



Community Participation Model as an Effort to Accelerate the Implementation of Vaccination Covid-19 in Indonesia

Gian Syahputra^(✉), Trisnandaru Densa Putra, Reza Setyo Nugroho,
and Diana Lukitasari

Demography and Civil Registration Program, Universitas Sebelas Maret, Surakarta, Indonesia
giansyahputra95@gmail.com

Abstract. More than 190 countries in the world have been affected by the Covid-19 pandemic, including Indonesia. The Indonesian government announced the Covid-19 pandemic through Presidential Decree (Keppres) number 12 of 2020 concerning the Determination of Non-Natural Disasters for the Spread of Corona Virus Disease 2019 (Covid-19) as a National Disaster. The purpose of this paper is to find out what notes have made Indonesia so far not finished in tackling the Covid-19 pandemic outbreak. In the implementation of overcoming the Covid-19 outbreak in Indonesia, there is public participation such as real data collection on the list of vaccine recipients by the village government, the utilization of youth organizations as agents of socialization and education on the importance of vaccination for the community and community leaders as a driving force for the community, especially the elderly to carry out vaccinations in order to accelerate the program. vaccination to combat Covid-19 in Indonesia.

Keywords: Pandemic · Covid-19 · Vaccination

1 Introduction

Coronavirus (Covid-19) is a respiratory infection caused by a type of corona virus. This virus has spread widely in China and more than 190 countries are also affected due to the very fast spread of the virus [1]. The outbreak was officially declared a Public Health Emergency of International Concern by the World Health Organization (WHO) on January 31, 2020. And Covid-19 was officially declared a global pandemic on March 11, 2020 [2]. According to the worldometer, as of October 21, 2021, Covid-19 cases in the world have reached 242,936,033 cases with details of 4,940,344 deaths and 220,188,523 patients who have recovered [3]. The spread of Covid-19 cases also has an impact on the health sector and the world economy. The Chinese economy, which incidentally is the country with the second largest economy in the world, experienced an economic slowdown from 6.1% to 3.8% as a result of Covid-19, including Indonesia [4].

The Indonesian government announced the status of the Covid-19 pandemic through Presidential Decree (Keppres) Number 12 of 2020 concerning the Determination of Non-Natural Disasters for the Spread of Corona Virus Disease 2019 (Covid-19) as a

National Disaster [5]. Following up on the determination of the Covid-19 pandemic as a non-natural disaster in Indonesia, the government made various policies, one of which was the national vaccination program. The implementation of the vaccination program in Indonesia is provided free of charge and is free of charge [6]. However, after the vaccination program was launched since January 2021, it has not yet given maximum results. Based on data from the Covid-19 Handling Task Force, as of Monday (10/25/2021) the total recipients of the first stage of the vaccine were 113,424,379 people. While the total recipients of the second stage of the vaccine were 68,264,009 people [7]. Overall, Indonesia has only reached 66.74%. For the implementation of full vaccination. The distribution of vaccines to the public is carried out under various conditions, one of which uses the basis of the population identification number (NIK). The public is required to understand the mechanism for implementing vaccinations that utilize technology which in the post-vaccination process, the community will get a vaccine certificate through the *Peduli Lindungi* application. In the course of using the *Peduli Lindungi* application itself, various problems were also found, one of which was that the NIK community data was out of sync. Usually many cases of inactive NIK (flecks) or NIK are used by other people. This is because there is a population administration process by the community where it turns out that the NIK has not been consolidated with the central population data or there could be multiple NIKs. At the community level, there are pros and cons regarding the implementation of vaccination in Indonesia. One of the human rights activists, Natalius Pigai, emphasized that refusing vaccines is a human right. This is regulated in Health Law Number 36 Year 2009 Chapter 3 Part One regarding Rights and Obligations Article 5 paragraph (3) [8]. The government through the Minister of Law and Human Rights revealed that vaccination is mandatory and there are criminal sanctions for people who do not want to be vaccinated. The provision of criminal witnesses can be in the form of fines and even imprisonment or both at the same time referring to Law Number 6 of 2018 concerning Health Quarantine. Article 93 states that anyone who does not comply with or obstructs the implementation of health quarantine can be sentenced to a maximum of 1 year in prison or a maximum fine of 100 million. However, criminal law becomes the last resort if other law enforcement does not function. The legal reasons above can be used as legal legitimacy for the rejection of vaccination in Indonesia. However, if studied more in the context of handling outbreaks, especially in the Covid-19 pandemic, there are 2 regulations that can state that the implementation of vaccination is a right or obligation, namely Article 14 paragraph (1) of Law Number 4 of 1984 concerning Outbreaks of Infectious Diseases and Article 93 of Law Number 6 of 2018 concerning Health Quarantine [9]. The two regulations both emphasize that anyone who does not comply with or hinders the prevention of the epidemic will be subject to criminal sanctions and fines. With the current conditions, based on Presidential Decree No. 11 of 2020 concerning the Determination of Public Health Emergency *Corona Virus Disease* 2019 (Covid-19) a health emergency status has been announced and if the process of implementing vaccination is the currently available method to reduce the transmission rate of Covid-19, then Law Number 4 of 1984 and Law Number 6 of 2018 are applicable compared to Law Number 36 of 2009. In this case, the principle of applies, *Lex Specialis derogat Lex Generalis* which means that there are two laws and

regulations that have different degrees the same according to the hierarchy but the scope and material are different.

This has an impact on the level of public awareness to get the vaccine. On the other hand, there is a case of buying and selling vaccine queues which was recently discovered in West Bandung Regency. According to an explanation from the West Bandung District Health Office, the issue of alleged information on buying and selling Pfizer dose one vaccine queues was carried out at a tourist attraction in the Cisarua, Lembang, West Bandung. The fee for getting a vaccine queue-free letter is 500 to 600 thousand rupiah per person [10]. In addition to buying and selling vaccine queues, there is an alleged sale and purchase of vaccines in North Sumatra involving the State Civil Apparatus (ASN). The community was asked to pay Rp. 250,000 to vaccinate. Vaccination was given to 1,085 people. This activity was carried out 14 times in Medan and 1 time in Jakarta. The activity has been ongoing since April 2021 [11].

From the conditions described above, the authors would like to point out that the success of the vaccination program is influenced by the public's perception of vaccine information in the mass media. The percentage of vaccination achievement can be carried out by maximizing the participation of the community in assisting the process of accelerating vaccination. This paper aims to create a model for community participation in collecting real data on the list of vaccine recipients in the community in order to accelerate targeted vaccination.

2 Research Methods

This research uses empirical methods based on the findings in the field. The data used include primary data by conducting direct interviews with narrators. Secondary data was obtained from literature in the form of journals and official websites to obtain precise and accurate results. We conducted a review and legal juridical study regarding the implementation of the Covid-19 vaccination in Indonesia. Relevant research data in Indonesia were collected and analyzed using a legal approach and a conceptual approach.

3 Findings and Discussion

3.1 Community Participation Model to Accelerate Vaccination in Indonesia

In the process of vaccination in Indonesia, there are still obstacles that make vaccination a little delay according to the government's target. The problem that arises is the availability of vaccines in the regions. In preventing the limited availability of vaccines, and also often the distribution in the field is uneven and even not well targeted to cover all levels of society according to available data. So there is a need for cooperation between the central government and also the village level government for the distribution of vaccines. In the ongoing process of dealing with the Covid-19 outbreak in Indonesia, the Indonesian government through the Ministry of Health has full authority over the implementation of vaccinations in Indonesia. The list of vaccine recipients is determined by categories that have been determined by the government. According to the Covid-19 task force, the main priority for vaccination is given to the elderly, health workers, other

supporting personnel who work in health care facilities as well as public service officers who are at high risk of contracting Covid-19 because they work face-to-face with many patients/communities [12]. Then continued by the general public by using the care to protect application as the main platform for vaccination using a population identification number (NIK). However, in mapping the list of vaccine recipients by the government itself, it is still not on target according to data in the field. The vaccine dose given by the government is sometimes not in accordance with the recipient. Therefore, in mapping the list of vaccine recipients, the community must participate in helping to accelerate the implementation of the vaccination program in their area, namely by collecting real data on the list of vaccine recipients bottom-up. The bottom-up data collection in question is data collection carried out by the village government or (RT) head which aims to record the age, occupation, number, and economic conditions of the people in their area. The implementation of data collection bottom-up itself tends to be more effective and efficient considering that people only need to send photos of their ID cards and family cards which are then sent in soft file, and fill in the data according to their respective conditions. By collecting community data in the form of soft files, it makes it easier for the village government to know all the conditions of the people in their environment. In addition, digital data collection can also make it easier for village governments to collect data on social assistance or also in data collection on the list of vaccine recipients as it is today. The government authorized to collect data on the list of vaccine recipients can synchronize it with the data held by the village government.

3.2 Empowerment of Community Leaders and Youth Organizations in Carrying Out a Persuasive Approach to the Community

Implementation of the vaccination program that is being implemented is the last step to prevent the transmission of the Covid-19 pandemic. The main obstacle in implementing vaccination is public doubt about vaccines. Is the vaccination effective and safe even though it has side effects? To solve existing problems, of course, the role of local communities such as youth mosques or youth organizations and community leaders is very important [13]. In its implementation in the field, local communities and community leaders provide socialization to the public regarding the vaccines used. Permit certificates suitable for use of vaccines are issued by the Health Office [14]. So the vaccine used by the community has gone through the research stage. In this case, the role of local communities and community leaders is to increase public trust through social media. The use of social media in disseminating information to the public can be carried out easily and quickly.

A persuasive approach can also help realize vaccinations as a whole to the village. In an effort to provide vaccines, the government has not yet fully covered the wider community. In the field itself, there are still many people who are hesitant to vaccinate, especially the elderly. People tend to be afraid of vaccines because there is a lot of news circulating about the symptoms caused after the vaccine is carried out so that the implementation of the acceleration of vaccination in certain areas is slightly delayed and tends to hamper the vaccination program by the government. Therefore, a persuasive approach by community leaders and local youth organizations is considered to be able to encourage the community, especially the elderly, to be willing to vaccinate. Youth

organizations themselves can act as spearheads of information and also as agents of vaccine socialization and education to the public. Things that youth organizations can do such as massively socialize vaccinations to accelerate the prevention of Covid-19. In addition, youth organizations can also provide information related to vaccines and campaigns so that people are aware of the importance of vaccines by making posters or banners that are installed in the corner of the village. Meanwhile, community leaders such as religious leaders, village heads provide an understanding of the elderly category of society.

4 Conclusion

Based on the discussion above, it can be concluded that the process of dealing with Covid-19 in Indonesia still has many problems. Community participation in the process of accelerating the implementation of vaccination in Indonesia can start from the lowest level of society, namely the village level. By conducting data collection *bottom-up* conducted by the village government, the vaccine distribution process tends to be more effective and targeted according to real conditions in the community. In addition, *Karang Taruna* as a village youth organization can also actively contribute to the socialization and education of the importance of vaccination to the local community. Then coupled with the presence of community leaders such as religious leaders and village heads, it is hoped that they can be a driving force for the elderly community to follow directions to carry out vaccines to accelerate the prevention of Covid-19 in Indonesia.

References

1. A. Susilo, C.M. Rumende, C.W. Pitoyo, W.D. Santoso, M. Yulianti, R. Sinto, G. Singh, L. Nainggolan, E.J. Nelwan, L. Khie, A. Widhani, E. Wijaya, B. Wicaksana, M. Maksum, F. Annisa, O.M. Jasirwan, E. Yuniastuti, T. Penanganan, I. New, R.D. Pinere, R. Cipto, Coronavirus Disease 2019: Tinjauan Literatur Terkini Coronavirus Disease 2019: Review of Current Literatures, 7 (2020) 45–67.
2. Y.S. Malik, N. Kumar, S. Sircar, R. Kaushik, S. Bhat, K. Dhama, P. Gupta, K. Goyal, M.P. Singh, U. Ghoshal, M.E. El Zowalaty, O.R. Vinodhkumar, M.I. Yatoo, R. Tiwari, M. Pathak, S.K. Patel, R. Sah, A.J. Rodriguez-Morales, B. Ganesh, P. Kumar, R.K. Singh, Coronavirus disease pandemic (Covid-19): Challenges and a global perspective, Pathogens. 9 (2020) 1–31. <https://doi.org/10.3390/pathogens9070519>.
3. Worldometer, COVID-19 CORONAVIRUS PANDEMIC, (2021). <https://www.worldometers.info/coronavirus/>.
4. F.R. Yamali, R.N. Putri, Dampak Covid-19 Terhadap Ekonomi Indonesia, Ekon. J. Econ. Bus. 4 (2020) 384. <https://doi.org/10.33087/ekonomis.v4i2.179>.
5. D. Arifin, Presiden Tetapkan COVID-19 Sebagai Bencana Nasional, BNPB. (2021). <https://bnpb.go.id/berita/presiden-tetapkan-covid19-sebagai-bencana-nasional>.
6. Fitriani Pramita Gurning, Laili Komariah Siagian, Ika Wiranti, Shinta Devi, Wahyulinar Atika, Kebijakan Pelaksanaan Vaksinasi Covid-19 Di Kota Medan Tahun 2020, J. Kesehat. 10 (2021) 43–50. <https://doi.org/10.37048/kesehatan.v10i1.326>.
7. Covid19.go.id, Peta Sebaran, Covid19.Go.Id. (n.d.). <https://covid19.go.id/peta-sebaran>.

8. L. Justice, Natalius Pigai: Menolak Vaksin adalah Hak Asasi Rakyat!, Law Justice.Co. (2021). <https://www.law-justice.co/artikel/100970/natalius-pigai-menolak-vaksin-adalah-hak-asasi-rakyat/>.
9. F. Gandryani, F. Hadi, Pelaksanaan Vaksinasi Covid-19 Di Indonesia: Hak Atau Kewajiban Warga Negara (the Vaccination of Covid-19 in Indonesia: Citizen Right or Citizen Duty), J. Rechts Vinding Media Pembina. Huk. Nas. 10 (2021) 23–41.
10. E. Hadnansyah, Heboh Jual Beli Antrean Vaksinasi di Bandung, Ini Penjelasan Dinkes, Medcom Nas. (2021). <https://video.medcom.id/medcom-nasional/MkMqWrXk-jual-beli-antrean-vaksinasi-di-bandung-ini-penjelasan-dinkes-kbb>.
11. Y. Winarto, Kasus jual beli vaksin Covid-19 melibatkan 3 oknum PNS, raup Rp 271 jutaan, Kontan.Co.Id. (2021). <https://nasional.kontan.co.id/news/kasus-jual-beli-vaksin-covid-19-libatkan-3-oknum-pns-raup-rp-271-jutaan>.
12. Covid19.go.id, Prioritas Masyarakat Penerima Vaksin, Covid19.Go.Id. (2021). <https://covid19.go.id/tanya-jawab> (accessed November 8, 2021).
13. A. Rifai, Peranan Remaja Masjid Dalam Penyelenggaraan Vaksinasi Covid-19 (Studi Kasus: Masjid Raya Al-Fattah Kota Ambon Provinsi, Researchgate.net. 19 (2021). https://www.researchgate.net/profile/Ahmad-Rifai-15/publication/354528821_PERANAN_REMAJA_MASJID_DALAM_PENYELENGGARAAN_VAKSINASI_COVID_19_STUDI_KASUS_MASJID_RAYA_ALFATTAH_KOTA_AMBON_PROVINSI_MALUKU_Oleh/links/613cf493e4419c5e6ec6b8fc/PERANAN-REMAJA-MASJI.
14. S.R. Talib, D.D. V Kawengian, Y. Pasoreh, Kajian peran humas dalam meningkatkan kepercayaan masyarakat terhadap vaksin sinovac, Univ. Sam Ratulangi Manad. 9 (2021) 1–6.

Open Access This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

