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IMPLEMENTATION AND OBSTACLES OF THE THIRD DOSAGE COVID-19 VACCINATION PROGRAM IN LAMPUNG PROVINCE IN 2022

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ABSTRACT

The high number of cases and deaths due to COVID-19 has caused a number of countries, including Indonesia, to continue to struggle to stop its spread. In addition to carrying out health protocols, it is necessary to carry out vaccinations. The COVID-19 vaccine has proven to be quite safe and effective and shows high protection against infection, hospitalization and death from the virus. However, the efficacy or effectiveness against viral infections decreases after six months, so a booster vaccine is needed. Coverage of the third dose of the covid-19 vaccine in Indonesia is still low at 28.39%. Lampung Province is one of the provinces that has a low coverage of 26.96%. In addition, Lampung Province is a province with a high risk when viewed from the CFR COVID-19 figure of 5.59%. The purpose of this study was to describe the implementation of the third dose of COVID-19 vaccination in Lampung Province and identify the obstacles that occurred in its. This research is a qualitative research with a descriptive approach. Data collection techniques used in-depth interviews and document review. The research results show the availability of policies that support implementation, there is a regional role in funding, a lack of human resources, infrastructure as well as tools and materials. There are obstacles to the process of implementing, recording and reporting and the low coverage of the third dose of the COVID-19 vaccine. The implementation of the third dose of Covid-19 vaccination in Lampung Province is still not optimal and there are still obstacles in its implementation that affect program coverage. Barriers that occur are internal (service provider) and external (service recipient) barriers.

INTRODUCTION

In 2020 the COVID-19 pandemic has become a health crisis in the world due to the rapid spread and high risk of infection in a dense community so that it has become a global pandemic. Indonesia reported its first case of COVID-19 in March 2020 and it is still a pandemic and a global threat to this day. Based on WHO data, it is known that Indonesia is ranked 20th globally and

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ranked second in Southeast Asia in the category of the number of positive confirmed cases (WHO, 2022). The death rate due to Covid-19 or CFR Covid-19 globally has reached 1.0% or 6,608,893 cases of death. Meanwhile, the death rate due to Covid-19 or CFR Covid-19 in Indonesia reached 2.4% or 159,789 cases of death (Ministry of Health of the Republic of Indonesia, 2022).

This situation has made a number of countries including Indonesia continue to struggle to stop the spread of COVID-19. To reduce the number of cases, in addition to carrying out health protocols, it is necessary to implement special protection measures, namely vaccination. Over the years vaccines have been proven to reduce the incidence of infectious diseases through the mechanism of the human body's immunity (Mortellaro & Ricciardi-Castagnoli, 2011).

The COVID-19 vaccine was given in early 2021, proved to be quite safe and effective and showed high protection against infection, hospitalization and death from the SARSCoV-2 virus (Fan et al., 2021; Kamel et al., 2022) However, the efficacy or effectiveness against SARS-CoV-2 infection and symptomatic disease decreased six months after the full dose of vaccination (Feikin et al., 2022). Thus, there has been discussion about the need for a booster vaccine or booster doses of the COVID-19 vaccine (Ewen Callaway, 2021; Tanne, 2021). Finally, several countries are deploying extra doses of the COVID-19 vaccine, especially for vulnerable groups, in order to strengthen the immune response and extend protection against the SARS-CoV-2 virus attack.

The emergence of a new highly infectious variant of SARS-CoV-2 threatens to immunize any individual who has completed the primary or full dose of COVID-19 vaccination. In addition, infection with the new variant of SARS-CoV-2 is more common in immunodeficient patients, resulting in hospitalization and death (Gopinath et al., 2022; Wang et al., 2022). The most important piece is that there is evidence to suggest that the new variant of SARS-CoV-2 may have reduced the susceptibility of the COVID-19 vaccine and increased infectivity (Boehm et al., 2021; Davies et al., 2021).

Some data support the effectiveness of the first booster dose because SARS-CoV-2 infection rates, hospitalization rates, and COVID-19-related deaths are lower among individuals who receive the third dose of COVID-19 vaccine or the first booster vaccine after primary vaccination or full dose vaccine (Barda et al., 2021; Kamar et al., 2021) In addition, the first booster dose of COVID-19 vaccine, when given several months after the second dose of COVID-19 vaccine, induces a strong immune response and prolongs protection (Jantarabenjakul et al., 2022). In addition, many countries have recommended a second booster dose of the covid-19 vaccine for high-risk groups to better support immunity against SARSCoV-2. Thus, the public's willingness to receive the third dose of vaccine or the first booster vaccine could be the right choice to support protection against COVID-19 virus infection and control the pandemic.

In Indonesia the third dose of the covid-19 vaccine or the first covid-19 booster vaccine began on January 12 2022. Based on data from the Indonesian Ministry of Health the coverage of the third dose of the covid-19 vaccine or the first booster covid-19 vaccine in Indonesia is still quite low at 28, 39%. Lampung Province is one of the provinces that has the third dose of the covid-19 vaccine which is still low at 26.96% or ranks 21st out of 34 provinces in Indonesia. In addition, Lampung Province is a province that is at high risk when viewed from the CFR figure due to Covid-19, which is 5.59% or ranks first in Indonesia (Ministry of Health of the Republic of Indonesia, 2022).

Based on the results of social economy national survey in March 2021, it was stated that there were eight provinces that had entered the phase of the elderly population structure which had reached above 10%. Lampung Province is included in this category with an elderly population

percentage of 10.22% (Statistics Indonesia, 2021). The elderly population is a category of vulnerable group infected with Covid-19 with severe symptoms to death due to a decrease in the immune system (Fuentes et al., 2017).

Based on the above it is known that the number of Covid-19 cases, the percentage of mortality, and the positivity rate in Indonesia are still high, especially in Lampung Province as one of the provinces at high risk, so efforts are needed to reduce disease transmission, reduce morbidity and mortality from COVID-19, achieve herd immunity in the community (herd immunity) and protect the community from COVID-19 so that they remain socially and economically productive.

Given the importance of achieving the implementation of the third dose of the COVID-19 Vaccination Program in Lampung Province in order to create herd immunity in society (Herd Immunity), it is necessary to study the implementation of the third dose of the COVID-19 Vaccination Program in Lampung Province so that the problems that arise can be identified for implementation. the program can be implemented well so that it can reach the target of the third dose of vaccination and it is hoped that herd immunity will be formed in Lampung Province.

This study aims to describe the implementation of the third dose of the COVID-19 vaccination program in Lampung Province and identify the obstacles that arise in its implementation.

METHOD

This research is a qualitative research with a descriptive approach. The purpose of qualitative research is to understand the condition of a context by directing it to a detailed and in-depth description of the portrait of the condition in a natural context (natural setting), about what actually happened according to what is in the field of study (Nugrahani, 2014). Data collection techniques used in-depth interviews and document review. This research instrument using a research questionnaire. The components studied were categorized into several variables including input variables consisting of Regulations, Human Resources, Financing, Facilities and infrastructure, as well as tools and materials. Process Variables consist of the implementation of activities, recording and reporting. Variable output consisting of coverage of the third dose of COVID-19 vaccination (Fairuz, 2022; Neri et al., 2018). The informants in this study were the Head of the Surveillance and Immunization Section of the Lampung Province Health Office, the Head of the P2P Division of the Lampung Province Health Service and the Head of the Lampung Regional Police Field of Medicine and Health. Triangulation of data sources was carried out by confirming with the Head of the Surveillance and Immunization Section, the Head of the P2P Office of the Lampung Province Service and the Head of the Lampung Regional Police's Head of Health and Health.

RESULTS AND DISCUSSION

Lampung Province has 15 regencies/ cities with a total target of 7,558,816 Covid-19 vaccinations consisting of the target group of health human resources, the elderly, public officers, vulnerable and general communities as well as youth and children. Based on data obtained from the Lampung Province Health Office, it is known that the scope of the Covid-19 vaccination per district/city in Lampung Province as of September 26 2022 is as follows:

Table 1. Covid-19 Vaccination Coverage in Lampung Province per Regency/ City as of September 26, 2022

Regency/ City	Target	Vaccination of Dosage 1	Percentage Vaccination of Dosage 1	Vaccination of Dosage 2	Percentage Vaccination of Dosage 2	Vaccination of Dosage 3	Percentage Vaccination of Dosage 3	Vaccination of Dosage 4	Percentage Vaccination of Dosage 4
West Lampung Regency	252.018	216.846	86.04	172.714	68.53	55.168	29.11	449	37.26
South Lampung Regency	886.171	699.576	78.94	568.159	64.11	195.539	29.25	473	18.28
Central Lampung Regency	1.235.185	924.239	74.83	768.387	62.21	168.311	17.52	643	16.32
East Lampung Regency	941.812	707.441	75.11	469.188	52.68	123.778	17.13	75	3.15
North Lampung Regency	527.269	437.655	83.00	330.712	62.72	101.403	25.76	449	17.59
Mesuji Regency	190.497	159.760	83.86	124.962	65.60	44.561	30.97	53	6.01
Pesawaeran Regency	397.457	289.079	72.73	233.170	58.67	76.564	25.64	237	18.29
West Pesisir Regency	133.761	107.286	80.21	85.105	63.62	22.082	22.58	144	20.60
Pringsewu Regency	340.520	267.380	78.53	220.146	64.65	57.215	22.06	432	20.85
Tanggamus Regency	536.701	423.290	78.87	316.030	58.88	79.695	19.50	852	51.64
Tulang Bawang Regency	359.631	309.779	86.14	235.652	65.53	60.365	22.48	164	9.52
West Tulang Bawang Regency	238.282	200.853	84.29	161.264	67.68	51.243	27.53	104	10.03
Way Kanan Regency	392.119	340.443	86.82	281.511	71.79	104.764	35.67	483	28.99
Bandar Lampung City	986.310	889.733	90.21	761.971	77.25	259.529	33.93	3.280	34.08
Metro City	141.083	186.077	131.89	143.271	101.55	37.999	34.94	512	22.40
Province	7.558.816	6.159.437	81.49	4.889.242	64.81	1.438.216	24.95	8.350	23.45

The results of this study include an overview of input variables (policies, health human resources, financing, facilities/ infrastructure as well as tools and materials), process variables (implementation of activities, recording and reporting), and output variables (covid-19 vaccination coverage).

A. INPUTs

1. Regulation

From the results of in-depth interviews with informants and document review, it is known that the implementation of the covid-19 vaccination in Lampung Province refers to Presidential Regulation No. 99 of 2020 concerning the procurement of vaccines and the implementation of vaccinations in the context of tackling the covid-19 pandemic, Regulation of the Minister of Health Number 18 of 2021 concerning changes to Regulation of the Minister of Health No. 10 of 2021 concerning the implementation of vaccinations in the context of tackling the covid-19 pandemic, as well as Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/4638/2021 concerning Technical Guidelines for Implementation of Vaccinations in the Context of Mitigating the Corona Virus Disease 2019 (COVID-19) Pandemic. In general, there is no policy difference between the implementation of the full dose of Covid-19 vaccination and the third dose of vaccination.

2. Health Human Resources

From the results of in-depth interviews with informants and document review, it is known that the number of Health Human Resources in implementing the third dose of Covid-19 vaccination in Lampung Province is the same as the implementation of the full dose of vaccination. In total, there are 2,191 Health Human Resources for vaccinators spread across 15 Regencies/ Cities in Lampung Province. The Human Resources for Health who are involved in accelerating the Covid-19 vaccination do not only come from the

Lampung Provincial Health Service Institution, but are assisted by the TNI Institution, in this case Dankesyah 02.04.03 Lampung, and the National Police Institution, in this case Field of Medicine and Health Lampung Police.

3. Financing

From the results of in-depth interviews with informants and review of documents it is known that financing for the implementation of COVID-19 vaccination activities comes from the APBN (Deconcentration, non-physical DAK/BOK), APBD and other legal sources in accordance with statutory provisions. With a relatively large budget requirement for implementing the Covid-19 vaccination, the Lampung Provincial Government has implemented several policies including refocusing and reallocating the regional budget in order to accelerate the handling of Covid-19.

4. Infrastructure

From the results of in-depth interviews with informants and document review, it is known that in Lampung Province there are 312 Public Health Centers, a minimum of 312 cold chain facilities are needed in the form of a refrigerator outside the refrigerator to store other routine immunization vaccines (assuming that if the routine vaccine and the COVID-19 vaccine are dropped simultaneously, a minimum of 624 refrigerators). Currently there are 323 units of refrigerators in the Public Health Center. If each Public Health Center conducts services at least 1 time a day on site or at a location, 312 vaccine carriers are needed, but if the Public Health Center conducts 2 on site and mobile places, around 624 vaccine carriers are needed. Currently there are 1,182 units of vaccine carrier facilities at the Public Health Center. So that supporting facilities for carrying out the COVID-19 vaccination are sufficiently available at the Public Health Center.

5. Tools and materials

From the results of in-depth interviews with informants and document review, it was found that the number of Covid-19 vaccines received by Lampung Province was 62.79%. The total use of the Covid-19 vaccine in Lampung Province was 12,882,339 doses or 61.58%. The stock of the Covid-19 vaccine for Lampung Province as of November 8 2022 is 252,569 doses. Apart from that, there was also a shortage of vaccines which had an impact on the achievements of the Covid-19 vaccination in Lampung Province, especially the achievements of the third dose of Covid-19 vaccination.

In addition, logistics in the form of safety boxes, auto-disable syringes, alcohol swabs, level 1 PPE and so on provided by the Ministry of Health are still lacking, so the Lampung Provincial Health Office anticipates using routine vaccination logistics. Vaccine procurement and stock is carried out through the Electronic Logistics Immunization Monitoring System (Smile) application up to the Lampung Province level, then when one of the administering institutions runs out of vaccines, vaccines are borrowed. Logistics recording and reporting data in the SMILE application includes batch numbers, expiration dates of vaccines and logistics of vaccinations received, the number of vaccines issued, the number of vaccines used, and the number of damaged and expired vaccines.

B. PROCESS

1. Implementation

From the results of in-depth interviews with informants and document review, it is known that the Lampung Provincial Health Office is implementing a Covid-19 vaccination policy that has been prepared and approved by the Central Government. In implementing

the third dose of Covid-19 vaccination, there is a service flow that must be passed by the community. The flow of Booster Vaccination Services in Lampung Province is as follows:

a) Pre-registration and verification
   1) Booster vaccine participants show booster dose vaccine e-tickets to the care and protect application
   2) The officer checks the booster dose vaccine e-ticket by entering the name and NIK
   3) The officer determines the type and dose of the booster vaccine
   4) Officers can also help targets who experience problems, for example vaccination doses 1 and 2 have not been inputted, if the participant does not have a NIK
b) Injection
   1) screening using the follow-up dose vaccination screening format
   2) Vaccination according to a predetermined combination of vaccine types
c) Recording and observation
   1) Officers perform data entry
   2) Observations were made for 15 minutes
   3) The officer fills out the vaccination card and gives it to the participants as proof of vaccination

In accelerating the implementation of the Covid-19 vaccination program, the Lampung Provincial Health Office is working together and coordinating with various parties including the TNI, POLRI, and Forkopimda. The process of implementing vaccination in Lampung Province is carried out by disseminating information regarding the time, place, and type of vaccine used.

Figure 1. Implementation of the Third Dose of Covid-19 Vaccination in Lampung Province

To expedite the course of the COVID-19 vaccination, the Health Office has conducted socialization to the public about the importance of the COVID-19 vaccination, besides that the Health Office also explained the flow of vaccination implementation. Socialization is carried out according to the schedule of the health

promoter. However, there are still some people who really don't want to be vaccinated. From the results of field observations, people refuse to be vaccinated because the community has concerns about the impact or side effects experienced after the vaccine, especially for the third dose of COVID-19 vaccination. However, in its implementation, the COVID-19 vaccination organizer cannot force the public. Thus, the decision to do the vaccine or not remains at the will of the people themselves.

Apart from that, in the implementation of vaccination, there are several obstacles, namely related to the identity of the population, there are several people, especially in remote areas, who still do not have an identity, which hinders the process of COVID-19 vaccination.

d) Recording and Reporting

From the results of in-depth interviews with informants and document review, it was found that the recording of the results of vaccination services using the P-Care application was carried out at the time the COVID-19 vaccination service was carried out. The service desk clerk operates the P-Care application, and selects/clicks the options in the P-Care or types them in manually according to the available variables and the condition of the target being vaccinated. The data input is carried out online during the service or on the same day. Data is directly processed automatically up to the central level. The dashboard system at the central level will recapitulate the calculation of service results. In using the P-Care application, there are obstacles in the form of an internet network that is still difficult to access, especially for remote areas.

C. OUTPUT

1. Third Dose Covid-19 Vaccination Coverage

From the results of in-depth interviews with informants and document review, it was found that the coverage of the third dose of COVID-19 vaccination in Lampung Province was 26.24%. Based on the target group for the third dose of COVID-19 vaccination in Lampung Province, they are as follows:

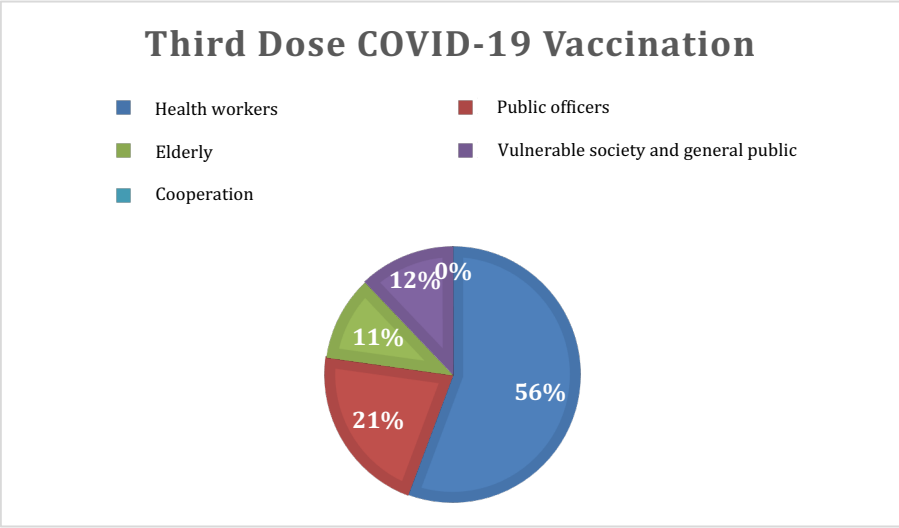

Figure 2. Coverage of the third dose of Covid-19 Vaccination in Lampung Province by target group as of 08 November 2022

From Figure 2, it is known that the lowest target group is the mutual cooperation group of 0.09% and the elderly by 11%.

In addition, data on the average use of the COVID-19 vaccination in Lampung Province are also known. Based on data from the Ministry of Health for Lampung Province, the average use of the COVID-19 vaccine is as follows:

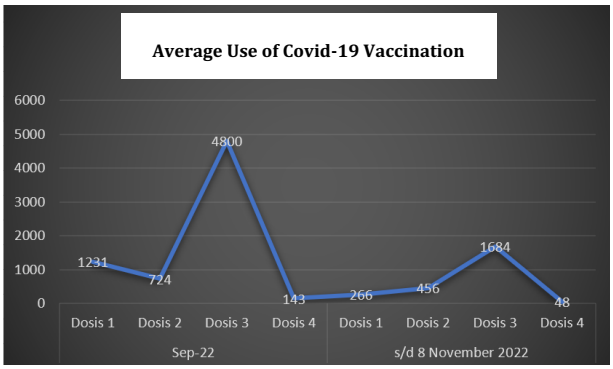

Figure 3. Average Use of Covid-19 Vaccination in Lampung Province period September 2022 to the first week of November 2022

From the data above it is known that the total average use of the Covid-19 vaccination per day in September 2022 for Lampung Province was 6,898 doses and decreased in the first week of November 2022 to 2,454 doses. For the third dose of Covid-19 vaccination, the reduction was seen to be the greatest, namely 3,116 doses.

D. OBSTACLE

Based on the results of in-depth interviews with informants and document review, it is known that the obstacles to implementing the third dose of the Covid-19 vaccination program in Lampung Province can be categorized as follows:

1. Internal resistance

These internal barriers are barriers that come from the service provider side which includes:

a) Input: Health human resources are still lacking, vaccine supply is still lacking, Cold Chain availability is inadequate for administering institutions other than the Health Office so that vaccine quality is maintained, COVID-19 vaccine logistics materials are still lacking, so routine vaccination logistics materials are used.

b) Process: the flow of services is still constrained by the difficulty of accessing the internet network, especially in remote areas, at the data registration stage there is a NIK mismatch, some people do not yet have a NIK, there is still a lack of cross-sectoral coordination and collaboration that synergizes with each other.

c) Output: still low coverage of the third dose of COVID-19 vaccination and low average use of COVID-19 vaccination, especially the third dose of COVID-19 vaccine

2. External Barriers

External barriers are obstacles that come from the side of the recipient of health services, namely the community. There are still doubts or rejections from certain individuals or groups of people for various reasons, especially the third dose of COVID-19 vaccination or the COVID-19 booster vaccine.

E. Discussion

In order to achieve herd immunity, a region needs to identify what can be obstacles in the implementation of vaccinations so that they can make appropriate strategies and policies to overcome them. The third dose of the COVID-19 vaccination program is one of the programs implemented by the Provincial Government of Lampung to reduce the number of positive cases and death rates due to being infected with the COVID-19 Virus. This third dose of the Covid-19 vaccination policy was implemented in order to improve the effectiveness of the vaccine which has decreased and maintain immunity and extend the period of protection for the public. The third dose of vaccination policy in Lampung Province began to be implemented on January 12, 2022. The policy basis for implementing the third dose of covid vaccination is Circular Letter Number: HK.02. 02/II/252/2022 concerning Advanced Dose of COVID-19 Vaccination (Booster). In the implementation of the policy itself there are several stages, starting from public policy, explanation of public policy, program activities, projects, activities, and beneficiaries or the resulting impact. Its implementation involves many elements, both individuals, groups, government officials, and private parties to achieve the goals that have been set (Goddess, 2013).

Resources are another important thing in implementing policies well. There are several factors that influence so that resources can run well, namely staff or employees, information, authority and facilities (Fujiono, 2022). Based on the results of the research above, it is known that the number of human resources or health vaccinators is still lacking because given the large target audience, additional trained health human resources are still needed to accelerate the COVID-19 vaccination. The implementation of the COVID-19 vaccination program involves several institutions, therefore cross-sectoral coordination and cooperation is needed in efforts to accelerate Covid-19 vaccination, especially the third dose of COVID-19 vaccination which is still far behind the full dose of COVID-19 vaccination.

The next resource is financial or financing resources. Based on the results of the research above, it is known that the source of financing for the COVID-19 vaccination in Lampung Province comes from the APBN and APBD. This is in accordance with Regulation of the Minister of Health Number 10 of 2021 concerning Implementation of Vaccinations in the context of tackling the Covid-19 pandemic which states that the funding sources for COVID-19 vaccinations are divided into 4 sources, namely:

1) Funding for the implementation of the vaccination program is borne by the APBN and APBD.
2) Funding for the implementation of mutual cooperation vaccination is borne by the legal entity/business entity that carries out the vaccination
3) Funding for monitoring and handling post-vaccination co-19 incidents is borne by the State Budget
4) Funding for health services for recipients of the covid-19 vaccine who experience health problems due to follow-up events after the covid-19 vaccination is borne by the budget of the Ministry of Health or the national health insurance program organized by the Health Social Security Administration Agency (BPJS)(RI Ministry of Health, 2021).

Activities for carrying out COVID-19 vaccinations funded by the APBN, APBD and other sources in accordance with statutory provisions include:

1) operating costs,
2) vaccine distribution costs and other logistics,
3) costs of developing and disseminating KIE materials,
4) costs of holding advocacy meetings, coordination and outreach,

5) technical guidance and monitoring, and
6) AEFI surveillance

Infrastructure facilities are one of the supports for the implementation of the Covid-19 vaccination activity. The government has provided the facilities used in the Covid-19 vaccination activities(Ministry of Health of the Republic of Indonesia, 2021). These infrastructure facilities include physical facilities, buildings, logistical and supporting equipment used to operationalize the implementation of the Covid-19 vaccination policy. Based on the results of the research above, it is known that the Cold Chain facility for the Lampung Provincial Health Office is sufficient. However, for Covid-19 vaccination providers other than the Health Service, they still use Cold Chain from the Health Service so that if other institutions are going to carry out vaccinations, they will take the vaccine from the Lampung Provincial Health Office. The availability of standardized Cold Chain is needed to store and maintain the quality of the vaccine while it is stored at the Public Health Center before use and also the vaccine carrier as a means to carry and maintain the quality of the vaccine during the vaccination service (Ministry of Health of the Republic of Indonesia, 2021).

Tools and materials are included as a means of supporting the operational implementation of the Covid-19 vaccination. These tools and materials include the availability of vaccine stock and supporting logistical materials. Based on the results of the research above, it is also known that the availability of vaccine stocks and logistics materials that support the operation of the Covid-19 vaccination is still lacking and is anticipated using routine vaccination logistics. All of these logistical needs are provided by the Ministry of Health of the Republic of Indonesia which is then distributed to the Provincial Health Office and continued to the District/ City Health Office and finally distributed to the Community Health Centers based on the number of vaccination targets. Each Public Health Center and other vaccination facilities allocate vaccines and logistics based on verified target data through the One Data Vaccination Information System for COVID-19 (Ministry of Health of the Republic of Indonesia, 2021).

Based on the results above, it is known that the implementation of the third dose of covid-19 vaccination in Lampung Province is in accordance with Regulation Number 10 of 2021 concerning the implementation of vaccinations in the context of handling the Covid-19 pandemic, as well as Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/4638/2021 regarding Technical Instructions for Implementation of Vaccination in the Context of Mitigating the 2019 Corona Virus Disease (COVID-19) Pandemic, although there are still various obstacles. To accelerate the implementation of COVID-19 vaccination, vaccination services can be carried out with the following strategies:

1) Health facility-based for public services
2) Ministries/ Institutions/business entities/ institutions that have health facilities at their institutions, vaccinations are served at their respective health facilities
3) Mass vaccination concentrated in buildings
4) Centralized mobile vaccination in crowded places
5) Target mobilization coordinated by health facilities or ministries/ agencies/ business entities/institutions.

In order to accelerate the implementation of the COVID-19 vaccination, the Ministry of Health in collaboration with the Provincial Health Office and other related parties can open mass vaccination service posts. Mass vaccination service posts can be in the form of service posts that utilize areas/ places outside health service facilities or in the form of mobile health services. It is necessary to prepare an activity plan: determine the number of implementation

days, the number of targets per day, the number of goals per session and the number of sessions per day, the service time per session, the number of service desks per session, the number of targets per table per session, the number of personnel per session. Implementation of vaccination services at vaccination service posts must implement health protocols and meet COVID-19 vaccination service standards. The mass vaccination service post is part of the health service facility that has been determined through the Decree of the Head of the District/ City Health Office as a place for COVID-19 vaccination services, so that the recording and reporting of it becomes part of the health service facility. As an effort to anticipate the occurrence of serious AEFIs, it is necessary to prepare an ambulance or a mobile health center car or a special room (mini ICU) along with an adequate anaphylactic kit. At least 1 expert doctor is prepared to monitor the observation process and carry out the first treatment for AEFI it is necessary to prepare an ambulance or a mobile health center car or a special room (mini ICU) along with an adequate anaphylactic kit. At least 1 expert doctor is prepared to monitor the observation process and carry out the first treatment for AEFI it is necessary to prepare an ambulance or a mobile health center car or a special room (mini ICU) along with an adequate anaphylactic kit. At least 1 expert doctor is prepared to monitor the observation process and carry out the first treatment for AEFI (Ministry of Health of the Republic of Indonesia, 2021).

In a running system, recording and reporting is very important to be able to document a series of processes and results of activities. Recording and reporting is done accurately, completely, on time, and continuously. Recording and reporting of COVID-19 vaccination activities must be separate from recording and reporting of routine immunizations. Data recorded and reported includes the results of vaccination services as well as vaccines and vaccination logistics. During the implementation of the Covid-19 vaccination, electronic recording and reporting activities were carried out through the One Data Vaccination Information System for COVID-19. For data back-up needs, apart from being integrated with the One Data Vaccination Information System for COVID-19, recording and reporting is also done manually using a standard format.(Ministry of Health of the Republic of Indonesia, 2021). Based on the results of the research above, the recording and reporting of the implementation of the third dose of COVID-19 vaccination is in accordance with the existing technical instructions, however, there are still various obstacles related to the data input process such as the NIK is not registered, the NIK has been used, network constraints resulting in invalidity between the vaccines administered. issued with received.

Based on the results above, it can be seen that there has been a slowdown in the coverage of the third dose of vaccination and a decrease in the average use of the COVID-19 vaccination. The above data shows that there is a quite large gap between coverage of the complete dose of vaccine and the first booster vaccine, which influences the formation of Herd Immunity. There are many factors that have led to the failure to achieve the COVID-19 vaccination, research conducted by Gurning et al in 2021, these factors include the public still doubting the safety of the vaccine, the public feels that the COVID-19 vaccination is still not effective because after getting the vaccine they can still get COVID-19, there are side effects after administering the vaccine and the public is still unsure about the halalness of the Covid-19 vaccine. The strategy undertaken to increase the coverage of the COVID-19 vaccine is by implementing the ball pick-up method by bringing the COVID-19 vaccine injection service closer to the community. This step is an effort to increase the coverage of the vaccination program (Fitriani Pramita Gurning et al., 2021).

CONCLUSION

Implementation of the third dose of the COVID-19 Vaccination Program in Lampung Province based on input variables (regulation. Human resources, financing, facilities and infrastructure as well as tools and materials) are basically in accordance with the policies used as the basis for implementing the COVID-19 vaccination, but there are still obstacles to human resources, infrastructure, tools and materials. Process variables (implementation of activities, recording and reporting) refer to the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/MENKES/4638/2021 concerning Technical Instructions for Implementation of Vaccination in the Context of Mitigating the Corona Virus Disease 2019 (COVID-19) Pandemic and are in accordance with technical guidelines although there are still obstacles in its implementation. The variable output (coverage of the third dose of covid-19 vaccination) is still quite low.

Obstacles in the implementation of the third dose of the COVID-19 vaccination program are categorized as internal obstacles (originating from institutional providers) including: lack of health human resources, vaccine stocks, availability of cold chains for non-health service providers, logistical materials, constraints on the data input process, difficulty accessing the internet for remote areas, lack of cross-sectoral cooperation and coordination, low coverage of the third dose of COVID-19 vaccination. External barriers (derived from service recipients), namely there are still doubts or rejection from certain groups of people for various reasons.

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