

EVALUATION OF THE COVID-19 VACCINATION PROGRAM FOR THE ELDERLY IN THE RAWALO HEALTH CENTER WITH THE CIPP (CONTEXT, INPUT, PROCESS, AND PRODUCT) MODEL

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ABSTRACT

Rawalo sub-district had a relatively high number of COVID-19 cases compared to other sub-districts in Banyumas Regency. The government provides COVID-19 vaccination which aims to reduce the number of COVID-19 cases by forming Herd Immunity in the community. The elderly are a group at high risk of morbidity and mortality due to exposure to COVID-19. However, the coverage of COVID-19 vaccination for the elderly at the Rawalo Health Center is still relatively low. This study was aimed to evaluate the program with the CIPP (Context, Input, Process, Product) model in a complex and comprehensive manner regarding how the implementation of the COVID-19 vaccination program in the elderly. This research was a qualitative study with a descriptive approach using observation and in-depth interview methods selected by purposive sampling technique. The research subjects as the main informants included the Head of the Puskesmas, the Head of the COVID-19 Vaccination Program Team, the COVID-19 Vaccination Coordinator and health cadres. Meanwhile, the elderly group and the Banyumas Regency Health Office as triangulation informants. The results showed that vaccination coverage in the elderly was still low, at 10% for dose 3. This was due to less thorough education, lack of human resources (vaccination officers), and ineffective coordination, there is data that is not synchronous or valid. There are technical and non-technical obstacles in recording and reporting with PCare. Improvements need to be made to aspects that affect the vaccination implementation process and low coverage.

Keywords: CIPP evaluation, COVID-19 vaccination program, elderly, public health center

ABSTRAK

Kecamatan Rawalo memiliki angka kasus COVID-19 relatif tinggi dibandingkan dengan wilayah kecamatan lain yang ada di Kabupaten Banyumas. Sebagai upaya untuk menangani pandemi, pemerintah melakukan pemberian vaksinasi COVID-19 yang bertujuan untuk menekan angka kasus COVID-19 dengan membentuk *Herd Immunity* pada masyarakat. Lansia merupakan kelompok yang berisiko tinggi mengalami morbiditas dan mortalitas akibat paparan penyakit COVID-19. Namun, cakupan vaksinasi COVID-19 pada lansia di Puskesmas Rawalo masih tergolong rendah. Tujuan penelitian ini adalah untuk mengevaluasi program dengan model CIPP (Context, Input, Process, Product) secara kompleks dan komprehensif mengenai pelaksanaan program vaksinasi COVID-19 pada lansia. Penelitian ini merupakan penelitian kualitatif dengan pendekatan deskriptif dengan metode observasi dan wawancara mendalam yang dipilih dengan teknik purposive. Subjek penelitian sebagai informan utama antara lain kepala puskesmas, ketua tim program vaksinasi COVID-19, koordinator vaksinasi COVID-19 dan kader kesehatan. Sementara itu, kelompok lansia dan Dinas Kesehatan Kabupaten Banyumas sebagai informan triangulasi. Hasil penelitian menunjukkan cakupan vaksinasi pada lansia masih rendah yaitu 10% untuk dosis 3. Hal tersebut dikarenakan edukasi yang kurang menyeluruh, kurangnya SDM (petugas vaksinasi), dan koordinasi yang kurang efektif. Terdapat perbedaan data selama identifikasi lansia. Adanya kendala teknis dan non teknis dalam pencatatan dan pelaporan dengan PCare. Jadi, perlu dilakukan perbaikan-perbaikan pada aspek yang mempengaruhi proses pelaksanaan vaksinasi dan cakupan yang masih rendah.

Kata kunci: evaluasi CIPP; program vaksinasi COVID-19, lansia, puskesmas

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Introduction

In 2019, the COVID-19 pandemic occurred which caused death and infected many people around the world. The spread of the COVID-19 virus is more aggressive due to the transmission of COVID-19 from symptomatic patients through droplets that come out of coughs or sneezes.¹ In humans, in severe cases it can cause pneumonia or acute respiratory syndrome, but it can also cause kidney failure.^{2,3} As of 29 July 2022, cases of COVID-19 in the world have reached 572,239,451 cases and based on the Task Force for Handling COVID-19 there have been 6,197,495 people confirmed to have COVID-19 in Indonesia.^{4,5} Central Java Province ranks third in the spread of COVID-19 with a total of 630,114 cases.⁶ And in Banyumas Regency, the number of COVID-19 cases as of July 28 2022 recorded 43,139 cases.⁶ Banyumas Regency is still one of the areas contributing to active cases in Central Java.⁷ As of March 2022, there were 286 positive cases of COVID-19 who were still being treated or self-isolating out of a total of 40,900 confirmed cases in this area.⁶ With this figure, Banyumas was ranked first with the highest increase in cases in Central Java province.⁸ Based on data on the distribution of COVID-19 cases in Banyumas Regency, Rawalo District has a relatively high number of cases when compared to other sub-districts in Banyumas Regency such as Cilongok (831 cases), Kebasen (804 cases), Jatilawang (710 cases) and Purwojati (536 cases). Meanwhile, the number of confirmed cases in the Rawalo District area from the start of the pandemic to July 26 2022 has reached 936 cases.⁹

During a pandemic like now, the elderly are a group that has a higher risk of experiencing morbidity and mortality due to exposure to COVID-19 disease. This is because the majority of elderly people have various comorbidities, such as cardiovascular disease, diabetes mellitus, chronic respiratory disease, hypertension and so on.¹⁰ In Indonesia, the mortality rate due to COVID-19 increases with increasing age, namely 12.9% in the age group 31-45 years, 36.4% in the age group 46-59 years and 46.8% in the age ≥ 60 . Therefore, prevention of transmission through vaccination efforts for the elderly group is important to do.⁵

In an effort to accelerate the handling of COVID-19 in Indonesia, in early 2021, the government began administering the COVID-19 vaccination which aims to reduce the number of COVID-19 cases by establishing Herd Immunity. The implementation of the Covid-19 vaccination program refers to the Decree of the Director General of Disease Prevention and Control No.HK.02.02/4/1/2021 concerning Guidelines for Vaccination in the Context of Mitigating the 2019 Corona Virus Disease (COVID-19) Pandemic. The government was targeting that 181.5 million people would have received the COVID-19 vaccination in March 2022 and prioritize priority groups, namely health workers, public service workers and the elderly.

Rawalo Health Center, as a health service facility that actually works directly with the community, certainly plays an important role in the continuity of the COVID-19 vaccination program for the elderly.¹¹ Based on data from the Rawalo Health Center, the vaccination coverage for the elderly for dose 2 (45%) was still low compared to other targets. The graph of vaccination coverage in the elderly from January to July 2022 also tends to fluctuate. In addition, for dose 3 vaccination has not been carried out. From the results of the preliminary study, there were several problems during the implementation of vaccinations for the elderly in the working area of the Rawalo Health Center. Many elderly people were not properly vaccinated because they don't know about it, lack of coordination between members of the vaccination and across sectors, human resources are sometimes lacking, information dissemination is not widely conveyed to the elderly, and there are statements from some elderly people who don't know about the COVID-19 vaccination and afraid because of hoax news and negative stigma circulating. Based on the problems related to the implementation of the COVID-19 vaccination program above, the authors needed to conduct in further analyzing the implementation of the COVID-19 vaccination program for the elderly in the work area of Rawalo Health Center, Banyumas Regency. And how to assess the implementation of a program whether it is running well in according to a predetermined plan can be done by evaluation activity.¹² Program evaluation is carried out using the CIPP (Context, Input, Process, and Product) evaluation model by Daniel Stufflebeam. This evaluation model sees the program as a whole as a system with the aim of evaluating to improve and develop the program.

The purpose of this study was to evaluate the context, input, process, and product aspects of the implementation of the COVID-19 vaccination program for the elderly in the working area of the Rawalo Health Center, Banyumas Regency.

Methods

This research was a qualitative research with a descriptive approach. Data collection techniques with in-depth interviews and observation of health logistics used during COVID-19 vaccination. The research was conducted in the working area of the Rawalo Health Center, Banyumas Regency from June to December 2022. The research subjects were determined using a sampling technique with certain considerations. The main informants consisted of 4 people including the Head of the Rawalo Health Center, Head of the COVID-19 Vaccination Program Team, COVID-19 Vaccination Coordinator, and health cares. While the triangulation informants as cross checks and data validity totaled 4 people, the elderly community group and the Head of the Surveillance and Immunization Section of the Banyumas District Health Office as holders of the COVID-19 vaccination program. Data analysis was carried out descriptively without using applications with the results of the analysis in the form of narratives through the stages of data

reduction, data presentation, and conclusion drawing. The data was obtained from in-depth interviews. The variables in this study include context, input, process, and product aspects based on Stufflebeam's evaluation theory. The aspect context consists of indicators of backgrounds, goals, opportunities, and targets. The input aspect consists of indicators such as operational standards, action plans, human resources, budgets, infrastructure and facilities. The process aspect consists of indicators such as identification of the elderly, data collection, obstacles, and follow-up. And the product aspect, namely the results of vaccination implementation in the form of vaccination coverage rates and the quality of vaccination implementation. This research has received approval from the Health Research Ethics Commission of the Faculty of Public Health, Diponegoro University with number 364/EA/KEPK-FKM/2022.

Results

Informants were research subjects who provide appropriate information needed by researchers through in-depth interviews (in-depth interviews). The selection and determination of informants was based on certain considerations according to the object of research., with the aim of selecting informants subjectively and being able to provide true information about the object of research.¹³ The characteristics of research informants are shown in Table 1.

Table 1. Characteristics of Informants

Code	Gender	Age (Years)	Last education	Position
IU1	Man	52	Bachelor of Medicine	Head of Health Center
IU2	Woman	47	S1 Dentistry	Team Leader of the Covid-19 Vaccination Program
IU3	Woman	46	D3 Midwifery	Covid-19 Vaccination Coordinator
IU4	Woman	32	Vocational High School	Health cadres
IT1	Woman	60	S1 Early Childhood Education	Recipients of covid-19 vaccination services
IT2	Woman	80	Junior High School	Recipients of covid-19 vaccination services
IT3	Man	68	Junior High School	Recipients of covid-19 vaccination services
IT4	Man	38	Vocational High School	Head of Surveillance and Immunization Section of the Banyumas District Health Office

In evaluating the implementation of the COVID-19 vaccination program for the elderly in the Rawalo Health Center work area, the theory used was the CIPP evaluation model by Daniel Stufflebeam (1971). The CIPP evaluation model is a program evaluation model that is carried out as a whole as a system and aims to improve the program. The aspect matrix of context, input, process and product for CIPP models are shown in Table 2.

The table will explain results of the evaluation of the implementation of the COVID-19 vaccination program for the elderly at the Rawalo Health Center which were analyzed by context, input, process, and product aspects.

Table 2. Aspect Matrix: Context, Input, Process and Product

INDICATOR	RESULTS
Context Aspect Matrix	
Backgrounds	The implementation of the COVID-19 vaccination program is very necessary, in addition to the needs of the community, it is also the responsibility of the puskesmas as a vaccination service provider.
Goals	To provide the COVID-19 vaccine to all people, especially the elderly in Rawalo Sub-district who are eligible for COVID-19 vaccination.
Opportunity	There is rejection and lack of participation of the elderly in the COVID-19 vaccination program due to lack of understanding and negative stigma related to COVID-19.
Target	The elderly have vulnerable physical conditions and have various comorbidities so they are at higher risk of being exposed to COVID-19. And 80% of COVID-19 cases in Banyumas Regency occur in the elderly.
Input Aspect Matrix	
Standard Operating Procedures (SOPs)	Apart from the Ministry of Health and Health Office. Rawalo Health Center also has its own SOP. So that the implementation of vaccination is in accordance with the SOP.
Action plan	In the absence of a definite implementation schedule, information dissemination on the implementation of vaccination is only carried out on social media.
Human resources	Insufficient availability of human resources, negligence of officers in the registration and screening section, reduced energy and productivity due to increased workload.
Budget	There is no problem with the budget for the COVID-19 vaccination program as most of it has been covered by the district government and the Health Office.
Infrastructure	They are available and suitable for use to support the implementation of COVID-19 vaccination.
Process Aspect Matrix	
Elderly identification	There are differences in the target data owned by the Rawalo Health Center, which is obtained from the sub-district office with data from the village. So that the data is not synchronized and affects the calculation of the number of targets with the availability of vaccines and the target targets to be achieved.
Data collection	Recording on the application is often constrained due to frequent web errors, unstable networks and human error, which affects the recording of vaccination results.
Obstacle	<ol style="list-style-type: none"> It is difficult to mobilize the masses, especially the elderly, to vaccinate. Some elderly people did not come at the time of implementation There were frequent miscommunication both among members and with cross-sectors due to ineffective coordination The weather was not favorable so the implementation was canceled
Follow-up	<ol style="list-style-type: none"> Puskesmas Rawalo provides emergency transportation and a special place to provide care for the elderly who experience symptoms after vaccination. Monitoring and evaluation is also carried out by Puskesmas Rawalo but not routinely and there are no specific variables to be monitored and assessed.
Product Aspect Matrix	
Vaccination coverage rate	Elderly vaccination coverage for doses 1 and 2 has met the target. But for dose 3, the coverage is still very low, which is only 10%.
Quality of vaccination implementation	The quality of COVID-19 vaccination services for the elderly in the Rawalo Health Center working area is not optimal. This is based on the fact that there are still several problems / obstacles experienced during the vaccination service process and affect the low vaccination service results.

Context evaluation provides information for decision makers in planning a program to be implemented. In addition, the context also looks at how rational a program is.¹⁴ The background and need for a COVID-19 vaccination program was based on the COVID-19 pandemic in Indonesia in 2020. The first case of COVID-19 in Banyumas District appeared in March 2020,

cases continued to increase until July of 2020. Under these conditions, the government of Banyumas Regency ordered all health service facilities, one of which is the Rawalo Health Center to carry out the COVID-19 vaccination program. The number of positive cases of COVID-19 in Rawalo District ranks third in Banyumas Regency. And based on data from the Banyumas District Health Office, as many as 80% of the elderly who died were caused because their had not been vaccinated. Interview results:

“80% of elderly people die from COVID-19 because they have not been vaccinated. So, this vaccination provides specific protection against COVID-19.”

Based on in-depth interviews with informants, it is known that the implementation of the COVID-19 vaccination program really needs to be done. However, there were still many people, especially the elderly as a priority group, who did not understand COVID-19 and refuse to get vaccinated. Based on the Decree of the Director General of disease prevention and control of the Ministry of Health, the implementation of the COVID-19 vaccine is mainly given to priority groups of vaccine recipients. The elderly are a group that has a higher risk of experiencing morbidity and mortality due to exposure to the COVID-19 virus. Because, most of the elderly have various comorbidities that affect their immune system. And so far the achievements of the COVID-19 vaccination at the Rawalo Health Center for the elderly are still low, especially for the third dose of vaccination. The main informant said that, overall, the coverage of COVID-19 vaccination for doses 1 and 2 in the elderly is good and had covered all targets, only dose 3 or booster is still low, which was around 10%. According to him, this was because the elderly feel that they have had enough and did not want to be vaccinated again. Supported by the results of the interview that:

“Indeed, many refuse and do not believe in the existence of COVID-19 so they are not interested in being vaccinated and ultimately affect vaccination coverage...”

The COVID-19 vaccination program in the Rawalo District area, is the same as other government programs in that at first its implementation was not so easily accepted by the community, especially the elderly. There are many issues that are developing regarding vaccines that are not halal, or there is also a lot of news that being vaccinated will result in unwanted side effects. Farina in 2021, revealed that the public questioned the effectiveness of the COVID-19 vaccine. It was ineffective, conspiratorial issues, caused side effects, including the halal aspect.¹⁵ Kartika Sari in 2020, the stigma associated with infectious disease outbreaks is largely based on people's fear. The level of knowledge is also a factor that causes stigma in COVID-19. Knowledge is an important factor because it can influence a person's perception which results in the attitudes and actions that the individual will take.¹⁶ So that counseling and outreach is needed regarding COVID-19 vaccination for the elderly as a whole and continuously by health workers from both the health center and cadres. Cross-sector and cross-program collaboration is needed in

implementing the COVID-19 vaccination program so that community contributions can be increased.¹⁷

The method used in input evaluation is an analysis of the availability of human and material resources, the proposed program implementation schedule, and the budget.¹⁸ In this study, the evaluation of input aspects consisted of basic guidelines, action plans, human resources, budget and infrastructure. The implementation of the vaccination program at the Rawalo Health Center in Banyumas Regency was carried out in accordance with the established SOP for Providing COVID-19 Vaccination. The SOP was made in accordance with the policies set by the government based on minister of health regulations No. 84 of 2020 concerning Implementation of Vaccination in the Context of Mitigating the COVID-19 Pandemic. In addition, the SOP for the provision of COVID-19 vaccination at the Rawalo Health Center refers to the Decree from the Director General of P2P No.HK.02.02/4/I/2021 and Decree to the Banyumas Health Office No: 050/6351/XII/Year 2021. So that the purpose of this SOP was a basic guideline in carrying out the steps for injecting the COVID-19 vaccination. Because according to research conducted by Budiono 2014 it was said that the existence of guidelines and SOP is very, very important in the implementation of a health program to ensure that the program can run properly so that the results obtained will be maximum and in accordance with the plan. Apart from that, the existence of guidelines also helps each program implementer to know and understand the program they are running.¹⁹

This study found that prior to the implementation of the vaccination, the Rawalo Health Center informed the public about the timing of the vaccination through social media. However, based on information from triangulation informants, this was less effective and not comprehensive because not all targets, especially the elderly, understood social media. So often the elderly did not know when the vaccination would be carried out. Interview results with some elderly:

“I don't know about the schedule on social media, I heard about it from my neighbors...”

According to Putri Fatikah in 2022, one of the efforts made in conveying the implementation of the COVID-19 vaccination so that information can be received by the community is to make an appeal using loudspeakers at the mosque or prayer room through the neighborhood or citizens association and counseling on COVID-19 vaccination information delivered by village officials, health workers or community health cadres.²⁰ In addition, efforts to accelerate the COVID-19 vaccination, through door-to-door or pick-up vaccinations for the elderly, are felt to be quite effective.²⁰ The main informant said that one of the efforts that can be made is to pick up the ball to vaccinate the elderly who have not been vaccinated.

One of the important resources in the implementation of a health program is Health Human Resources. This study found that in the implementation of the COVID-19 vaccination program there was a special team to carry out the COVID-19 vaccination program at the Rawalo Health Center. Where in the COVID-19 vaccination team must consist of doctors, midwives,

nurses/pharmacy, laboratory analysts, environment health, and/or health promotion workers who have an registration certificate (STR). The division of tasks consists of registration, checking temperature and blood pressure, screening or verification, injection or vaccinators, data entry and observation. The availability of human resources for the implementation of the COVID-19 vaccination program at the Rawalo Health Center is sufficient from an operational perspective, but in terms of the number for implementation it is insufficient. In addition, the existence of the COVID-19 vaccination program has added to the workload of the human resources at the Rawalo Health Center as the vaccination team, because the vaccination team members at the Rawalo Health Center also hold the main program in the health center. This causes the workload of these health workers to increase so that they cannot focus on carrying out the COVID-19 vaccination program. Excessive workload greatly affects the productivity of health workers.²¹ Interview results:

“...because each team member doubles up on other programs as well as those at the health center because everything must run. thus increasing the workload of health workers.”

Regarding the budget or funding, based on research for the implementation of the COVID-19 vaccination program in the Rawalo Health Center work area in general there was no specific budget. The needs and requirements for the COVID-19 vaccination have been provided by the government of Banyumas Regency. Rawalo Health Center only spent funds for consumption and administrative purposes. Equally important in the health program are facilities and infrastructure. The facilities and infrastructure used in implementing the COVID-19 vaccination program for the elderly in the Rawalo Health Center work area, in this case medical devices and vaccine storage tools, were already available at the Rawalo Health Center. As for the vaccine itself, it had been packaged and dropped from the Banyumas District Health Office for each health center. Supporting equipment based on decision of the minister of health No.HK.01.07 such as alcohol cotton, personal protective equipment (face shield, hazmat, gloves and surgical masks), cold chain, backup power source, hazardous and toxic waste bins (safety box), and antiseptic fluids alcohol-based materials were sufficiently available at the Rawalo Health Center. Based on observational research, facilities, and infrastructure for the implementation of the COVID-19 vaccination program for the elderly in the Rawalo Health Center working area were generally available and feasible, both for vaccination service activities and logistical management of the vaccination program.

Process evaluation according to Stufflebeam, was shown from the maximum utilization of available facilities and infrastructure, the ability to handle staff involved, obstacles during implementation and activities carried out in a program.²² In implementing the COVID-19 vaccination program for the elderly in the Rawalo Health Center work area, initial identification of vaccination targets was carried out by collecting data. Based on the research, there were several obstacles in the process of implementing the COVID-19 vaccination program for the elderly in the Rawalo Health Center work area which affected the vaccination coverage for the elderly. In the

process of identifying the elderly, there were differences in data owned by the Rawalo Health Center which was obtained from the sub-district office with data coming from each village. So that the existing data is out of sync and affects the calculation of the number of targets with vaccine availability and the targets to be achieved. Interview results:

“In the data collection section, there are problems with the data not being synchronized between those from the kecamatan office and the data in each village, so it affects the determination of the target.”

The process of recording and reporting the COVID-19 vaccination program for the elderly in the Rawalo Health Center work area is in accordance with the provisions of the Decree of the Director General of P2P, regulation of the minister of health No.10 of 2021, and decision of the minister of health No.HK. 01.07.^{23,24,25} Where the application used in recording and reporting from the COVID-19 vaccination program is PCare. PCare is an application from the Ministry of Health that is used for registration of participants who receive the vaccine. This study found, the use of the application as a media for recording which was carried out online during the implementation of the vaccination service, there were problems with the internet connection and the devices used. Another obstacle experienced was human error by the health worker in entering the participant's id card (NIK), so it did not appear in the application. This often makes recording of the results of vaccination services constrained so that the real time recording data was often invalid between the vaccines issued and the results of recording the services received during the vaccination.²⁶

The Rawalo Health Center said that the obstacles were very difficult during the implementation of the vaccination of COVID-19 is to mobilize people, especially the elderly, to vaccinate. Another obstacle that often occurs during the implementation of vaccinations is miss communication between members or vaccination officers. Not only in the field, miscommunication also often occurred across programs at the health center. Miss communication has also occurred between the Community Health Center and cross-sectors, namely the police/military. This was due to less intense and effective approach and coordination. Supported by statements from informants that:

“The most difficult thing is to mobilize the community, especially the elderly, to want to be vaccinated. We usually ask for help from the police and military.”

Follow-up in the implementation of the COVID-19 vaccination program for the elderly in the Rawalo Health Center work area has been carried out if the target group, especially the elderly, requires post-vaccination care. As a follow-up for the elderly who experience symptoms after the vaccine, the vaccination officer provides a special place and an ambulance in case of an emergency. In addition, to observe developments and assess performance in carrying out the COVID-19 vaccination, the Rawalo Health Center conducts monitoring and evaluation activities. Based on in-depth interviews with informants, at the beginning of the implementation of the

COVID-19 vaccination, monitoring and evaluation was carried out every month. But for now, monitoring and evaluation was only carried out every monthly report and conditionally. The Banyumas District Health Office also conducts direct supervision of each health center that provides COVID-19 vaccination services.

According to Stufflebeam is the achievement of goals and results that have been set.²⁷ Based on the research, the product aspect evaluation indicators are the vaccination coverage rate for the elderly and the process of implementing COVID-19 vaccination for the elderly in the Rawalo Health Center work area. Both were used as illustrative indicators of the program's ability to provide COVID-19 vaccination services for the elderly. Based on the evaluation of product aspects, the coverage of implementing the COVID-19 vaccination program for the elderly in the Rawalo Health Center work area was still quite low and not optimal. As of August 26, 2022 the Rawalo Health Center has injected the COVID-19 vaccine to 39,857 targets (combined from all groups). With the overall percentage for dose 1 reaching 70.88%, dose 2 reaching 106.35%, and dose 3 reaching 33.81%.

Although separately the coverage of vaccination for the elderly for doses 1 and 2 reached the target, the coverage for vaccination for dose 3 or booster was still low, namely only 10%. Since the elderly feel they have had enough and do not want to be vaccinated anymore. Besides that, many elderly also had a declining physical condition so that many of them don't want to be vaccinated anymore. Interview results:

“For dose 3, there are not many, about 10% for the elderly. For dose 3, many do not want it because they have already had doses 1 and 2 of the vaccine and feel that it is enough. And many say they are already sickly so they don't want to be vaccinated again.”

In addition, the quality of COVID-19 vaccination services for the elderly that have been carried out was also not optimal. This is based on the process of implementing the vaccination there were still several obstacles and hindering the implementation of the COVID-19 vaccination.

Discussion

Based on the CIPP evaluation model from Stufflebeam, evaluating a program consists of context, input, process, and product aspects. These four aspects influence each other linearly from the context aspect to the product or result of a program. Based on research on product aspect evaluation indicators, namely the vaccination coverage rate for the elderly and the process of implementing COVID-19 vaccination for the elderly in the Rawalo Health Center work area, the implementation of the COVID-19 vaccination program for the elderly in the Rawalo Health Center work area has not been optimal. Vaccination coverage in the elderly for dose 3 is still low, namely only 10%, even though doses 1 and 2 have reached the target. In addition, the COVID-19 vaccination services that have been carried out are also not optimal. Because in its implementation

there are still some obstacles or obstacles found. From the process aspect, there are obstacles in the process of implementing the COVID-19 vaccination program for the elderly which affect vaccination coverage. The first is that it is difficult to get the elderly to want to vaccinate. In addition, because the schedule distributed by the Rawalo Health Center is only on social media, the elderly do not know when to carry out vaccinations. Recording and reporting that is done through the PCare application also often encounters problems. Recording was done online during the implementation of the vaccination service, there were problems with the internet connection and the devices used. Another obstacle experienced was human error by health workers in inputting data.

Constraints in the process of implementing COVID-19 vaccination for the elderly at the Rawalo Health Center were also influenced by the input aspect. Based on an evaluation of the input aspect, it was found that the availability of human resources at the Rawalo Health Center was not sufficient during the field vaccination. In addition, the existence of the COVID-19 vaccination program has added to the workload of the human resources at the Rawalo Health Center, thereby affecting the workforce and decreasing work productivity. And from the evaluation of the context aspect, many people, especially the elderly, still don't understand COVID-19 and the negative stigma resulting from the large number of hoax news circulating makes the elderly afraid and don't want to be vaccinated. The lack of awareness from the elderly group personally is due to the lack of intense and thorough education, so that the program is difficult for the elderly to accept. As with vaccination doses 1 and 2, booster vaccination is important because it is an effort to restore the body's immunity and decreased clinical protection. A special policy is needed that is compelling so that the elderly want to do booster vaccines. Such as making a policy regarding booster vaccines as one of the requirements for the elderly if they are going to travel out of town using public transportation (buses, trains, planes, ships). Apart from that, it can also be applied to the elderly as BLT recipients, if the elderly want to receive this assistance, one of the conditions is to have a booster. With such a policy, the elderly will want to do booster vaccinations and the coverage of vaccination for the elderly at the Rawalo Health Center will also increase. In addition, the COVID-19 vaccination program is an emergency program so that the Rawalo Health Center needs to conduct research and make careful planning before implementing the program. Because the object studied in this study is the implementation of the COVID-19 vaccination program for the elderly in the working area of Rawalo Health Center with the evaluation approach of the Context, Input, Process, and Product aspects, the problems in this study will be limited to evaluating the implementation of the COVID-19 vaccination program for the elderly in the working area of Rawalo Health Center.

Conclusion

Based on the results of the program evaluation using the CIPP evaluation model assessing a program as a whole as a comprehensive system, the implementation of the COVID-19 vaccination program for the elderly in the Rawalo Health Center work area has not been implemented optimally. From the product aspect, vaccination coverage in the elderly is still low, which is only 10% of vaccination dose 3 or booster 1. In addition, the COVID-19 vaccination services carried out are also not optimal. Because in its implementation there are still some obstacles or obstacles found. In the process aspect, process of identifying the elderly, there is data that is not synchronized, which affects the calculation of targets and vaccine availability. Recording and reporting with applications are also often constrained because the system is down and the network is unstable, which affects the calculation of the number of targets that have been vaccinated. On the input aspect, due to a lack of health human resources, making it difficult to move the elderly to vaccinate. There are still many elderly people who have not been properly educated and are affected by negative stigma about COVID-19. Seen from the context aspect, Rawalo Health Center also lacks research on target characteristics and the environment where the program will be implemented, resulting in planning not being carried out optimally. Therefore, it is necessary to make improvements in terms of context, input, and processes that affect the products/results of vaccination in the elderly which are not optimal and the vaccination coverage is still low in booster 1. So that the next vaccination, namely booster 2, can be carried out with good. And supported by policies that can influence the elderly to want to do booster vaccinations.

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Conflict of Interest

The authors declare that they have no conflict of interest.

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