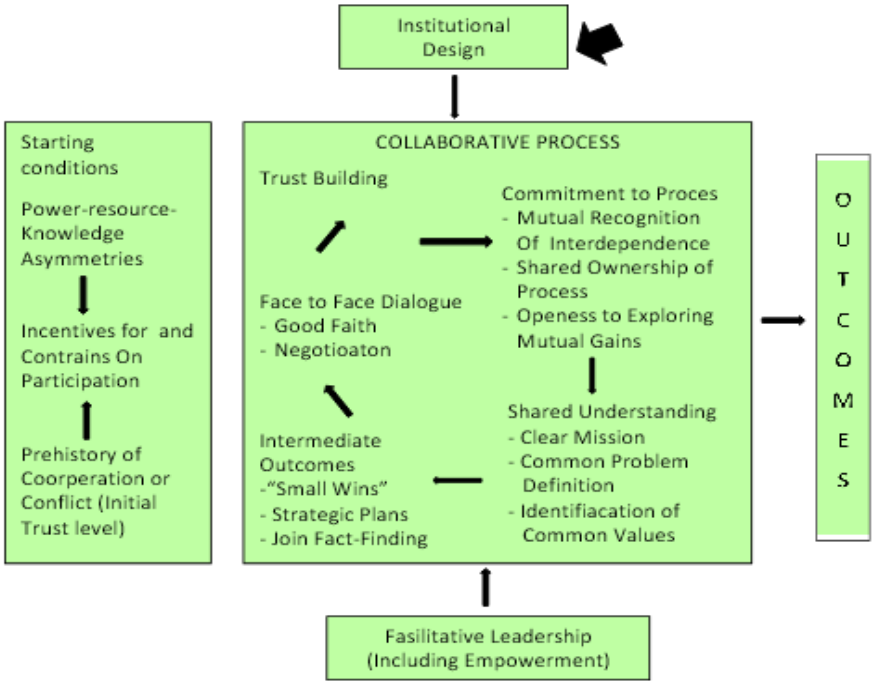
Literature Review

Public Policy Implementation Theory

The theory of public policy implementation is increasingly being discussed along with the many experts who contribute ideas about policy implementation as one of the stages of the policy process, (Wahab, 2021). The implementation of the vaccination attack policy is considered as the main manifestation and a very decisive stage in the policy process of achieving general public immunity (Birklan, 2001; Heineman et al, 1997; Ripley & Franklin, 1986; Wibawa et al, 1994).

Collaborative Governance Theory

Over the decades, new forms of government have emerged to replace managerial modes of making and implementing collaborative governance policies which are basically to bring together public and private stakeholders in collective forums with public institutions to engage in consensus-oriented decision-making, (Ansell & Gosh, 2014; Agodzakey, 2011). Collaborative governance is a control model in which one or more public institutions directly involve non-state stakeholders in a collective decision-making process that is formal, consensus-oriented, deliberative and aims to make or implement public policies, manage public programs and public assets. , (Ansell & Gosh, 2014; Thomson & Perry, 2006; Farazman, 2004).



b.

Source: Ansell & Gosh, 2014.

Fig. 2. Collaborative Governance Model

2. Methodology

This study uses a qualitative research approach because this study describes the methodology for accelerating vaccination with the Vaksinasi Merdeka program initiated by Polda Metro Jaya together with the Foundation. This study focuses on the background, methodology and impact of the accelerated vaccination program in Jakarta. In its implementation, it uses a problem-oriented data science policy approach, collaborative and community-based policy, (Mitchum, 2016; Cresswell, 2018). Thus, it is hoped that a vaccination innovation model with Vaksinasi Merdeka will be created which refers to the 3K pillars (Generosity, Volunteerism and Leadership). The success of implementing this Vaksinasi Merdeka innovation is proven to be used as a reference for implementing vaccination. We used ethnographic approach to do the research. Therefore, Ethnographic studies are studies that are intended to reveal social interactions, behaviors and perceptions that occur within groups, teams, organizations and communities, (Reeves, Kuper & Hodge, 2016). Ethnography may also employ several different methods, depending on the research objectives and the researcher's methodological position with regard to how the relevant research questions can be answered.

Designing of Research

This research was carried out through a process of direct involvement of the researcher from the beginning of developing the idea of a vaccination method that was easy, inexpensive and carried out en masse. The researcher also directly observed the implementation of the independent vaccination innovation activities until the end of their implementation, (Gill & Johnson, 1991). The researcher really closely accompanied the Pola Metro Jaya team from 2 (two) months of preparation for the activity to the eight months of the process of implementing the Vaksinasi Merdeka innovation program. The use of ethnographic studies in this research is very helpful for researchers in explaining in detail the process and advantages of the independent vaccination innovation which not only increases the achievement of vaccination participation in areas that carry out independent vaccination, but also runs an efficient vaccination program from the aspect of implementation costs. Over a period of ten months, researchers found that the independent vaccination innovation program was not an event but a method of administering vaccinations which was arranged through several stages.

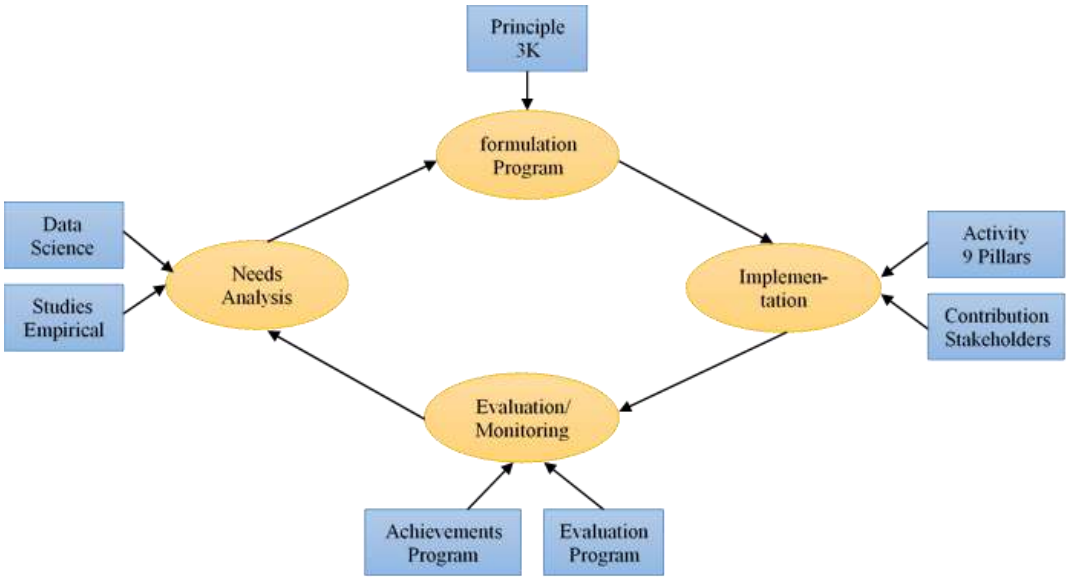


Fig. 3. Research Design

3.1. Needs Analysis

The first stage carried out by Polda Metro Jaya in compiling formulations for administering vaccination is to conduct a study by analyzing the need for vaccination in the community. Polda Metro Jaya takes a problem-oriented approach to data science policing by first identifying needs analysis. Needs analysis in general requires a process of identifying and evaluating needs. At this stage it is the first step that must be taken to successfully develop a program so that it can run effectively, (Beich, 2018; Morison, 2020). The needs analysis in this study tries to examine the obstacles or obstacles in accelerating the Covid-19 vaccination in DKI Jakarta. The data science used is targeting information on acceptance and rejection of vaccines on social media as well as input, complaints and ideas from the public in the field.

Polda Metro Jaya intensively collects data from the Chief of Police to the lowest level team known as Babinkantibmas. The Head of Police and the team directly monitor conversations that occur on social media, as well as have direct dialogue with the community. Polda Metro Jaya also sent a team to document some of the interviews with the public regarding expectations and evaluations of various other vaccination programs that have been held in Jakarta via video recordings. Through this stage, Polda Metro Jaya managed to document the public's input on the pros and cons of vaccines in the DKI Jakarta

area. However, there is a gap between the results of social listening on social media and ethnographic studies in the field.

Ethnographic findings found that the lack of citizen participation in getting vaccinated was not merely an ideological matter, but in fact largely due to technical challenges in the field. The results of the study with formative interviews by the Polda Metro Jaya team from informants in several residential areas at the location level with a low number of vaccinations, there were various findings regarding evaluations from the community regarding the implementation of vaccinations that had been carried out before the advent of the independent vaccination innovation method, namely:

1. The time and costs incurred by people who want to vaccinate are not cheap. Because of this centralized location and only one vaccination location, residents must prepare the fare to go to the vaccination site. Upon arrival at the location, residents need to pay for food because of the long queue. Thus, the implementation of vaccination is often not easy for certain groups of people such as daily workers, housewives, the elderly, disabled and so on.
2. Education about vaccination from the center has not reached all corners of society, so various hoax news about vaccines continues to surround the minds of residents. This condition makes residents reluctant to vaccinate because the hoax information they receive usually circulates on the WhatsApp group platform or social media containing family members, relatives or friends from the community. Thus, individuals in the community who receive messages via WhatsApp groups or social media feel that the information being circulated or sent cannot be incorrect information. Because those who send the information are family/relatives/friends they know themselves and who they believe cannot lie to them.
3. Vaccination programs usually use the services of third parties such as event organizers who are appointed to manage the implementation of vaccinations from preparation, implementation to post-implementation. This causes the third party's hosting costs to be included in the budget for their professional fees. Their presence is needed because the organizers do not want to directly manage communication with the parties from the government, private sector, non-governmental organizations because it takes a special time to establish communication with these parties to ensure support for organizing activities. Administrative formal approaches with official letters such as letters of invitation to cooperation for example, are not always considered and responded quickly by the parties. Even though the need to increase vaccination achievements is eagerly awaited. For this reason, a third party is needed so that the process is carried out by a third party.

3.2. Program Formulation

Various field findings related to needs analysis obtained from qualitative studies using observation, interview and analysis methods on various news about vaccination crowd cases in conventional and social media, the Polda Metro Jaya team then compiled various solutions based on the themes of problems faced by community members in DKI Jakarta. In order to achieve the goal of implementing a mass, easy and inexpensive vaccination program, the nine breakthroughs can be carried out in an ecosystem that requires three strengths, namely volunteerism, generosity and leadership.

3.3. Program Implementation

Polda Metro Jaya as an institution that has symbolic power as a protector and servant of the community does not just take a formative bureaucratic approach. However, in this program, the interpersonal and serving communication approach is able to accommodate the culture of a communal and high context society. In the context of this program, it is emphasized that the involvement of leaders directly makes it serious and important. In terms of implementation, the method used can be accounted for.

During the formative assessment observation period, the character of the Indonesian people who were very patron-client and hierarchical was very strong. This is also true in the context of intercultural communication. When Polda Metro Jaya's position only covers tasks

in one area in one province, national level support is needed so that material and human resource needs are met. So interpersonal communication or one-to-one to each party intensively even many times needed. If this is not done and only relies on a formal administration approach such as sending an application letter, nothing will happen. In the independent vaccination innovation program, a service approach that understands the importance of community power distance creates collaboration, generosity and synergistic leadership.

3.4. Program Monitoring and Evaluation

The independent vaccination innovation program has three major outlets including primary outlets, primary support outlets and secondary support outlets. Primary outlets and primary support outlets are located in the DKI Jakarta area and are spread across 900 neighborhoods in the Central Jakata, South Jakarta, North Jakarta, West Jakarta and East Jakarta areas. Meanwhile, secondary support outlets are supporting vaccination areas carried out in areas around Jakarta, namely Depok, Bekasi, Tangerang and so on.

The Technique of Sampling, Population and Respondent

The use of ethnographic studies in this study uses a formative assessment approach. Andrade & Cizek (2010), stated that this approach focuses on the large number of responses from participants. Because the purpose of this approach is to enrich participants in identifying and understanding their strengths and weaknesses in using a product or service and carrying out better performance, (Hogan, Dolan & Donnelly, 2005). The sample technique used in this study refers to non-probability sampling judgment by using a purposive sampling technique, namely using several criteria that the researcher determined at the beginning of the study and relevant to the issue being studied, (Cresswell, 2018). In this study the instrument used was structured interviews involving 28 informants in Jakarta. For four months the researchers conducted formative interview techniques to understand the dynamics of vaccination implementation in the form of challenges, advantages and obstacles in the implementation of the independent vaccination innovation program in the DKI Jakarta area.

3. Result And Discussion

Referring to the information on village-based covid-19 statistics in the DKI Jakarta area as of August 23, 2021 published by the DKI Jakarta provincial government, it is known that the positivity rate is 19.5%, the mortality rate is 1.6% while for vaccination coverage is 61.80 %.

[c.] Source: jakartasatu.jakarta.go.id, 2022.

Fig. 4. Distribution of Covid-19 Cases Based on Villages in DKI Jakarta Region

In more detail, the provincial government of DKI Jakarta has published that the total vaccine given for dose I has reached 5,545,997 people, while for dose II there have been 3,027,991 people given. The vaccination target for the DKI Jakarta area is 8,941,211 people and data for those who have not been vaccinated are 3,395,214 people and 5,545,997 people, (updated data as of August 24, 2021).

[d] Source: jakartasatu.jakarta.go.id, 2022.

Fig. 5. Village-Based Covid-19 Vaccination Data in the DKI Jakarta Region

Following are the results of data acquisition and study of the results of data and information analysis obtained in this study with reference to the conceptual framework design that has been compiled in this study, which is as presented below:

1. Needs Analysis

Based on the results of the study and processing of the needs analysis, including:

a. Physical access and time factors
   1) The distance or location of the vaccine is quite far from the homes of residents who wish to take part in the vaccine program.
   2) The queue for the vaccine was relatively long at the location where the vaccination was carried out, after queuing it turned out that they did not pass the health check to be vaccinated.

b. Educational factor
   1) Afraid of contracting Covid-19 if you have to travel long distances to the vaccine site.
   2) Do not want vaccines because of understanding certain ideologies or beliefs.
   3) Doubts due to various hoax information about the dangers of vaccines related to post-immunization events.

c. Implementation management factor
   1) It was revealed that administering the vaccine had to incur costs that were not cheap as measured by the cost of injecting the vaccine per participant, which ranged from Rp. 100,000 to Rp. 170,000 on average. Some organizers even admit that they have to pay Rp. 500,000 per injection per individual.
   2) Requires renting a place and special permits because it must be held in a location in the middle of the city such as sports halls, malls, fields and so on. The centralized location was chosen for two reasons: most places were not opened during the lockdown. The desire to invite as many vaccine participants as possible, so that it is easier to reach because it is known by all parties.

2. Program Formulation
   a. The independent vaccination innovation approach is designed in a decentralized manner. Site decentralization makes accessibility of vaccination sites easy. By opening a vaccination booth at the neighborhood level, it will be able to bring the vaccination point closer to residents' settlements. This overcomes the reluctance of residents to get vaccines on the grounds that they do not have transportation and consumption costs to reach the vaccination booth.
   b. Strengthening social communication, namely the presence of outlets down to the smallest scope of society such as pillars of the community can encourage the wisdom of social communication practices from environmental leaders to revive to invite their citizens with a personal approach.
      1) Residents who have not been vaccinated because they are influenced by hoax news that vaccines cause disease and death.
      2) Residents who have not had the vaccine because they feel that the vaccine is against their beliefs and political orientation.
      3) Not yet vaccinated because there is no time to be present at the vaccination site.
      4) Not yet vaccinated for fear of administrative obstacles such as document requirements that must be met to be allowed to be vaccinated.
      5) Not yet vaccinated because they fall into a special category of citizens such as the elderly, disabled or have comorbidities.
      6) Not yet vaccinated because he is a former sufferer of Covid-19.
      7) Already vaccinated or a former sufferer of covid-19.
   c. Solutions related to the management of the implementation of the independent vaccination innovation program include the following:
      1) Injection costs can be reduced from Rp. 5,000 to Rp. 20,000 per injection per individual because it is based on volunteerism and generosity. In addition, volunteers, both health workers and non-health workers, are only given an incentive of Rp. 100,000 per volunteer.
      2) The implementation of the independent vaccination innovation program consists of seven classifications of officers including:
         a) The registration officer, who receives residents for vaccines, is tasked with writing the identity of the citizen and filling in the identity card.
         b) Screening officer, whose role is to check body temperature, check blood pressure and check several other screening questions.
         c) The vaccinator is in charge of injecting the Covid-19 vaccine.
         d) Observator officer, whose job is to check the condition of the residents after the vaccine and ensure that the PCARE has been completed and submitted.
         e) Reporting officer, whose role is in reporting everything from checking the completeness of the outlets to the absence of volunteers.
         f) Two police officers who served as coordinators and led the implementation of the independence vaccination innovation activities.
3. Program Implementation
   In implementing the independent vaccination innovation program, a service approach that understands the importance of community power distance creates collaboration, generosity and synergistic leadership. So that in practice, several generosity and volunteerism stakeholders which are a collaboration of seven stakeholders (heptahelix).

Table 1. Several Parties in Collaborative Governance

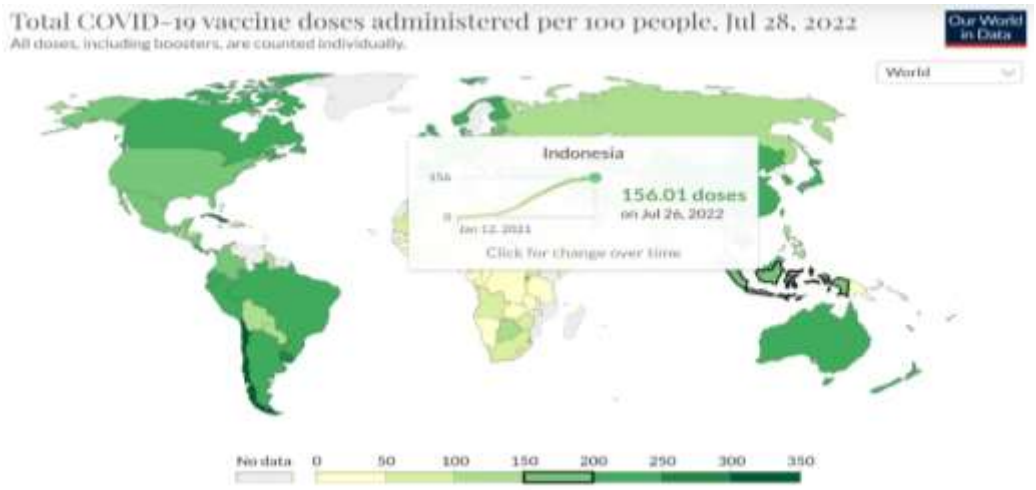
No	Stakeholders	Generosity	Volunteering	Agency

1	Government	Zoom connection infrastructure	Support through individual resources: vaccines, digital communication channels and platforms	Polda Metro Jaya, Ministry of Health, Ministry of Education and Culture, Kominfor and BUMN
2	Media	-	Socializing the implementation of the independent vaccination innovation program	National media and personal social media
3	Private	The donors generously donated medical equipment such as gloves, hazmat, surgical caps, hand sanitizers, other supporting materials such as laptops, wifi including incentives for volunteers	Prospective partners who come from online motorcycle taxi drivers and startup companies also help by taking the vaccination participants from their residence to the post and back.	PIK, Agung Sedayu, BCA, Silo Maritim, Bukalapak, Gojek, Mamikos, Ruang Guru, Siloam Hospital, Telkom Indonesia, Telkomsel, Folks Studio and OCA
4	Academics	-	Conduct academic study studies related to public policy	University of Indonesia
5	Civil society organizations	-	Volunteer representatives from football supporters, students through Dikti, dentist associations assist at vaccination posts with their respective duties. The incentive that volunteers receive is only IDR 100,000 for 17 days starting at 8 am	PDGI, PMI, Menwa, Indika Foundation, Kadin, Kitabisa.com and the Merdeka Vaccination Foundation
6	Community	-	Volunteer representatives from football supporters, students through Dikti, dentist associations assist at vaccination posts with their respective duties. The incentive that volunteers receive is IDR 100,000 for 17 days starting at 8 am	Soccer fans, Cybercreation, Indonesia Can Do It
7	General public	-	Volunteers help at the vaccination post with their respective duties. The incentives that volunteers receive are only Rp. 100,000 for 17 days starting at 8 am	Communities in the DKI Jakarta area

4. Program Evaluation and Monitoring
   Since the launch of the independent vaccination innovation program on August 1 2021, it is estimated that 1.4 million people have been vaccinated through the independent vaccination innovation program until August 13 2021. Until now this program is still continuing. Of course it is a breath of fresh air for residents in the DKI Jakarta area. The process of vaccination in the community is still ongoing. As of July 31, 2021, there are 7,507,304 people (85.20%) living in the DKI Jakarta area who have received the first dose of the vaccine, with around 106,920 daily dose recipients. Various efforts continue to be made to immediately achieve herd immunity in the DKI Jakarta area, (Hastuti, 2021). Meanwhile, based on a report from the DKI Jakarta Provincial Health Office, the covid-19 vaccination process is still ongoing. For the Covid-19 vaccination in Jakarta in the vaccination program, the total realization of dose I has now reached 9,017,051 people (100.80%) with the number of daily dose I vaccinations of 65,358 people, (Ashar, 2021).

WHO (2021), at the beginning of the pandemic released a report on the spread of the Covid-19 outbreak worldwide as of March 30, 2021, namely there were 127,349,248 confirmed cases of Covid-19 infection with a reported death rate of 2,787,593 people. Meanwhile, the number of vaccinations administered as of March 28, 2021 has reached

520,540,105 doses. The following is the distribution of vaccinations in Indonesia as of July 28, 2022.



Source: Ourworldindata.org, 2022.

Fig. 6. Total Covid-19 Vaccination Doses in Indonesia

Based on the ourworld report (2022), it shows that the total administration of covid-19 vaccinations in Indonesia as of July 28, 2022 has reached 156.01 per 100 people or nationally reached 428,224,165 doses consisting of 202,421,139 (97.19%) for first dose; 170,021,885 (81.64%) for the second dose; and 55,781,141 (26.78%) for the third dose. The number of vaccinations for the DKI Jakarta province as of July 29 2022 has reached 27,886,757 consisting of 12,599,712 (150.08%) for the first dose; 10,762,850 (128.20%) for the second dose; and 4,524,195 (53.89%) third dose, (vacsin.kemkes.go.id, 2022).

The Vaksinasi Merdeka innovation is a collaborative governance method, based on the community with the principles of volunteerism, generosity and leadership in the context of accelerating the invasion of vaccination programs in Indonesia, especially in the DKI Jakarta area. This method was born at the time of the second wave of covid-19 attacks, the delta variant in the June-July 2021 period throughout Indonesia and is no exception in the DKI Jakarta area which has paralyzed the national health system, causing hospital occupancy at several points in Jakarta to exceed 100% capacity, scarcity of oxygen cylinders, the price of medicines is very expensive and hard to find on the market, health workers are overwhelmed to the problem of queues for funerals for Covid-19 victims.

Meanwhile, the total number of DKI Jakarta residents who have received the first dose of vaccine in mid-June 2021 has reached 3,239,251 people out of a total target of 8,815,157 residents. This condition is of course a big challenge that must be faced by the capital city government, because since May 2021, to be precise after the 2021 Eid holiday, there has actually been a very significant spike in Covid-19 cases. However, since the first time the vaccination program was launched by President Jokowi in February 2021 to June 2021, the number of residents vaccinated in the DKI Jakarta area has only reached 36.8%, (Wiryono, 2021; Sari, 2021).

The Metro Jaya Regional Police (PMJ) together with the Foundation (YSVM), then took the initiative to conduct a study on what caused the low vaccination rate in the capital, even though vaccines are one of the best solutions to protect citizens from the attack of the co-19 wave. way of building communal immunity. The findings in the field show that the low participation of citizens in carrying out vaccinations is not due to ideological reasons, for example, but due to technical and economic challenges due to the location of vaccinations being concentrated in only one or two places. This condition causes residents to need special energy, time and budget to be able to participate in the vaccination program.

In fact, since 2020, many residents have had to work odd jobs every day so it is no longer possible to go to the vaccination site for a full day which can result in them not getting any income to live on the day they take part in the vaccination program. This is because the vaccination center is centralized, so residents from various regions come to the center which causes long queues at the

vaccination site. In addition, after they have queued and evaluated their health condition at the health screening table, it turns out they are not in a healthy condition, so they must go home first and come back another time to re-vaccinate.

It was this empirical finding in the field which then became the background for developing a method that ensured that all citizens of DKI Jakarta could be immediately vaccinated, so that they would be able to fight off the wave of Covid-19 attacks. The independent vaccination innovation moves with the concept of decentralization so that the vaccination program is easily accessible, is still implemented in all regions and is inexpensive to administer. Encouraging the implementation of the first phase of the independent vaccination innovation to target the DKI Jakarta area with a decentralized mechanism at more than 900 independent vaccination outlets.

As a result, the strategy for implementing the independent vaccination innovation program, which was initiated by Polda Metro Jaya together with the Merdeka Vaccination Synergy Foundation, in the implementation of the first stage was able to provide prizes for the capital city of Jakarta in the form of presentation achievements of vaccinated residents up to 102.30% during the 17 full day implementation and ending in last August 17, 2021. This achievement was then encouraged by Polda Metro Jaya together with the Merdeka Vaccination Foundation to continue the second and third phase of the independent vaccination innovation method in other areas outside Jakarta or DKI Jakarta agglomeration/buffer areas including Depok City, Tangerang City, South Tangerang, Bekasi City and the District Bekasi for 21 days.

At the beginning of 2022, Polda Metro Jaya together with the Merdeka Vaccination Synergy Foundation again carried out the independent vaccination innovation method with the target of vaccine recipients being children, for 14 full days for the DKI Jakarta area. As a result, the vaccination achievement obtained was 89.66% for the DKI Jakarta area. The advantage of this independent vaccination innovation method is that apart from its ability to accelerate results, because using the colossal decentralized outlet method is also able to present an efficient administration of vaccination from the aspect of implementation costs. All of the vaccines given to the residents are free of charge, but it turns out that the vaccination costs a lot of money.

The results of a study by Polda Metro Jaya together with the Merdeka Vaccination Synergy Foundation found that administering vaccination without using the independent vaccination innovation method could cost Rp.170,000 to Rp.500,000 per individual per injection and for one point. This cost component consists of building rental costs, permits, air conditioning, LCD, tents, chairs, personnel and vaccine staff costs, generators, security, uniforms, vaccine storage, logistics and so on. As an illustration, personnel who handle vaccinations are given an honorarium of Rp. 500,000 to Rp. 1,500,000.

The Vaksinasi Merdeka innovation method that relies on volunteerism, generosity and leadership, is in fact able to run a very efficient vaccination program of Rp. 5,000 to Rp. 20,000 cost per shot with a massive number of points of implementation at more than 900 independent vaccination points. This was realized because all vaccination personnel, for example, both health workers such as doctors and non-health workers, received an incentive of IDR 100,000 per day. Phenomena in the field show that an incentive of this size has in fact not discouraged people from registering as volunteers in the independent vaccine innovation program.

In the implementation of the first phase of the independence vaccination, as many as 4,500 volunteers were needed to serve at 900 independent vaccination outlets. The surprising fact on the ground was that the number of volunteers who registered as health workers reached 20,000 in the three days of the registration period. During the implementation of the first phase of the independent vaccination innovation, the DKI Jakarta area was currently in PPKM level IV status, due to tense conditions due to the delta virus attack. However, the public's enthusiasm for participating in the independent vaccination innovation humanitarian program is still very high.

4. Conclusion

1. Focusing on collaboration as has been carried out by both the government and the private sector or with community organizations because collaboration is key. In other words, it will be difficult for the government to go it alone to complete the target of Covid-19 vaccination in Indonesia.

Given the size of the population, the demographic range to access to information and health facilities varies.

2. Serving leadership communication, namely the independent vaccination innovation program, will not be able to carry out all of its activities without good leadership communication. The participation of officials such as the National Police and the TNI in accelerating vaccination is not actually a task force. However, during a pandemic, with the independent vaccination innovation program, Polda Metro Jaya can help accelerate vaccination in the DKI Jakarta area.
3. Upscaling the national level, namely expanding the independent vaccination innovation program, including models and approaches to the national level, is the key to accelerating vaccination. Forms and collaborative activities that have been carried out in the DKI Jakarta area can be replicated in various regions, starting from the sub-district level to the provincial level. Parties who will collaborate should voluntarily and those commanded by leaders who understand how to serve, not just rule.

References

[1] Aaeston, H. (2005). Values and Public Policy. Journal of Public Research. 20(1):131-142.

[2] Agbodzakey. (2011). Collaborative Governance of HIV Health Services Planning Councils in Broward and Palm Beach Countries of South Florida. Journal Springer Science Business Media.

[3] Agustino, L. (2008). Politics and Public Policy. Bandung: AIPI.

[4] Aida, N. (2020). Recap of the Development of the Wuhan Corona Virus from Time to Time,https://www.kompas.com/tren/read/2020//01/28/054600665//rekap-perkembangan-virus-corona-wuhan-dari-Jadi-ke-Time.

[5] Akbar, M., Diaz, V., Kiki, D. (2021). Implementation of the Covid-19 Vaccine Policy in the City of Surabaya. Journal Publicoho. 4(2): 501-510. DOI.10.35817/jpuv4i2.18061.

[6] Almanzani, N. (2022). Implementation of the Covid-19 Vaccination Policy in Banda Aceh City. FISIP Unsyiah Student Scientific Journal. 7(1):1-12.

[7] Ansell, C. (2014). Collaborative Governance in Theory and Practice. Journal of Public Administration Research and Theory Advancement. 13(1):1-30.

[8] Appler, C. (2007). An Introduction to the Study of Public Policy 2nd Edition. Journal of Public Intelligence and Planning. 16(1):47-55.

[9] Ashar, S. (2021). Governor Anis Exceeds Target to Increase Conona Vaccination in Jakarta to 11 Million. Https://regional.kontan.co.id/news/target-terlampaui-gubernur-anies-add-vaksinasi-corona-di-jakarta-jadi-11-juta?page=all.

[10] Azanella, L. (2021). 10 Countries with the Highest Covid-19 Vaccinations, Where is Indonesia's Position? Https://www.kompas.com/tren/read/2021/03/11/070000065/10-negara-dengan-vaccination-covid-19-tertinggi-di-mana-position-indonesia?page=all.

[11] Bernard, R. (1994). In Research Methods in Anthropology: Qualitative and Quantitative Approaches. California: SAGE Publications, Inc.

[12] Birkland, T. (2001). An Introduction to the Policy Process. ME New York: Sharpe Inc.

[13] CAF.org. (2021). Charity Aid Foundation. World Giving Index 2021. Https://www.cafonline.org/about-us/publications/2021-publications/caf-world-giving-index-2021.

[14] Charrier, L., Jacopo, G., Robin, T, Paolo, G, Marco, B., Carla, M. (2022). An Overview of Strategies to Improve Vaccination Compliance Before and During the Covid-19 Pandemic. International Journal of Environmental Research and Public Health. 19(1):1-13.

[15] Citradi, T. (2021). Minister of Health Calls RI in the Top 8 in the World Regarding Vaccination, Really? Https://www.cnbcindonesia.com/news/20210321145529-4-231716/menkes-sebut-ri-entry-8-large-dunia-soal-vaccination-masa-sih.

[16] CNBC Indonesia.com. (2021). Independent Vaccine Cost Budget Reaches IDR 1 Million/Employee. Https://cnbcindonesia.com/news/20210421121137-8-239545/anggaran-cost-vaksin-mandiri-reach-rp-1-million-karyawan.

[17] Indonesian CNN. (2021). TNI Deploys 9,000 Vaccinations to Assist the Corona Vaccination Program. Https://www.cnnindonesia.com/nasional/20210130140340-20-600300/tni-kerakan-9-ribu-vaccinator-bantu-program-vaccination-corona.

[18] Cresswell, J. (2010). Research Design, Qualitative, Quantitative and Mixed Approaches Third Edition (Translated by Ahmad Fawaid). Yogyakarta: Student Libraries.

[19] Creswell, J., David, C. (2018). Research Design (Qualitative, Quantitative and Mixed Methods Approaches) Fifth Edition. United States of America. SAGE Publications, Inc.

[20] Delimunthe, Y., Susilawati. (2022). Implementation of the Covid-19 Vaccination Policy in Medan City Using Edward III's Theory. Health Scientific Journal. 1(2):59-64.

[21] Dwiyanto, A. (2008). Public Bureaucratic Reform in Indonesia. Yogyakarta: Gadjah Mada University University Press.

[22] Dye, T. (2004). UnderstandingPublic Policy. Journal of Planning Public Administration. 12(1): 36-90.

[23] El-Elimat, T., Mahmoud, M., Basima, A., Npur, A., Feras, Q. (2021). Acceptance and Attitudes Towards Covid-19 Vaccines: A Cross-sectional Study from Jordan. PLOS ONE. 16(4):1-15.

[24] Erwan, A., Dyah, R. (2015). Public Policy Implementation: Concepts and Applications in Indonesia. Yogyakarta: Gava Media.

[25] Eva, D. (2008). Public Policy–Making Reexamined. Journal of Performance. 18(9):175-183.

[26] Frederick, A. (2009). A Systems Approach of Public Policy. Journal of Research Administration. 7(12): 210-215.

[27] Gandryani, F., Fikri, H. (2021). Implementation of Covid-19 Vaccination in Indonesia: Rights or Obligations of Citizens. Journal of Rechts Vinding. 10(1):23-41.

[28] Grindle, M. (1980). Politics and Policy Implementation in The Third World, New Jersey: Princeton University Press.

[29] Hastuti, R. (2021). Anies Calls DKI Covid Vaccination Exceeds Jokowi's Target. Https://www.cnbcindonesia.com/news/20210731183643-4-265134/anies-sebut-vaksiansi-covid-dki-already-lampaui-target-jokowi.

[30] Hofstede-insight.com. (2021). Country Comparison: Indonesia. Https://www.hofstede-insights.com/country-comparison/indonesia.

[31] Hogan, J., Dolan, P., Donnelly, P. (2009). Approaches to Qualitative Research: Theory and Practical Application (A Guide for Dissertation Students).

[32] Humphrey, P. (2020). No Death: The World Can Learn From Vietnam's Coronavirus Response,https://www.dpa-international.com/topic/deaths-world-can-learn-vietnam-coronavirus-response-urn%3Anewsml1%3Adpa.com%3A20090101%3A200413-99-679250.

[33] Presidential Instruction Number 4 of 2019 concerning Capacity Building in Preventing, Detecting and Responding to Disease Outbreaks, Global Pandemics and Nuclear, Biological and Chemical Emergencies.

[34] Ministry of Home Affairs. (2020). Minister of Home Affairs Welcomes 10 Health Business Entities and Airports Using Dukcapil Data. Https://dukcapil.kemendagri.go.id/berita/baca/625/mendagri-sambut-baik-10-entitas-business-kesehatan-dan-bandara-untungkan-data-dukcapil.

[35] Kulle, H., Ahmad, A., Andi, T., Jamaluddin., Taufik, A. (2021). Implementation of Covid-19 Vaccination Policy at Bhayangkara Hospital Banjarmasin, As an Effort to Maximize the Role of Police in the Community. International Journal of Politics Public Policy and Environmental Issues (IJ3PEI). 1(2):103-114.

[36] Kusumanegara. (2010). Models and Actors in the Public Policy Process. Yogyakarta: Gava Media.

[37] Lassi, Z., Naseem, R., Salam, R., Siddiqui, F., Das, J. (2021). The Impact of the Covid-19 Pandemic on Immunization Campaigns and Programs: a Systematic Review. International Journal of Environmental Research and Public Health. 18(3):988.

[38] Li, Y., Moming, L., Megan, R., Yanfang, S., Chaowei, Y. (2021). Phased Implementation of Covid-19 Vaccination: Rapid Assessment of Policy Adoption, Reach and Effectiveness to Protect the Most Vulnerable in the US. International Journal of Environmental Research and Public Health. 18(1):1-14.

[39] Lintner. (2020). Myanmar in Denial with Zero Covid-19 Case Claim, https://asiatimes.com/2020/03/myanmar-in-denial-with-zero-covid-19-case-claim.

[40] Leo, A. (2014). Fundamentals of Public Policy. Bandung: Alphabet.

[41] Mitchum, R. (2016). Using Data Science to Confront Policing Challenges. Https://news-uchicago.edu/story/using-data-science-confront-policing-challenges.

[42] Morrison, K. (2019). What Training Needs Analysis is and How It Can Benefit Your Organizations. eLearning Industry.

[43] Mustopadidjaja. (2002). Public Policy Process Management, Formulation, Implementation and Performance Evaluation. Jakarta: Institute of State Administration.

[44] Park. (2020). Cults and Conservatives Spread Coronavirus in South Korea Seoul Seemed to Have the Virus Under Control but Religion and Politics have Derailed Plans,https://foreignpolicy.com/2020/02/27/coronavirus-south-korea-cults-conservatives-china.

[45] Parson, W. (1997). Public Policy: An Introduction to the Theory and Practice of Policy Analysis. Cheltentha, UK Lyme, US: Edward Elgar Publishing Inc.

[46] Putranti, P., Muhammad, C., Maya, P., Yahya, R., Deddy, S. (2022). Policy Implementation of PPKM, 5 M and Vaccination on the Effectiveness of Reducing Covid-19 Cases in DKI Jakarta. International Journal of Advanced Research (IJAR). 10(2):1053-1061.

[47] Putri, A., Esa, Y., Nabilla, P., Atika, A., Yohanes, S., Novita, T. (2022). Analysis of the Implementation of the Covid-19 Vaccination Policy in Indonesia. Journal of Administrative Sciences. 19(1):122-130.

[48] Riant, N. (2009). Public Policy. Jakarta: Elex Media Komputindo.

[49] Ripley, R., Franklin, G. (1986). Policy Implementation and Bureaucracy (Second Edition), the Dorsey Press, Chicago-Illionis.

[50] Reeves, S., Kuper, A., Hodges, B. (2008). Qualitative Research: Qualitative Research Methodologies: Ethnography. BMJ (Clinical Research Edition). 337 (1): a1020. 10.1136/bmj.a1020.

[51] Rusli, B. (2013). Public Policy: Building Responsive Public Services. Bandung: Judge Publishing.

[52] Rzymski, P., Borkowski, L., Drag, M., Flisiak, R. Jemielity, J., Krajewski, J., Fal, A. (2021). The Strategies to Support the Covid-19 Vaccination with Evidence-Based Communication and Tackling Misinformation. Vaccines. 9(2):109.

[53] Sari, H. (2021). Acceleration of Covid-19 Vaccination Achievements, Members of the TNI-Polri and BIN are Trained to Become Vaccinators. Https://nasional.kompas.com/read/2021/07/31/15242151/percepatan-achievement-vaccination-covid-19-member-tni-polri-dan-bin-ditrain-jadi.

[54] Soenarko. (2000). Public Policy. Surabaya: CV Papyrus.

[55] Subarsono. (2013). Analysis of Public Policy Concepts, Theories and Applications. Yogyakarta: Student Libraries.

[56] Suharto. (2008). Social Policy As Public Policy. New York: Alphabet.

[57] Tachjan. (2006). Public Policy Implementation. Bandung: AIPI.

[58] Thomson, A., Perry, J. (2006). Collaborative Processes: The Black Box Incident. Public Administration Reviews. 66(1):20-32.

[59] Toharudin, T., Pontoh, R., Caraka, R., Zahroh, S., Kendogo, P., Sijuang, N., Pardamean, B. (2021). National Vaccination and Local Intervention Impacts on Covid-19 Cases. Sustainability Journal. 13 (15): 8282.

[60] Wahab, S. (1991). Policy Analysis from Formulation to Policy Implementation. Jakarta: Earth Script.

[61] Wahab, A., Solichin. (2017). Policy Analysis from Formulation to Development of Public Policy Implementation Models. Jakarta: Earth Script.

[62] Wayne, P. (2005). Public Policy: Introduction to Theory and Practice of Policy Analysis. Jakarta: Kencana Prenada Media Group.

[63] Widodo, J. (2008). Public Policy Analysis, Concepts and Applications of Public Policy Process Analysis. Malang: Bayumedia Publishing.

[64] Winarno. (2007). Public Policy Theory and Process. Yogyakarta: Media Pressindo.

[65] WHO. (2020). Guiding Principles for Immunization Activities During the Covid-19 Pandemic. Interim Guidance. https://apps.who.int/iris/bitsream/handle/10665/331590/WHO-2019-nCov-immunization_services-2020.

[66] Wiryono, S. (2021). Second Dose of Covid-19 Vaccination in DKI Jakarta Has Only Reached 9.8 Percent. Https://megapolitan.kompas.com/read/2021/03/25/21533181/vacaksinasi-covid-19-dosis-kedua-di-dki-jakarta-baru-reach-98-persen