



COVID-19 Vaccination Services in the Region Kubu Raya District Border

Joko Triyono¹, Dhidik Apriyanto², Elyta^{3*}, Tulus Gover Siringo⁴, Ratu Zahira Lutfie⁵

Universitas Tanjungpura, Indonesia | joko.triono@fisip.untan.ac.id¹

Universitas Tanjungpura, Indonesia | dhidik.apriyanto@fisip.untan.ac.id²

Universitas Tanjungpura, Indonesia | elyta@fisip.untan.ac.id³

Universitas Tanjungpura, Indonesia | tulus.gover.siringo@fisip.untan.ac.id⁴

Universitas Tanjungpura, Indonesia | ratu.zahira.lutfie@fisip.untan.ac.id⁵

Correspondence Author*

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Abstract

The high spread of COVID-19 in Indonesia has impacted various aspects of life, both social, cultural, and economic. To tackle the spread of COVID-19, the government has created a vaccination program to increase immunity against diseases due to COVID-19. The survey results by the Ministry of Health of the Republic of Indonesia show that even though it is free, people who volunteer to be vaccinated against COVID-19 still need to meet expectations. Nationally, it is only 65%, while West Kalimantan is only 63%. In Kubu Raya Regency, up to August 2021, positive cases of COVID-19 reached 3,336 points; 71.82% of people who had received vaccine I got 71.82% and vaccine II only 47.67%. Service quality is one of the factors that can determine the success of the vaccination program. This research aims to define community expectations regarding the quality of COVID-19 vaccination services by Community Health Centers in the border areas of Kubu Raya Regency. The research method is quantitative, and data analysis uses the average method and Cartesian diagrams. The research results show that the COVID-19 vaccination service in Kubu Raya Regency uses a pick-up and drop-off model, meaning that the service needs to be carried out at the Community Health Center. Still, officers go to the community with elementary requirements. The COVID-19 vaccination service is carried out at the Village Hall. Officer services still need to be entirely in line with community expectations. The public expects excellent service quality; the quality of COVID-19 vaccination services is still in the good category.

Keywords: Community, Borders, Services, Vaccination, COVID-19

Introduction

Since COVID-19, or this new type of coronavirus, was announced, it can be transmitted between humans and has spread in various countries. Government report data on positive COVID-19 cases shows that from March to April 2020, the graphic data has increased significantly in the DKI Jakarta, North Sumatra, South Sulawesi, North Sulawesi, Bali, and

Riau Islands areas. This is indicated by the number of cases from March to April 2020, where provinces with direct flight access to and from China (Choudhary et al., 2023) have significantly increased the number of confirmed positive cases of COVID-19 (Nakashima et al., 2023). The survey conducted by the Ministry of Health of the Republic of Indonesia together with UNICEF and WHO using an online model took place from 19 to 30 September 2020, capturing more than 115,000 respondents from 34 provinces and 514 city districts in Indonesia (Hastuti et al, 2020)..

The survey was carried out in most (almost 99%) areas of Indonesia. The study's final results determined that 64.8% of people were willing to receive the COVID-19 vaccine. In comparison, the remaining 35.2% were based on the criteria of refusing, delaying, or passively accepting it (Elyta et al, 2023). In West Kalimantan Province, it is even smaller than the total acceptance survey, namely around 63% who want to receive COVID-19 vaccination (Keh et al., 2023). The issuance of an Emergency Use Authorization (EUA) permit from the Food and Drug Supervisory Agency as well as a halal fatwa from the Indonesian Ulema Council on 13 January 2021 morning at the State Palace, the COVID-19 vaccination program was started by the Indonesian government. President Joko Widodo was the first person to be injected with the Sinovac vaccine from China (UNICEF, 2020). This infectious disease threatens global health because it can cause extraordinary events. The impact not only caused death but also resulted in considerable economic losses (Pradanti, 2019).

By seeing that the spread of the COVID-19 pandemic coincides with human movement, we can see the routes of people movement enter and leave out of a city and districts. A lot of access to a region or city makes the city or region more open and easy for people to visit (Liu et al., 2023). Pontianak is the capital city of West Kalimantan Province. The location of Kubu Raya Regency is relatively in the middle of the Province. Access to reach Kubu Raya Regency can be via river routes, namely river ports, air routes at airports, and roads from other provinces or districts (Kartikasari & Elyta, 2021).

At the same time, several officials, religious leaders, professional organizations, and community representatives also participated in vaccination in other places. At the end of March 2021, it was recorded that there were 8,010,163 recipients of the first dose of the COVID-19 vaccine in Indonesia as of March 31, 2021, covering 19.85% of the total vaccination target up to stage 2. This figure includes 1,436,994 Health human resources (97.84%), 4,983,082 public officers (28.76%), and 1,590,087 elderly (7.38%). In the previous report, Tuesday (30/3/2021), as of 18.00, it was recorded that 7,840,024 people had been injected with dose 1 of the vaccine. This means that there was an additional 170,139 people. Meanwhile, dose two has been injected into 3,664,708 people, equivalent to 9.08% of the total target up to stage 2 of COVID-19 vaccination of 1.81 million people. This figure consists of 1,284,816 health human resources (87.48%), 2,204,321 public officers (12.72%), and 175,571 older adults, or 0.81 percent (Pinandhita, 2021). As of September 5 2021, in West Kalimantan Province there were 37,161 confirmed cases of COVID-19, 1,778 suspected cases, 296 suspected cases treated in hospital and 24,9660 contacts made (West Kalimantan Provincial Health Service, 2021). In the context of protection for security and health, the COVID-19 phenomenon also requires various actors' participation to prevent and mitigate the effects of COVID-19. Resolving this phenomenon requires cross-sectoral cooperation (Madu, 2020)

Statement by Dr. H. Harisson, M. Kes, Head of the West Kalimantan Provincial Health

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Service, on 24 April 2021, that the total sample of program participants was 945 people; of these 945, there were 96 confirmed cases of COVID-19, 14 people were being treated in hospital. To slow down the rate of development of confirmed COVID-19 cases, the West Kalimantan Provincial Government and the District and City Governments, including the Kubu Raya District Government, are implementing the COVID-19 vaccination program launched by the Central Government. Data from the Kubu Raya Regency COVID-19 task force shows that up to August 2021, positive COVID-19 cases reached 3,336 cases, 71.82% of people receiving vaccine I reached 71.82%, and vaccine II only 47.67%.

This indicates that many people in Kubu Raya Regency still have not visited the COVID-19 vaccination service center, especially vaccine II. In Kubu Raya Regency, the most COVID-19 vaccination services are at four health centers, namely KORPRI Health Center, Sei Raya Dalam Health Center, Sei Durian Health Center, and Sei Ambawang Health Center, where the location of the four health centers is the border area between Kubu Raya Regency and Pontianak City.

The number of Covid 19 cases in West Kalimantan Province reached 37,240 cases as of September 9 2021 (Committee for Handling Covid 19 and National Economic Recovery, 2021). Accordingly, the Indonesian Government has made various efforts to minimize the spread of COVID-19, such as the recommendation of physical distancing in public places, implementation of work from home for office employees, school learning methods carried out online, to large-scale social restrictions (Elyta et al, 2022).

Literature Review

There are two parts to the literature review here: The first is about previous research. Then, the second is the concept/theory that will be used as an analytical knife to dissect the problem. To form a state-of-the-art, it is necessary to explain the research roadmap that has relevance or connection with previous research (Ota et al., 2023). The results of this road map enrich social science studies (Chuang et al., 2023), especially the study of Public Administration. Meanwhile, the concepts and theories used are tools for research analysis when revealing the relevance between contextual and factual (Zou et al., 2023). Below is a research roadmap that will result in the development of knowledge in subsequent studies.

Based on the field facts depicted in the research background above, the public still needs to optimally follow the COVID-19 vaccination program launched by the government. The problem of the community needing to participate optimally in the COVID-19 vaccination program has been followed by increasingly intensive appeals to the public to join the COVID-19 vaccination program (Islam et al, 2023). The success of implementing this vaccination program is greatly influenced by many factors, including the quality of service provided by the Community Health Center as the spearhead in implementing the COVID-19 vaccination program in its working area. This quality of service will likely have a domino effect in increasing people's willingness to participate in the COVID-19 vaccination program. The public's desire to join the COVID-19 vaccination program can be determined by the quality of service that meets community expectations.

Research Methods

1. Type of Research

The types of research commonly used in the study can consist of descriptive, associative, and comparative analysis. This is if seen from the level of explanation. This research on the COVID-19 Service Model uses a descriptive research type with a quantitative approach. In this case, authors are trying to describe the Covid-vaccination services expected by the people of Kubu Raya Regency.

The authors also described the reality of the COVID-19 vaccination service for the people of Kubu Raya Regency.

2. Research sites

The spread of COVID-19 in Indonesia is swift; in just a few months, the number of people infected has increased significantly in line with the death toll; this is a challenge for the Indonesian government to take fast and consistent action in making policies to tackle the spread of COVID-19 in Indonesia (Elyta et al, 2023). This research was done in Kubu Raya Regency, especially in the Kubu Raya Regency Health Service, the leading sector in handling the COVID-19 problem in Kubu Raya Regency. Apart from the Kubu Raya district Health Service, this research was conducted in Community Health Centers at the Kubu Raya Regency and Pontianak City border. This is because the Community Health Center is the spearhead of the Health Service, which provides services directly to the community.

3. Population and Sample

In this research, there are two types of populations and samples to obtain primary data: the Community Health Center and the community. In Kubu Raya Regency, there are 20 public health centers, so the population of Puskesmas in this study is 20, namely Sungai Durian Puskesmas, Sungai Raya Dalam Puskesmas, Public Health Center, Public Health center Sungai Asam, Sungai Kakap Community Health Center, Punggur Community Health Center, Sungai Rengas Community Health Center, Teluk Pakedai Community Health Center, Sungai Ambawang Community Health Center, Lingga Community Health Center, Parit Timur Community Health Center, Kuala Mandor B Community Health Center, Batu Ampar Community Health Center, Padang Tikar Community Health Center, Public health center Sungai Kerawang, Rasau Jaya Health Center, Terentang Health Center, Sungai Radak Health Center, Kubu Health Center, and Air Putih Health Center.

Technique: The researcher used sampling to determine which community health centers could be used as sample technique Purposive sampling. Of the 20 Community Health Centers, 4 Community Health Centers were taken as samples, namely 1). KORPRI Community Health Center, 2). Sungai Raya Dalam Community Health Center, 3). Sungai Durian Community Health Center and 4). Public health center Ambawang River. The basis for determining the 4 Community Health Centers used as samples is that the 4 Community Health Centers are Community Health Centers that provide many services to the community., and is located in the border area between Kubu Raya Regency and Pontianak City As for society, techniques sampling used by authors technique accidental sampling. Meanwhile, the number of samples for this study was 258 people.

4. Technique and Data Collection Tools

In this research, the technique of data collection used by authors is 1). Technique distribution of questionnaires, 2). Technique Interview, 3), FGD (focus group *discussion*), and

4). Observation and 5).Technique Documentation.Technique: technique The distribution of questionnaires was carried out to collect primary data from the community served by service officers at the level of the public health center, likewise with technique. Where astechnique Interviews are used to collect preliminary data sourced from service officers or leadership elements from the Health Service and Community Health Centers. Where astechnique Documentation is used by authors in the context of collecting secondary data.The data collection tools used in this research consisted of 1). Interview guide, 2). Camera, 3). Observation guide, 4).Photocopy.

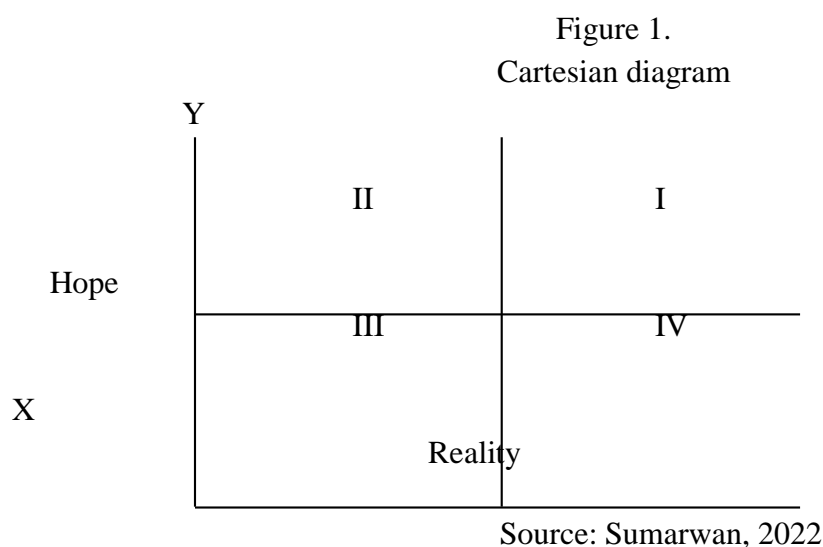
5. Processing and analysis of data

Data processing and analysis are carried out. The first is to group respondents' answers to the questions asked in the questionnaire through the frequency distribution table, which is used to average. This analysis is very useful for determining the quality of COVID-19 vaccination services at PUSKESMAS. Second, by analyzing the Likert scale data questionnaire results with the help of SPSS 25 software to choose the latest service items based on mapping the Cartesian diagram.

FGDs were carried out, where the results of quantitative service calculations became the primary material for joint discussions to find solutions to improve service design. The method used in discussions on enhancing service design is the action research method with the Rapid and Participatory Assessment Model (MACP), using participatory methods from informants (health workers and COVID-19 vaccination participants). They find and solve existing problems themselves and, at the same time, look for solutions. The involvement of research subjects can be used to design improvements to health service programs, especially COVID-19 vaccination. In other words, the MACP method is an action-oriented study. The indicators for this MACP method can be seen from:

- a. Exploring PUSKESMAS resources in the COVID-19 vaccination service program.
- b. Motivation for COVID-19 vaccination participants to get an idea of a valid will.

Research data obtained from the results of distributing questionnaires using a Likert scale of 1 to 5 was then processed and analyzed using descriptive statistics and SPSS version 25 software to present the data in a Cartesian diagram with the following picture:



The Cartesian diagram has four quadrant positions, which have meaning in each place, in full as follows:

- a. Quadrant I: the position here is a service position that the company must maintain.
- b. Quadrant II: the position here is a service position that is considered very important and expected by consumers, whose performance could be better, so it only satisfies consumers.
- c. Quadrant: The position here is a position that only needs to be paid attention to because this position is something other than what consumers expect. In other words, it is acceptable for the company, even if its performance could be better because it is not something consumers expect.
- d. Quadrant IV: the position here is where excessive things appear, and the company needs to control it because what is considered unimportant to consumers performs well.

Results and Discussion

COVID-19 Vaccination Service Pattern in Kubu Raya Regency

Based on the results of interviews, information was obtained that the Implementation of COVID-19 services in Kubu Raya Regency, especially the services provided by the 4 Community Health Centers at the location of this research, showed that the Implementation of COVID-19 vaccination services was carried out using a pick-up and drop-off pattern.

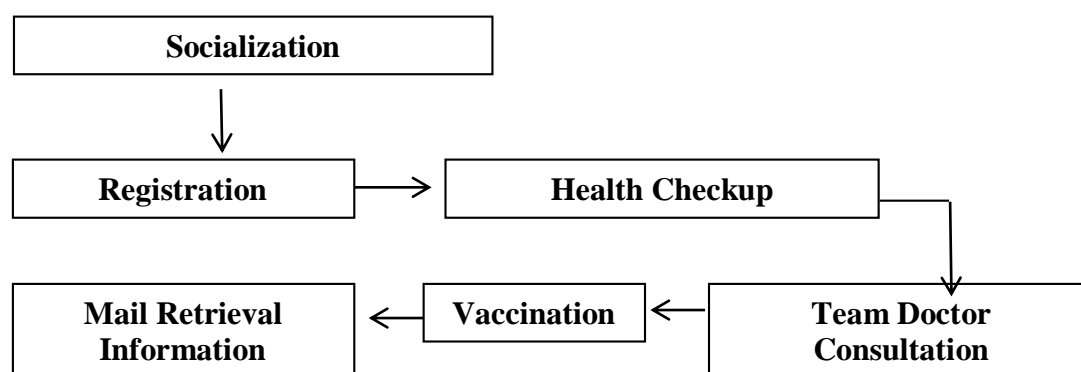
What is meant here is that the Covid-vaccination service to the community needs to be carried out at the Community Health Center, meaning that people do not visit the Community Health Center to get Covid-vaccination benefits. However, in this case, the Community Health Center officers who come to community settlements to make it easier for the community to receive the Covid 19 vaccination service are centralized at the office. Village or Village Hall. This is because there is limited space at the Community Health Center, which can be used as a location or place for vaccination services.

Apart from community settlements centered at the Village Office or Village Hall, the COVID-19 vaccination service pattern using a pick-up system is also carried out in crowded places, such as shopping centers or malls. Even implementing COVID-19 vaccination services is carried out at Kubu Raya Regency offices or services. The COVID-19 vaccination service with a pick-up system is carried out with simple and easy requirements.

The COVID-19 vaccination service process in Kubu Raya Regency is carried out in several stages as follows: First, Socialization is done by disseminating information by installing billboards in strategic places and radio broadcasts. This Socialization can contain implementation schedule and Place of execution. Second, Vaccination registration is carried out with simple and easy requirements; in this case, participants only need to bring or show their identity card, which can be a KTP, KK, or SIM. Third, This health examination of prospective participants is carried out to determine whether the participant meets the requirements for vaccination. Fourth, Participant consultation with the Doctor Team. This consultation is carried out to ensure that participants genuinely meet the requirements for vaccination so that it does not endanger the participants. Fifth, Implementation of vaccination. Sixth, Obtain a certificate of vaccination.

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Based on the information above, the Kubu Raya Regency COVID-19 vaccination service flow can be created as follows:



It is hoped that the public will get a lot of new information from outreach materials and change their behavior to always implement the COVID-19 health protocol during activities outside the home (Herawaty et al, 2022). With a pick-up and drop-off system, this service makes it easier for border communities between Kubu Raya Regency and Pontianak City to obtain COVID-19 vaccination services. This condition has resulted in quite several Pontianak City residents who should receive COVID-19 vaccination services from the Pontianak City Government visiting vaccination service locations. covid 19 implemented by the Kubu Raya Regency Government. This is a dilemma for officers to refuse people who live in the Pontianak City area who want to vaccinate in the Kubu Raya Regency area.

2. Data Analysis

In this research, data analysis used to determine service quality uses two methods, namely average analysis and diagram analysis.

a. Average Analysis.

This research describes five service quality aspects from the theory by Parasuraman: Reliability, Assurance, Tangible, Empathy, and Responsiveness. Each aspect of the concept is reduced to 5 question items so that the total service derivatives studied are 25 aspects. These aspects are then given a weight/score using a Likert scale from 1 to 5, arranged in a questionnaire regarding the respondent's expectations and reality. A questionnaire with a Likert scale from a score of 1 to 5, which is intended for respondents' expectations, is Strongly Disagree (STS), Disagree (TS), Undecided (R), Agree (S), and Strongly Agree (SS). Meanwhile, the Likert scale questionnaire with a score from 1 to 5 is designated as Very Not Good (SBB) in reality. Not Good (TB), Doubtful (R), Good (B), and Very Good (SB).

The research questionnaire was then asked to 258 respondents who were participants in the COVID-19 vaccination, carried out at 4 Community Health Centers as implementers of the COVID-19 vaccination program in Kubu Raya Regency with the largest number of participants. These centers are Korpri Health Center, Sei Raya Dalam Health Center, Sei Durian Health Center, and Sei Ambawang Health Center. Apart from collecting data by giving or distributing questionnaires to COVID-19 vaccination participants at 4 Community Health Centers, the research team also interviewed doctors on duty during breaks and during and after vaccination.

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19 vaccination participants at 4 Community Health Centers, the research team also interviewed doctors on duty during breaks and during and after vaccination. The research team even organized the community carrying out the COVID-19 vaccination.

In measuring the quality of COVID-19 vaccination services in Kubu Raya Regency, the theory proposed by Parasuraman is used, namely Reliability, Assurance, Tangible, Empathy, and Responsiveness.

1). Reliability (Reliability)

In assessing the Reliability aspect of COVID-19 services in Kubu Raya Regency, 5 question items were used regarding a). Speed of vaccination services; b). The team of doctors arrived on time, c). Screening first for diagnosis, d). Vaccination Service Satisfaction, and e). Open and Close the Office on Time. Data was obtained as a result of the distribution of questionnaires to 258 respondents regarding these 5 question items, both regarding hopes and realities of Covid 19 services in Kubu Raya Regency.

The reliability aspect was analyzed using the average method to measure the quality of vaccination services from the COVID-19 vaccination team in Kubu Raya, Regency. To measure reliability aspects, use five criteria: very reliable, reliable, quite reliable, unreliable, and unreliable. Determination of these criteria is carried out in the following way:

- a. highest if the respondent chooses to answer an all = 25. and score lowest if the respondent decides to answer all = 5
- b. $\text{Range} = 25 - 5 = 20$.
- c. $\text{Intervals} = 20 : 5 = 4$.
- d. Size with five criteria is :
 1. Very unreliable with a core between 5 to <9;
 2. Not reliable with between 9 to < 13;
 3. Quite reliable with between 13 to <17;
 4. Handal with between 17 to < 21;
 5. Very reliable with a score between 21 to 25.

The results of data processing show that if you pay attention to each question item in the reliability aspect, it indicates that there is a difference in frequency between respondents' expectations and reality. The expected frequency, with a score of 5,674 or an average of 21.99, is higher when compared to the actual frequency, with a score of 5,222 or an average of 20.24.

It can be understood that respondents feel that the COVID-19 vaccination service in Kubu Raya Regency still needs to be as expected. Respondents expect to receive very reliable service from the vaccination team, but in reality, respondents only receive assistance from the vaccination team, which is included in the reliable criteria.

2). Assurance (Guarantee)

In describing this aspect of Assurance (Guarantee), it can be seen from: a). Kteam conversation doctor in service;b). Politeness of vaccine officers;c). The team of doctors' examination was beyond doubt;d). Risk-free test by a group of doctors; and 5). The team of doctors can be trusted.

Data obtained as a result of the distribution questionnaire to 258 respondents regarding these 5 question items, both regarding hopes and realities in COVID-19 services in Kubu Raya Regency shows the score on the expectations of the Assurance Aspect: 5,849 or average = 22.67 and the score on the existence of this Assurance Aspect is 5,464 or an average of 21.17.

There are aspects of Assurance that show a difference score between hopes respondents with reality. Score expectations are higher when compared with scores. In this case, the respondent expected to receive service from the vaccination team, which was guaranteed. Still, the respondent only received assistance from the vaccination team, which is included in the guaranteed criteria. Even though there is a difference in scores between expectations and reality, the values or the average Assurance (Guarantee) aspect is 22.67. This is included in the very, very guaranteed criteria. Whereas in reality score The, the average of the Assurance Aspect is 21.17. Score This is also included in the very guaranteed standards. So, in this Assurance (Guarantee) aspect, there is no difference between expectations and reality in the respondents' perceptions. In this case, the quality of COVID-19 vaccination services in the Kubu Raya district aligns with expectations if seen from the Assurance aspect. Respondents, which is guaranteed.

3). Tangible (Direct Evidence)

In describing aspects *Tangibles* This (Direct Evidence) can be seen from: 1). The physical form of the vaccine room is adequate; 2). Compliant Vaccination Facilities Standard; 3). Readiness of the Doctor Team in Service; 4). Adequate Technology Support Facilities; and 5). Vaccine Room Facilities Are Available and Comfortable. In measuring the Tangible aspect (Direct Evidence), we also use five criteria: very adequate, adequate, quite adequate, inadequate, and very inadequate. The provisions of these criteria are as follows:

1. Very inadequate with a score between 5 to <9;
2. Inadequate with a score between 9 and <13;
3. Adequate with a score between 13 to <17;
4. Adequate with a score between 17 to <21;
5. Very adequate with a score between 21 and 25.

Data obtained as a result of the distribution questionnaire of 258 respondents regarding these 5 question items, both regarding expectations and reality in Covid 19 services in Kubu Raya Regency, shows that if you pay attention to each question item in the Tangible (Direct Evidence) aspect, it indicates that there is a difference in frequency between expectations respondents with reality. Expectation frequency 5,832 or an average of 22.60, higher than the actual frequency 5,204 or with an average of 20.17. This score, if measured by the criteria above, is the quality of vaccination services Covid 19 in Kubu Raya Regency, seen from the aspect of direct evidence. This can be obtained by understanding that the respondents' expectations of service vaccination are included in the adequate criteria. Meanwhile, in reality, the score is included in the proper measures. Thus, respondents expected to receive service from a vaccination team with sufficient facilities. Still, respondents only received assistance from a vaccination team with facilities within adequate criteria.

4). Empathy (Empathy)

Indescribe empathy aspect (Empathy) Here, there are also 5 question items about a). Ease of Consulting with Team Doctors; b). There are no obstacles to consulting with the Doctor Team; c). The team of doctors provides detailed information; d). The doctors first asked for information on vaccine participants' disease traces; and 5). The team of doctors provides good direction and understands complaints.

Analysis of this aspect was carried out using the average method and also using

measuring instruments as was done for the Tangible part. In analyzing this aspect of Empathy, five criteria are used: very empathetic, empathetic, moderately empathetic, not empathetic, and very not empathetic. Categorization the measurements for this aspect of empathy are as follows:

1. Very unempathetic with a score between 5 to <9;
2. Not empathizing with scores between 9 to < 13;
3. empathize with those with scores between 13 to <17;
4. Empathize with a score between 17 to < 21;
5. Very empathetic with a score between 21 to 25.

Results distributed questionnaires to 258 respondents regarding the five questions. If you pay attention to each question item on the empathy aspect, it shows a difference in frequency between recommendations and reality. Score big hope 5,856 higher when compared with score the truth is that big 5,451. Hal, it can be understood that respondents feel the service vaccination covid 19 in Regency Kubu Raya still needs to be as expected, namely the reality compared to the predicted score.

However, if analyzed with a scoring average, the expected empathy aspect scored 22.70, including the criteria for being very empathetic. Whereas in reality score The standard of the empathy aspect is 21.13, also included in the requirements for being very understanding. So, in this aspect of Empathy, there is no difference between expectations and reality in the respondents' perceptions. In this case, the quality of COVID-19 vaccination services in Kubu Raya district, if seen from the empathy aspect, is in line with respondents' expectations, that is, very empathetic.

5). Responsiveness(Responsible)

In describing aspects of Responsiveness can be seen from: 1). The team of doctors is friendly and greets participants when they are confused. 2). The team of doctors responds quickly to complaints; 3). The team of doctors is responsible for diagnosis; 4). = The team of doctors listens to complaints well; and 5). The team of doctors serves during working hours.

Analyzing aspects of *Responsiveness* also uses five criteria: very responsible answer, responsible answer, enough responsible answer, no responsible answer, and absolutely no responsible answer. Categorization The dimensions of this responsiveness aspect are as follows:

1. Absolutely no responsible answer with a score between 5 to <9;
2. Noresponsible answer with a score between 9 to < 13;
3. Enoughresponsibleanswer with a score between 13 to <17;
4. Responsible answer with a score between 17 to < 21;
5. Very responsible answer with a score between 21 to 25.

Deployment results questionnaire 258 respondents regarding the 5 question items, both regarding expectations and reality in COVID-19 services in Kubu Raya Regency, shows that the respondents' answers to each question item showed relatively the same pattern, namely a decrease between expectations and reality regarding service quality for each question item. Thus, the public's expectations regarding the quality of COVID-19 vaccination services in Kubu Raya Regency for each question item still need to meet the public's expectations. Score on Aspect expectations *responsiveness* is 5,906, while the actual score is 5,464. Likewise, there are differences in the average score between expectations and reality, with expectations with

an average score of 22.89 and score and score average in reality. Aspect *responsiveness* 21.18. Second, the average is concluded in the criteria of being very responsible. So on Aspects *responsiveness* This, this means there is no difference in respondents' perceptions between expectations and reality. In this case, the quality of COVID-19 vaccination services in Kubu Raya Regency is as expected by respondents, that is, very responsible.

If an analysis of the average numbers from all aspects is used, then the average numbers based on data on the five elements are:

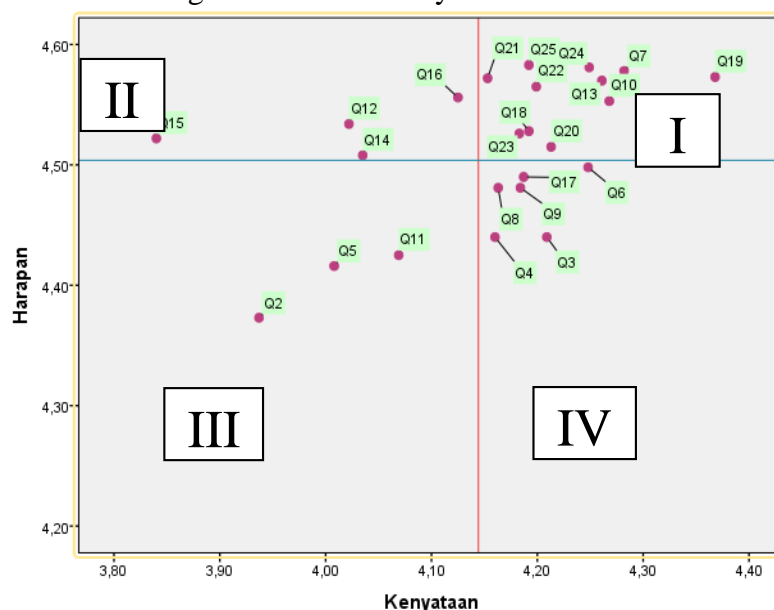
a. Reliability, community expectations: 21.99	Reality: 20.24.
b. Assurance, community expectations: 22.67	Reality: 21.17
c. Tangible, community expectations: 22.60	Reality: 20.17
d. Empathy, community expectations: 22.70	Reality: 21.13
e. Responsiveness of community expectations: 22.81	Reality: 21.18
Average score of community expectations: 22.55	Reality: 20.77

Based on the average score data above, the community's expectations get an average score of 22.55. This score is included in the criteria for excellent service. Meanwhile, in reality, the average score is 20.57. This afternoon is included in the requirements for good service. Thus, the quality of the COVID-19 vaccination service in Kubu Raya Regency has yet to meet the community's expectations because the district expects to receive excellent service. Still, in reality, the community gets service that meets the suitable criteria.

2. Diagram Analysis

In connection with complaints, obstacles, and initial assumptions regarding the COVID-19 vaccination service, we deepened the data analysis from the questionnaire by using a statistical analysis tool, SPSS version 25, to carry out a vital performance Analysis to produce a data report in the form of a diagram. Based on data from 25 research factors, using the Importance Performance analysis model, the following diagram results are obtained:

Figure 2.
Cartesian diagram of 4 Kubu Raya District Health Centers



Resource: Processed by Authors

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Based on Figure 2, 4 diagram regions are found which are bound by vertical and horizontal mean lines, namely parts I, II, III, and IV, where the horizontal line cuts the "Expectation" Y-axis and the vertical line cuts the "Reality" X-axis. Conditions in each region have coordinate points between the Expectation and Reality aspects. The needs of the four areas in the diagram have their criteria, where the quadrant I region is the region where maximum expectations and reality come together into one part. If analyzed based on the median value, area I conditions are ideal. The ideal situation here is that people's expectations align with the reality of COVID-19 vaccination services.

Meanwhile, in quadrant II, this is homework that the Health Service must find a solution for, in this case, the Kubu Raya Regency COVID-19 task force, because in quadrant II, this is a factor that is currently needed by COVID-19 vaccination participants and in reality, they are not performing well. The Department may ignore Quadrant III conditions because COVID-19 vaccination participants less expect the factors here. Meanwhile, quadrant IV conditions are excess or excess services not needed by COVID-19 vaccination participants. Because COVID-19 vaccination participants less expect the elements here. Meanwhile, quadrant IV conditions are conditions of surplus or excess services that COVID-19 vaccination participants do not need. Because COVID-19 vaccination participants less expect the factors here. Meanwhile, quadrant IV conditions are extra or spare services that COVID-19 vaccination participants do not need.

From the description above, what authors can convey regarding the four quadrants of the Cartesian Diagram and the factors in Table 1 are as follows:

Table 1
Quadrant Position and Factors

Position	Factor	%	Information
Quadrant I	11	44 %	Good and Ideal condition
Quadrant II	4	16 %	Needs attention
Quadrant III	4	16 %	Can be ignored
Quadrant IV	6	24 %	Service advantages
	25	100%	

Source: Processed by authors

Once again, based on the importance-performance analysis, it can be seen that quadrant I, which is the ideal condition, still gets 44% of the 25 COVID-19 vaccination service factors. This means that this is also a minimal value considering the figure is below 50%, where this result is also supported by previous frequency tabulation analysis that COVID-19 vaccination services in Kubu Raya Regency still need to be improved.

Improving COVID-19 vaccination services in Kubu Raya Regency can be done by answering the factors in quadrant II. Four key factors or 16% of the 25 factors studied, that

must be found to solve the COVID-19 vaccination service model. The four factors are stated in Table 2 below:

Table 2
Quadrant II Cartesian Diagram

Factor	Hope	Reality
Q12	4,534	4,022
Q14	4,508	4,035
Q15	4,522	3,840
Q16	4,556	4,125
Information :		
Q12 = Vaccination Facilities Are Compliant Standard		
Q14 = Adequate Technology Support Facilities		
Q15 = Comfort of Vaccine Room Facilities		
Q16 = Ease of Consulting with the Team of Doctors		

Source: Processed by authors

Based on Table 2, it is clear that these four factors must be the essential reference for improving vaccination services to create a good service model design for administering COVID-19 vaccinations in Kubu Raya Regency. The factors that need to be considered in designing the service model are (1) Vaccination facilities, (2) Vaccination technology support facilities, and (3) Convenience of vaccination facilities. Meanwhile, according to the research team, the fourth factor, namely ease of communication with the team of doctors, recommends ignoring it. This is because, according to the vertical line on the X axis, "Reality" is still close to the reality of services classified as maximally good (quadrant I).

In this way, it can be ascertained based on the results of the grouping diagram that the research team recommends a service model that must be implemented for the COVID-19 vaccination program, which then focuses more on improving the Tangible aspect, namely by focusing on the Implementation of COVID-19 vaccination which pays more attention to the selection of elements of location or a more modern vaccination location. Where there are adequate health facilities, thus making COVID-19 vaccination participants feel safer and more comfortable. With the experience of the COVID-19 pandemic, which has been going on for approximately two years, the research team hopes that regions will have more permanent and modern emergency health buildings.

Conclusions

Based on the discussion and analysis of the Implementation of the vaccination program in 4 Kubu Raya District Health Centers, it can be concluded that, First, The COVID-19 vaccination service pattern in Kubu Raya Regency is carried out using a pick-up system and with simple requirements. Second, There is a difference between expectations and reality regarding the quality of COVID-19 vaccination services at 4 Community Health Centers in the border area of Kubu Raya Regency and Pontianak City. The hope is that the community will receive excellent service, but the district will receive service that falls within good criteria. Third, Existing COVID-19 vaccination services Enough good is in quadrant I, namely 11 vaccination service factors, namely: the politeness of the vaccine officer, trustworthy team of doctors, readiness of the group of doctors in service, team of doctors providing complete information, team of doctors asking for disease track records, team of doctors providing good direction, the group of doctors is friendly and greets, the team of doctors responds quickly to complaints, the team of doctors is responsible for diagnosis, the team of doctors listens to complaints well, the group of doctors serves during working hours.

COVID-19 vaccination services that need more attention are in quadrant II, namely the four vaccination service factors: vaccination facilities, technological support facilities, waiting room facilities, and ease of consulting with a doctor. COVID-19 vaccination services that vaccine participants do not need are in quadrant III, namely the four factors of vaccination services: speed of service, team of doctors present on time, opening and closing services on time, and the physical shape of the vaccination site. COVID-19 vaccination services are not needed. Participants who perform well are in quadrant IV, namely in 6 factors of vaccination services, namely: screening for diagnosis, satisfaction with vaccine services, skill and Reliability of the team of doctors, no doubt the doctor's examination, risk-free doctor's examination, and consultation with the doctor without any obstacles. However, the average service quality of vaccination is quite good. Based on the research conclusions above, it is recommended first, to increase the number of people participating in the Covid-vaccination program, the Kubu Raya Regency Government needs to improve COVID-19 vaccination services in 4 Community Health Centers in the border area of Kubu Raya Regency and Pontianak Cityon, namely improvements to facilities, technology, and comfort of the vaccination room. Second, The Kubu Raya Regency Government needs to prepare a more permanent and modern disaster emergency response building so that services are felt safely and comfortably by the people of Kubu Raya Regency.

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