Implementation of the Covid-19 Vaccination Program in Indonesia: Evidence from Below

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Abstract. The COVID-19 pandemic according to the Presidential Decree of Indonesia No. 11 of 2020 has been designated as a public health emergency that countermeasures must do. Along with a significant increase in cases in July 2021, the government intensifies countermeasures through vaccination programs. However, the national vaccine program launched by the government faces many obstacles. The geographical condition as an archipelago, the level of public understanding of vaccines, and the capacity of personnel and health facilities that vary are the main challenges of program implementation in the field. This article investigates the performance of the COVID-19 vaccination program in Indonesia. The participants of this study consisted of the COVID-19 task force, health workers, and the general public in 8 cities and districts, namely Serang, Polewali Mandar, Pontianak, Bekasi, Tidore Islands, Cilacap, Bandar Lampung, and Labuan Bajo, located in 8 provinces in Indonesia. The study results showed that the local government had tried its best to implement vaccination programs in its territory. Health centers use social media as the spearhead of vaccination services. However, vaccination services between health centers because the capacity and facilities owned vary between regions. There are still groups of people who still refuse vaccines because of a lack of adequate information about the benefits of vaccines.

Keywords: Vaccination · COVID-19 · Implementation · Indonesia

1 Introduction

In early 2020, the whole world was shocked by a new virus spread across countries. The World Health Organization (WHO) called it severe acute *respiratory syndrome coronavirus-2* (SARS-CoV-2), or *Coronavirus Disease-2019* (COVID-19), which was, later, stated as a pandemic of the world. In Indonesia, according to Presidential Decree No. 11 of 2020 on The Determination of Public Health Emergencies establishes an obligation to make efforts to counter COVID-19.

Coronaviruses are a large family of viruses which can infect humans and animals. In infected humans, the symptoms range between common cold to severe illnesses such as *Middle East Respiratory Syndrome* (MERS) and *severe acute respiratory syndrome* (SARS). In December 2019, the latest coronavirus type was found in Wuhan, China [1].

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An increasing number of COVID-19 patients raise concerns in the health sector. The need for health services is rising, while the improvement of health care facilities cannot be made in a short time [2]. One of the efforts made by the government is the vaccination program. The COVID-19 vaccination in Indonesia started on 13 January 2021. The first vaccination was carried out on Indonesian President Joko Widodo, followed by representatives from various backgrounds such as health workers, religious leaders, and teachers. This vaccination program was implemented after the POM Agency issued an emergency use approval for vaccines and issued a halal certificate by the Indonesian Ulama Council on January 11, 2021.

According to Plotkin Stanley, vaccines are one of the most suitable and essential methods to prevent disease and support the body's condition [3]. Vaccines, also often called immunizations, benefit from the body's function to study and fight disease-causing germs. Vaccines could build immunity to protect humans from infection with minimum side effects.

COVID-19 vaccination program attempts to achieve group immunity in the community (herd immunity), reduce COVID-19 transmission, reduce the symptoms and death toll due to COVID-19, and protect the public from COVID-19. *Herd immunity* is a state in which most societies are protected or immune to the transmission of certain diseases. Herd immunity will occur when so many people in a society become immune to infectious diseases that the spread of the disease slows or stops [4]. COVID-19 vaccination in Indonesia is conducted in 4 stages, and vaccine recipients are prioritized for people domiciled in Indonesia aged $\geq$18 years.

Until July 2021, the COVID-19 Vaccination program continues throughout Indonesia. But in its implementation, it turns out to face some problems and obstacles. Problems or obstacles that occur in various regions in Indonesia vary greatly. In Serang Banten, COVID-19 vaccination underwent several obstacles, namely vaccination delays. Of the 23,000 elderly targets, new vaccinations were given to about 2,600 elderlies [5]. The delays are caused by rejections made by some older people by not being present at the time of vaccination schedule. This is due to the rise of *hoax* information about vaccines that make the elderly afraid to be vaccinated. Then, the obstacles faced by some areas in the implementation of vaccination were a lack of education and information about the vaccine's usefulness. This is also experienced in Cilacap Central Java and Pontianak, West Kalimantan, where information about the suitability of vaccines tends to be minimal. Then in Bekasi West Java, the obstacles faced in the implementation of vaccination in the area are the shortage/limitations of health workers in the performance of COVID-19 vaccination. While in Labuan Bajo, the barriers to the implementation of vaccinations are caused by the rise of *hoaxes* or false information. This leads to fear and refusal to be vaccinated by some people. This vaccination rejection action is also experienced in Bandar Lampung. Many people are reluctant to be vaccinated. Unlike in Tidore Islands, the obstacles encountered in the implementation of vaccination programs are limited vaccine stocks. The shortage of vaccines stock can be caused by variation of distance and distribution to the area by the central government.

In terms of etymological implementation, according to the Webster Dictionary is "*to provide the means for carrying out* (providing a means to do something), and *to give practical effect to* (to have a practical impact on something)" [6]. Implementation from

the implementor's angle will focus on "the actions of officials and agencies on the ground to achieve the goals. "But from the point of view of target groups, implementation will be more centered on "whether the implementation of such policies can change their lifestyle and have a long positive impact on improving the quality of life including their income" [7].

Implementation of a policy does not always run smoothly, including in COVID-19 vaccination. According to George Edward III, four factors will affect the success and failure of policy implementation [8]. *First*, communication factor, where information related to public policy needs to be conveyed to the perpetrators. Communication is the process of sharing communicator information with the communicant. The policy actors should receive information in order to understand and anticipate things which pertain to the policy itself, which then leads to program accomplishments. *Second*, sufficient resources, which plays a significant role in policy implementation. The available resources, including human resources, budget, equipment, and authority, would determine the program's success. *Third*, the disposition or attitude of the program implementer and the incentives received by the implementer. The definition of disposition is "the willingness, desire, and tendency of policy actors to carry out the policy in earnest so that the purpose of the policy can be realized. "The implementers must have the will to implement the policy, know what to do, and do the procedure. *Fourth,* the bureaucratic structure on fragmentation or division of authority and administration over the bureaucratic system. The bureaucratic structure includes organizational system, division of power, relationships between administrative units, and others. The key characteristics of bureaucracy consist of Standard Operational Procedure (SOP) and fragmentation. According to Winarno (2005), SOP is developed internal demands for time, resources and uniformity needs in complex and broad work organizations" [8].

The implementation indicators above can be used as a reference to see whether the implementation of the COVID-19 vaccination is going well or not. Differences in the problem or obstacles of vaccination implementation among areas explained the comparison about the performance of COVID-19 vaccination and became an exciting thing to study more deeply. This study seeks to reveal the version of the COVID-19 vaccination program in Indonesia. The externality of this study is in forms of empirical narratives and factual data related to the COVID-19 vaccination performance in various regions that describe conditions in Indonesia as a whole.

2 Method

This research uses a descriptive approach and is held in various regions in Indonesia, namely Serang, Banten, Polewali Mandar, Sulawesi Barat, Pontianak, Kalimantan Barat, Bekasi, Jawa Barat, Tidore Kepulauan, Maluku Utara, Cilacap, Jawa Tengah, Bandar Lampung, dan Labuan Bajo, Nusa Tenggara Timur. These research sites are in 8 different provinces in Indonesia, of which 3 are on the island of Java while the others are spread across the country, the islands of Sumatra, Kalimantan, Sulawesi, Maluku, and East Nusa Tenggara. The characteristic of the area is an urban area with good internet network access. Field data was obtained from 8 health centers in each region, namely Serang, Polewali Mandar, Pontianak, Bekasi, Tidore Islands, Cilacap, Bandar Lampung, and

Labuan Bajo, 4 COVID-19 Task Force of Polewali Mandar, Bekasi, Tidore Islands, and Labuan Bajo, and the people in the eight districts. The district health office and 4 task forces consisting of Serang, Pontianak, Cilacap, and Bandar Lampung, until the study reported was unable to collect data because it was no research permission grant. The study participants numbered 34 people and consisted of 6 COVID-19 Task Force Team, 11 Health workers at the Center for Public Health (Puskesmas) and 17 people receiving health services. The process of data analysis is carried out qualitatively with a descriptive interpretation approach.

3 Result and Discussion

The implementation of the vaccination program from January to June 2021 still encounters many problems and obstacles. Based on the Decree of the General Director of Disease Prevention and Control on Technical Instructions for The Implementation of Vaccination to Combat the COVID-19 pandemic (Kemkes.go.id, 2021), the stages of vaccination implementation in Indonesia are divided into 4. Phase 1 was held in January–April 2021 with the aim of health workers, health assistants, support personnel, and students carrying out medical profession education in Health Care Facilities. Phase 2 was carried out in January-April 2021 which was targeted to public service officers, namely members of the Indonesian National Army (TNI), the State Police of the Republic of Indonesia, law enforcement, other public service officers and elderly groups ($\geq$60 years old). Phase 3 was conducted on April 2021-March 2022, targeting vulnerable communities from geospatial, social, and economic aspects. Phase 4 was carried out in April 2021-March 2022 which was targeted to community and other economic actors with a cluster approach based on the vaccine availability.

Based on data dated June 4, 2021, about 28.5 million people have received the Vaccine. 17,416,321 people (6.4% of Indonesia's population) have received the first vaccine, and 11,070,389 people (4.1% of the population) have received the second vaccine or have been fully vaccinated (Covid19.co.id). However, the COVID-19 vaccination program causes several problems, such as rampant hoax information or fake news about COVID-19 vaccination among the public, lack of health workers in the implementation of vaccinations, lack of education and information about the usefulness of vaccines among the people, delaying in the performance of vaccinations, and shortage of vaccine stocks.

The problems that exist in each health center vary according to the characteristics of the region. The issues that arise are as follows.

3.1 North Bekasi Health Center, Bekasi

This health center has a lack of health workers or human resources and the circulation of *hoax* information. The lack of human resources or health workers in the vaccine team, there must be at least 7–8 people, but available at the Health Center in Bekasi, there are only 5–6 people. The health center usually takes assistance from the Covid Team, Public Service Team, or Internship Students to cover the existing shortage. Hoax information *is* still circulating in the community. However, the intensity decreased compared to the early

days of vaccination—efforts to overcome *hoax* information by providing socialization directly factual about vaccines.

At the beginning of vaccination, health centers are challenging to find people willing to be vaccinated. However, as information about vaccines improves, more and more people sign up, making it difficult to register for vaccination. Few vaccines and human resources cause the vaccine distribution only 100–150 doses per day. Efforts were made by the Public Health Center to overcome the problem of registration by opening the local government through to the local neighborhoods. Every day Public Health Center informs the vaccination quota for each area.

3.2 Singandaru Health Center, Serang

The results of interviews conducted on health workers get information on some obstacles to the COVID-19 vaccination, including delays caused by the refusal of the public to be vaccinated, especially the elderly. A public belief drives the rejection in *hoax* news that states the COVID-19 vaccine is complex. This makes it difficult for the health center to invite the community to be vaccinated. This delay is evidenced by in June 2021, the implementation of COVID-19 vaccination in Serang City is still in the elderly stage.

In addition, there was a lack of logistics in reinforcing the COVID-19 vaccination, such as syringes. This is because lately, the supply of vaccines in this health center is only in the drop of the Vaccine, but not with the needle. Syringes are also needed when vaccinations considering that needles can only be used once or only once. This leads to inhibition in the COVID-19 vaccination. But this problem can be overcome by the health center by meeting the needs of syringes or logistics from other health centers that still have availability.

3.3 Galala Health Center, Tidore

The availability problem of vaccine stocks due to delays of its distribution has been resolved. This problem was initially due to miscommunication between the Public Health Center and the Health Service Office, which resulted in the Vaccine being late. The implementation of the Vaccine can still run, but there are still other obstacles every day. Barriers that are often experienced at the beginning of the Vaccine are implemented, namely rejection from the community, which causes Health Center difficulty finding the community or targets that want to be vaccinated. One bottle of vaccine should be used for vaccination of 10 invited people but only 6 or 7 people present. As a result, the health center must find three more people to be vaccinated to meet the bottle doze. The limited number of vaccines and limited human resources make the vaccine distributed only 100 vaccines per day. Currently, the most perceived obstacle is the difficulty of screening vaccine participants due to the considerable number of people who refuse vaccination. The health center overcomes this problem by socializing through vaccine-related information technology on Facebook. Other efforts involve community leaders, such as village heads, to set an example for the local community and educate the community that the vaccine is safe, considering that some people still believe *hoax* information.

3.4 Sukarame Health Center, Bandar Lampung

At the beginning of this vaccination program implemented, there was a community rejection of this vaccination program. This refusal occurs due to a misunderstanding regarding vaccination. The health center intensifies socialization by providing information about vaccinations and rebuttal to *hoax* news spread to deal with this problem. After doing more intensive socialization, there is a high demand by the community for vaccination.

3.5 Banjar Serasan Health Center, Pontianak

According to information obtained from the Banjar Serasan, the health center explained that the problem of COVID-19 Vaccination in Pontianak, caused by *hoax* information circulating, forces the public to trust and consider the Vaccine inaccurate and not halal. In addition to the circulation of *hoax* information, the issue in COVID-19 vaccination is also caused by the indifference of some residents to immunization. It is challenging for health centers located on the outskirts of the Kapuas River. However, health centers can overcome this by inviting or promoting the COVID-19 vaccination program by spreading pamphlets or banners around the Health Center and the public areas.

3.6 Labuan Bajo Health Center, Labuhan Bajo

According to information obtained from Labuan Bajo, Health Center explained that the problem that arises is the incompatibility between vaccine stocks and logistics stocks/syringes. This has led to the inhibition of the implementation of the COVID-19 Vaccine. Added to this, the problem of the COVID-19 vaccination performance in Labuan Bajo is also caused by *hoax* information circulating in the community, which also causes inhibition in the version of the COVID-19 Vaccine.

3.7 Puskesmas Kesugihan 2, Cilacap

According to information from Kesugihan 2 public health service, the problem in implementing the COVID-19 Vaccine in Cilacap is the refusal of the local community to be vaccinated. The rejection is caused by public distrust of COVID-19 makes it difficult for the health center to vaccinate thoroughly, and this problem still occurs today.

3.8 Pekkabata Health Center, Polewali Mandar

Based on the information obtained from this Health Center, it is explained that there are no problems or obstacles in implementing the COVID-19 vaccination. In other words, the performance of COVID-19 Vaccination in Polewali Mandar, West Sulawesi, went well and smoothly.

The results of data in the field following existing indicators, namely communication, resources, disposition, and finally, the bureaucratic structure, are arranged as follows:

3.9 Communication

Implementing COVID-19 vaccination in various regions requires good communication to gain public trust to be vaccinated. Communication is carried out by the health center and task forces against the community as the vaccination target. In addition, communication is also in the form of information feedback from the public that explains the implementation of vaccinations organized by the government.

Health Workers in Health Centers. The Galala health center conducts communication in Tidore Island through socialization on social media platforms and websites owned by health centers and through cross-sector which provides duties to local officials such as head of the village and local neighborhoods to provide socialization to their citizens. As for the type of socialization carried out by health, centers were failed on social media such as Facebook, Instagram, WA *groups* through posts and stories related to COVID-19 vaccination information. While on cross-sector socialization, such as the head of the village and local neighborhoods, they socialize it by giving announcements through mosques and driving around using cars to provide information. They are related to COVID-19 vaccination.

Communication conducted by Galala health center through social media turned out to be the same as communication carried out by the health center at Kesugihan 2 Cilacap, Lampung, Bekasi Utara, and Labuan Bajo. In its socialization, the health center also uses social media platforms and websites owned by the health center such as Facebook, Instagram, and WA group to socialize about COVID-19 vaccination. In addition to using social media, the health centers also use other media in their socialization. For example, at Kesugihan 2 health center and using social media, they also install pamphlets or banners about COV ID-19 vaccination. Then at Lampung health center, in addition to using social media, also use a spokesperson to provide socialization about COVID-19 vaccination. The North Bekasi health center and Labuan Bajo use cross-sector in Kader, Lurah, and local, regional officials.

The time of communication or socialization carried out by each health center varies. At Galala Tidore Islands Health Center, North Bekasi Health Center, Singandaru Serang Health Center, and Pekkabata Polewali Mandar Health Center, socialization was carried out when the program was first implemented. In January. While at the Lampung Health Center, general socialization regarding vaccination has been carried out since the end of 2020 around December and was carried out intensively at the time of vaccination phase one began, which is around in January. Then, at Pontianak Health Center and Kesugihan 2 Cilacap Health Center, socialization was implemented around April 2021. While at Labuan Bajo NTT Health Center, the performance of socialization is carried out with two terms. The first period is in March, and the second period is in May. In the socialization carried out by the health center, there are points of material or information conveyed. Among them are the uses and benefits of the COVID-19 Vaccine, what should be prepared when vaccinating, the side effects of vaccination, why this vaccination is essential, where to vaccinate, and invite the public to follow COVID-19 vaccination.

Related to the intended target of socialization in Pekkabata Polewali Mandar Health Center, Singandaru Health Center, Serang, North Bekasi Health Center, Bekasi, Galala Health Center, Tidore Islands, Way Halim 2 Care Health Center, Lampung, Banjar Serasan Health Center, Pontianak, Kesugihan Health Center 2, Cilacap and Labuan

Bajo Health Center, East Nusa Tenggara, are elderly and maternity health services in the villages.

Meanwhile, in the Serang area where the target is the socialization of Singandaru Serang Health Center, namely in 3 villages, including Lontar Baru, Kagungan, and Kota Baru Village. In lampung area Sukarame Health Center for Korpri Raya Village, Sukarame, and Way Dadi. In Pontianak, the target place of socialization is in Banjar Serasan Village. The Cilacap area is carried out in Kesugihan Subdistrict. While in the Bekasi area is carried out in every village in the north Bekasi subdistrict. Community health services in Pontianak, Bandar Lampung, Banten, Bekasi, Cilacap, Labuan Bajo, Tidore Islands, and Polewali Mandar have the same goal to provide awareness to people who are still scared and believe in hoaxes about the vaccine. So, this vaccination program can run as already targeted or planned.

Community. As for the area of Lampung, Cilacap, Tidore Islands, Labuan Bajo, and Pontianak, according to the community in the region, the socialization carried out by the health centers is quite good and the socialization is directly given from the health center. Socialization provided on social media such as Facebook, WA, and Instagram is usually done by doctors in charge of vaccinations and from the official health service page. Information is provided to the community in the form of developments about the covid pandemic. For vaccination information in the socialization, anyone who gets the COVID-19 Vaccine is fine as it has passed clinical trials, halal, groups that cannot do vaccines, side effects of vaccines, the usefulness of vaccines, symptoms obtained after vaccines, and COVID-19 Vaccine is safe.

Then related to its implementation, the implementation of vaccination runs smoothly. There are no obstacles felt by the responder when vaccinated. Respondents are registered directly by the child's office where they work and then get an SMS containing vaccinations on the date and place of implementation. The process starts from collecting photocopies of ID cards at the registration table, calling his name for signature availability to participate in vaccination, continuing to the screening stage, and wondering if there is a history of any disease after waiting. After being injected, the call to be injected, his doctor told him to stay in place for 30 min, anticipating reaction after the injection. After 30 min, he called back his name to then give him a vaccination card. There is also a number listed to contact health workers on the card just in case what happens after the Vaccine. After that, wait up to 28 days for the second stage vaccine SOP has been done by health workers such as wearing masks, protective clothes, hair caps. However, keeping the distance recommended by the government has not been fully implemented because many people are clustered, possibly because of the limited vaccination places.

In addition, according to the information of the people of Serang and Sulawesi, the target in socializing is not the existence of socialization carried out in their respective regional places and done through social media such as Facebook, Instagram, and Whatsapp.

COVID-19 Task Force. In the Task Force, the communication carried out by the COVID-19 Task Force is almost like the communication carried out by the Health Center. This is because the communication carried out by the task force comes from orders or delivered by the health center to the task force as a cross-sector actor from the health center to convey socialization to the community through the Task Force.

The target location of vaccinations by the COVID-19 Task Force is almost the same as the target place of socialization carried out by the health center. The COVID-19 Task Force is encouraging and helpful, while the implementation technique provides this socialization from the Galala health center. This socialization is needed because if we do not socialize; then we will lose, lose to media information that is so fast. If not made socialization, it will be gradual so that the public will not know it but instead know more information circulating related to *hoaxes* on social media. So, the COVID-19 Task Force always conducts regular socialization, at least at any level the village and village heads are required to socialize related to vaccines. It conveys that immunization is halal and safe for the elderly.

3.10 Resources

The implementation of COVID-19 vaccination in various regions, namely Serang, Banten, Polewali Mandar, West Sulawesi, Pontianak, West Kalimantan, Bekasi, West Java, Tidore Islands, North Maluku, Cilacap, Central Java, Bandar Lampung, and Labuan Bajo, East Nusa Tenggara, resources are needed to reinforce the COVID-19 Vaccination. The results of our interviews with relevant parties regarding communication indicators are as follows.

Health Workers in Health Centers. Resources applied at the health center level in 8 regions in Bekasi, Banten, Pontianak, Bandar Lampung, Cilacap, Labuan Bajo, and Polewali Mandar have similarities seven resource areas are adequate. While at Labuan Bajo health center, there is often a discrepancy in the availability of logistics (vaccines and syringes) between the stock of needles and vaccines. Sometimes vaccines are available. Still, the syringes are not enough and vice versa. Human Resources (HR) was obtained from 8 regions, such as health workers, obtained from interns at health centers who have experience and experts. Some vaccines have been equipped and trained to vaccinate. Then the resources in terms of equipment in the form of laptops, tensions, and other equipment have met health standards.

Community. People often encounter long queues in the vaccination process, and the waiting room was insufficient for the people on the waiting list. The community comes together and does not follow the invitation schedule to accumulate at the beginning of vaccination services. The serving officers are busy because there are limited numbers. To anticipate this, health workers reduce public services in health centers and prioritize vaccine services held in the morning. After some afternoon, public services are regular because health workers have returned to provide general assistance.

Another resource needed is assistance to community groups to reach vaccination sites. For relatively remote and centralized locations, there are citizen initiatives to help other residents. In addition, residents are also grateful for the help from the local government to provide transportation from the location of the gathering point to the vaccination site.

3.11 Disposition

COVID-19 Task Force. Human Resources in four regions, namely North Oba, Bekasi, Polewali Mandar, and Labuan Bajo, support the implementation of this vaccination, are available. But inequality occurs in its Budget Resources wherein the Task Force of North Oba District, the Budget Resources are not sourced from the government but come from the Tidore Health Office and the Task Force. Bekasi Budget Resources do not come from the government but come from the donations of the community itself. Then, for the Polewali Mandar Subdistrict Task Force, The Budget Resources come from the district government. Meanwhile, the Task Force in Labuan Bajo has constraints on tools to check health, such as tensions that still use flavor tensions instead of manuals.

Community. For densely populated urban areas, the availability of vaccination locations is so limited that the rate of the population to be vaccinated adjusts the quota of each site. Although at the beginning of the vaccination process, health care services are relatively lancer. However, the growing number of people aware of being vaccinated increased the need for vaccine locations. The involvement of other institutions from the Army and Police health service units greatly helps the vaccination process. People also have more location options to get vaccinated. In contrast to urban suburbs, vaccination services can be met by local health centers.

COVID-19 Task Force. The Task Force in Polewali Mandar, Bekasi, and Tidore Islands has similar licensing and regulation derived from the Polewali Mandar City Government, Bekasi City Government, and Tidore Islands City Government channeling to each sub-district, village, and then up to Each RW. This decree does not deal with the Health Service but directly from the City Government. In contrast to Bekasi and Tidore Islands, Labuan Bajo licensing and regulation were lowered from the Health Service.

3.12 Bureaucratic Structure

In conducting COVID-19 vaccination in various regions, namely Serang, Banten, Polewali Mandar, West Sulawesi, Pontianak, West Kalimantan, Bekasi, West Java, Tidore Islands, North Maluku, Cilacap, Central Java, Bandar Lampung, and Labuan Bajo, East Nusa Tenggara, bureaucratic structures are needed to facilitate coordination of the COVID-19 vaccination program. The results of our interviews with relevant parties regarding communication indicators are as follows.

Health Workers in Health Centers. The bureaucratic structure applied to Pontianak, Bandar Lampung, Banten, Bekasi, Cilacap, Labuan Bajo, Tidore, and Polewali Mandar was built on instructions given by the ministry of health and bureaucratic construction. It is well-established, controlled, and well divided. It can be seen from the division of authority from the lowest level the Health Center workers, Covid-19 task force, Health Service Office, to the Ministry of Health. The bureaucratic structure involves a cross-sector in the focus of handling vaccines. It is done based on the decision of the local Health Service so that the process from distribution to vaccine implementation can run smoothly and safely and on target. This is effective in line with mapping the

vaccine implementation process. These authorities are divided according to the expertise and primary duties of function between each officer. At every level of bureaucracy, the fulfillment of rights and obligations has been done well. This leads to a smooth process of the Vaccine. The bureaucratic structure applied makes vaccination activities in the health center become easily organized, and everyone has a responsibility that must be done.

Community. Related to vaccination services, the public only knows that services are available at local health centers. To access it, people should submit their ID as a requirement to the neighborhood coordinator for collective vaccination. As for direct assistance, you can register at a local health center via online registration.

COVID-19 Task Force. In the COVID-19 task force in Bekasi, Labuan Bajo, North Oba, and Polewali, the bureaucratic structure was carried out with four state agencies, namely the government, health service, police, and the army. The bureaucratic system implemented by task force Covid Bekasi and Polewali has no impact on the smoothness of vaccination activities carried out. This is due to the circumstances where the task force Covid is not directly involved in vaccination activities. Different things happened in task force Covid in Labuan Bajo and North Oba. The Bureaucratic Structure implemented by the Covid Task Force in both areas is very influential in the smoothness of vaccination activities. This may be due to the level of bureaucratic structure that has been established, which task force Covid Bekasi and Polewali are at the level of district and city bureaucracy, which covers a broader area than the level of bureaucracy sub-districts, villages, and local neighborhoods such as Task Force Covid Labuan Bajo and North Oba.

4 Conclusion

This article describes the implementation of the COVID-19 vaccination policy. From January to June 2021, the vaccination process encountered various problems and obstacles. Problems and obstacles that occur in Indonesia, including the areas of Serang, Polewali Mandar, Pontianak, Bekasi, Tidore Islands, Cilacap, Bandar Lampung, and Labuan Bajo, consisting of delays in COVID-19 vaccination caused by several people refusing to be vaccinated, lack of education about the benefits of COVID-19 vaccination, information about the importance of COVID-19 vaccination are still minimal, lack/limitations of Health Workers, rampant *hoax* information circulating in the community, rejection of COVID-19 vaccination by a number of the community, and the limited stock of vaccines due to delays in the distribution of vaccines.

The data results in the field are by existing indicators, namely communication, resources, dispositions, and, finally, bureaucratic structures. Communication carried out by most health centers is through social media. In addition to using social media, the health centers also use other media in their socialization, namely through installing pamphlets or banners about COVID-19 vaccination and using cross-sector through health cadres, heads of villages, and local health officials.

The resources applied at the health center level in each researcher's area have similarities where the average resources in each health center are adequate. Then for disposition,

disposition at the health center level, there are similarities in every area except in Serang and Labuan Bajo areas where permits for the implementation of vaccinations are given at the order of the Health Service is the person in charge, and the regulation of vaccine implementation is derived from each health service. Area. While in Serang and Labuan Bajo, the performance of vaccines does not have to ask for permission because vaccination is a national program that the Health Center must implement. In the bureaucratic structure, the bureaucratic system applied to the health centers is built on the direction the health ministry gives. The bureaucratic structure has been established, controlled, and well divided.

4.1 Suggestion

Based on the conclusions of the data processing, we suggest that the government do the following: a) integrating data for all regions in Indonesia regarding COVID-19 information. This needs to be done so that the public finds valid data and information about the ongoing situation, b) educate people about Covid-19 awareness to maintain health. Especially how vital is the vaccination and other related things, c) explain the *hoax* news circulated in the community. This is essential to carry out so as to understand which one is the good news, and d) As for the community, recommend learning to sort out information and be calmer and more careful in managing and digesting information circulating in the community.

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