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**CONSISTENCY OF COVID-19 VACCINATION  
POLICY IN EFFORTS FOR EQUALITY OF  
VACCINE ADMINISTRATION**

**<sup>1</sup>Evi Satispi, <sup>2</sup>Amin Shabana, <sup>3</sup>Andrean Alan Kususma  
& <sup>4</sup>Devia Andiani**

<sup>1</sup>Master of Administrative Sciences,  
Faculty of Social and Political Sciences,  
University of Muhammadiyah Jakarta

<sup>2</sup>Communications Department,  
Faculty of Social and Political Sciences,  
University of Muhammadiyah Jakarta

<sup>3</sup>Administrative Sciences Study Program,  
Faculty of Social and Political Sciences,  
University of Muhammadiyah Jakarta

<sup>4</sup>Master of Administrative Sciences,  
Faculty of Social and Political Sciences,  
University of Muhammadiyah Jakarta

*<sup>1</sup>Corresponding author: [evi.satispi@umj.ac.id](mailto:evi.satispi@umj.ac.id)*

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## ABSTRACT

The handling of the COVID-19 pandemic has entered a new stage. Various policies and regulations in an effort to handle and break the chain of the spread of COVID-19 have been implemented by the government. These efforts include the PSBB policy, Transitional PSBB, PPKM, Micro PPKM, Emergency PPKM (Java-Bali) which had been implemented, Large- Scale Social Restrictions, Provision of activities that cause crowds, implementation of health protocols, and until now has entered the stage of policy regarding the COVID-19 vaccination. The vaccination policy has been contained in the Minister of Health Regulation Number 10 of 2021 concerning the Implementation of Vaccination in the context of Combating the 2019 Corona Virus Disease (COVID-19) Pandemic. The result of this research is with reference to the Perpres and Permenkes and when viewed from the implementation variables proposed by the theory of George C. Edwards III, which states that the effectiveness of policy implementation can be seen from the four variables that support the implementation of policies, namely: Communication, Resources, Disposition, and Bureaucratic Structure. So by reviewing these variables, that the implementation of the policy of the implementation of vaccination in Indonesia has been running quite well, and there are still various obstacles found both in its implementation and in the communication of the policy, so that there are still various perspectives that cause debate with the implementation of the vaccine policy. So that the consistency of the government in efforts to provide equal distribution of vaccinations in Indonesia is still running consistently even though in some remote areas the system and reporting of data on the implementation of the vaccination is still unknown.

**Keywords:** Consistency, Policy, Vaccination, COVID-19.

## INTRODUCTION

The total population in Indonesia is 270,203,917 people as of September 2020. The composition of Indonesia's population consists of:

**Figure 1**

*Total Population of Indonesia*

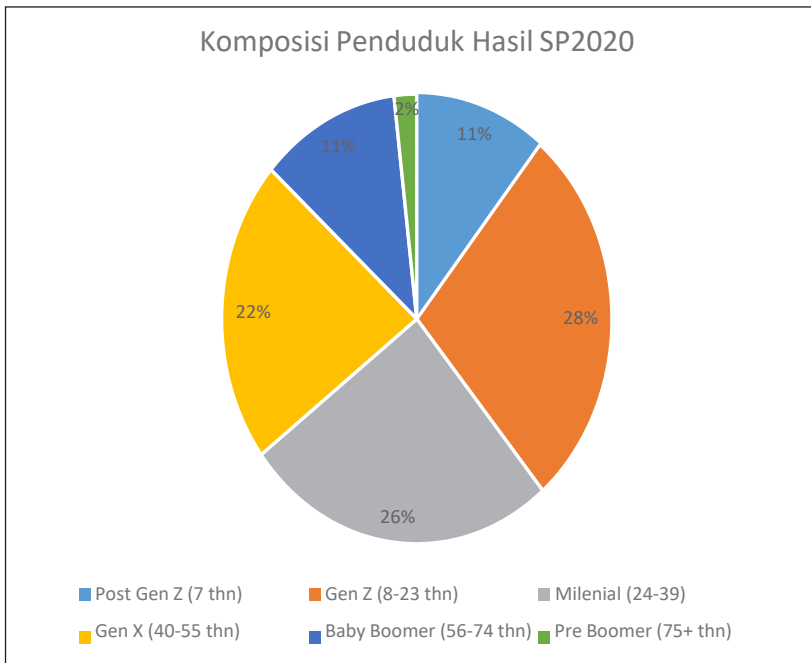


Figure 2

Indonesia COVID-19 Statistics



The latest data on the development of COVID-19 in Indonesia based on the Committee for the Prevention of COVID-19 and the National Economic Recovery as of June 5, 2021, confirmed that the number of recovered patients increased by 4,241 people, the cumulative recovery reached 1,701,784 people with the percentage increasing to 92.1%. The number of confirmed active cases increased by 2,200 cases and the total number was 96,973 cases with a percentage of 5.1%. The number of suspected specimens after the RT-PCR/TCM examination and the rapid antigen test were 89,025 specimens with a total of 81,552 suspected cases. For positive confirmed patients based on examination, there were an increase of 6,594 cases with the accumulation of patients recorded since the first case reached 1,850,206 cases. There were 153 confirmed cases of death in patients and the cumulative number reached 51 (Budi & Pamungkas, 2020; Suherman, 2020).

The handling of the COVID-19 pandemic has entered a new stage.

Various policies and regulations in an effort to handle and break the chain of the spread of COVID-19 have been implemented by the government. These efforts include the PSBB policy, Transitional PSBB, PPKM, Micro PPKM, Emergency PPKM (Java-Bali) which had been implemented, Large-Scale Social Restrictions, Provision of activities that cause crowds, implementation of health protocols, and until now has entered the stage of policy regarding the COVID-19 vaccination. The vaccination policy has been contained in the Minister of Health Regulation Number 10 of 2021 concerning the Implementation of Vaccination in the context of Combating the 2019 Corona Virus Disease (COVID-19) Pandemic (Ristyawati, 2020). The Minister of Health's policy also considers the Minister of Health Regulation Number 84 of 2020 concerning the Implementation of Vaccination in the context of Combating Corona Virus Disease 2019 (COVID-19) which is considered no longer in accordance with developments and legal needs in the implementation of vaccinations, and then updated with Presidential Regulation of the Republic of Indonesia Number 14 of 2021 Procurement of Vaccines and Implementation of Vaccines in the Context of Combating the COVID-19 Pandemic and Regulation of the Minister of Health Number 18 of 2021 Implementation of Vaccinations in the Context of Combating the Corona Virus Disease 2019 (COVID-19) Pandemic.

The vaccination policy is implemented in four stages, with the first and second stages starting from January to April 2021 and for stages three and four starting from April to March 2022. The first and second stages of vaccination are targeted at health workers, assistant health workers, support staff, students who are undergoing the medical profession, public service officers, namely the Indonesian National Army/State Police of the Republic of Indonesia, legal apparatus, and other public service officers. For the third phase, the vaccination policy is currently underway (Gandryani & Hadi, 2021). The target for this third phase is vulnerable communities from geospatial, social and economic aspects. While the fourth stage of the target in vaccination is the community and other economic actors. Based on the data attached

by the COVID-19 Management Committee and National Economic Recovery on the progress of the COVID-19 vaccination program as of 5 June 2021, the number of vaccine recipients exceeded 17 million people with an accumulation of 17,581,464 people (Hambali et al., 2021). Daily vaccine recipients are 289,960 people. For the second vaccine recipient, the number increased to 11,121,464 people with the vaccine target numbering 40,349,049 people. The system for implementing the COVID-19 vaccination policy has various obstacles, such as obstacles to medical personnel, procurement of goods, and the refusal of the public who should receive the vaccination program. Therefore, the purpose of this study is to discuss the extent of the implementation of the COVID-19 vaccination policy, and whether the implementation in the first and second stages has been carried out evenly. such as the obstacles of medical personnel, procurement of goods, and the refusal of the people who should receive the vaccination program. Therefore, the purpose of this study is to discuss the extent of the implementation of the COVID-19 vaccination policy, and whether the implementation in the first and second stages has been carried out evenly (Abdalla et al., 2020).

Policy Implementation According to Thomas R Dye (Dye, 2011) “public policy is whatever governments choose to do or not to do”. In an effort to achieve the goals of the state, the government needs to take a choice of actions that can be in the form of doing something or not doing something. Both, according to Dye's definition, are public policies because they are an effort to achieve certain goals and both have an impact on society (Bashizi et al., 2021). Policy implementation is easy to understand theoretically and conceptually, but it is not always the case in its concrete form. because its actual implementation is not something easy Implementation is a behavior that follows every initial thought so that something actually happens, In the writings of (Aidukaite et al., 2021). Therefore, implementation is the implementation of any plans, ideas, models, specifications, standards and policies when doing something. George C Edwards III views policy implementation as a dynamic process, which has a variety of factors

that influence the implementation of a policy. Implementation is the implementation of any plans, ideas, models, specifications, standards and policies when doing something. George C Edwards III views policy implementation as a dynamic process, which has a variety of factors that influence the implementation of a policy. Implementation is the implementation of any plans, ideas, models, specifications, standards and policies when doing something. George C Edwards III views policy implementation as a dynamic process, which has a variety of factors that influence the implementation of a policy.

George C. Edwards III (Edward III, 1980) describes four factors or variables that play a role in achieving the successful implementation of a policy. Variables or factors that influence the success or failure of the implementation of a policy, namely:

- a. Communication; Communication is the process of conveying a message from the communicator to the communicant. In fact, policy communication means the process of conveying policy news by policy makers to policy implementers. News must be conveyed to policy actors so that policy actors understand the substance, purpose, direction, target of the policy, then program implementers can prepare regarding program implementation relations, so that policy implementation operations work efficiently and in line with the intent of the policy. News as a factor in the implementation of a policy, especially news that is significant and related to how to implement the program. When the authority has a role in ensuring that policies are implemented as desired. Communication on the implementation of policy programs includes the main aspects, namely information in the transformation (transmission), clear information (clarity) and consistent information (consistency). The transformation aspect means that news is not only forwarded to program implementers but also to related parties and target groups. The clarity aspect is intended so that the news is easy to understand and

clear, except to prevent misinterpretation by policy implementers, targeted targets or groups adrift in program implementation. On the other hand, the consistency aspect expects that the news conveyed needs consistency, so there is no concern for policy implementers, targets or related parties. The transformation aspect means that news is not only forwarded to program implementers but also to related parties and target groups. The clarity aspect is intended so that the news is easy to understand and clear, except to prevent misinterpretation by policy implementers, targeted targets or groups adrift in program implementation. On the other hand, the consistency aspect expects that the news conveyed needs consistency, so there is no concern for policy implementers, targets or related parties. The transformation aspect means that news is not only forwarded to program implementers but also to related parties and target groups. The clarity aspect is intended so that the news is easy to understand and clear, except to prevent misinterpretation by policy implementers, targeted targets or groups adrift in program implementation. On the other hand, the consistency aspect expects that the news conveyed needs consistency, so there is no concern for policy implementers, targets or related parties. the intended target or group adrift in the implementation of the program. On the other hand, the consistency aspect expects that the news conveyed needs consistency, so there is no concern for policy implementers, targets or related parties. the intended target or group adrift in the implementation of the program. On the other hand, the consistency aspect expects that the news conveyed needs consistency, so there is no concern for policy implementers, targets or related parties.

- b. Resource; Resources have a role in the implementation of policies, how clear in the consistency of the rules and regulations and how accurate the delivery of the rules or provisions is, if several policy implementers have an obligation to carry out effective policies so that policy



implementation will be effective. Policy implementation will not be successful without the support of quality and quantity resources. the quality of resources is related to expertise, contribution, professionalism, and abilities, on the contrary, the quantity is related to the amount of resources that have met the overall intended target. Resources are important for successful implementation, because with reliable resources, the implementation of a program will run well.

- c. Disposition; The behavior and character of the program implementer has a role in realizing the implementation in line with the targets and objectives of the policy. Implementers of a program need to have character, for example commitment and sincerity. Sincerity focuses implementers to stay on the line of policy goals. On the other hand, the great commitment by program implementers to actualize program implementers remains enthusiastic in carrying out their duties, authorities, functions and obligations in line with the rules that have been set. the behavior of policy implementers will affect the implementation of policies. When the implementation has good behavior so that it can carry out the program well as desired from policy makers. if the behavior supports so that the implementation runs optimally.
- d. Bureaucratic Structure; The structure of the bureaucracy has a relevant impact on policy implementation. If the structure of this bureaucracy includes 2 things, namely the structure and procedures. The first dimension is procedure, in the implementation of policies generally standard operating procedures (SOPs) have been made. SOP as a guide by each implementer of his actions so that when implementing the policy it is in line with the goals and objectives of the program. The second dimension is a bureaucratic structure, a complicated and fragmented bureaucratic structure that leads to loosening of inspections or results in convoluted,

complex mechanisms and will then result in inflexible organizational activities.

## **METHODS**

This study uses a qualitative method with a descriptive approach. According to (Moleong & Lexy, 2004) defines a qualitative approach methodology as a research procedure that produces descriptive data in the form of words, pictures and not numbers. In addition, some of the data collected may be the key to what has been researched. Temporary (Albi Anggito, 2018) states that the methodology of a qualitative approach is that data collection is carried out from natural settings (natural conditions), primary data sources, and data collection techniques are mostly in observation and in-depth interviews and documentation. The location in this study is Tangerang Regency, with an emphasis on the discussion on the implementation of the first and second stages of the COVID-19 vaccination policy. The data obtained are primary data and secondary data. In this study, data collection was carried out with an emphasis on literature review by conducting a review of previous journals and research, as well as data obtained from the Health Service, the COVID-19 Task Force, the COVID-19 Handling Committee and the National Economic Recovery.

## **RESULTS AND DISCUSSION**

The current condition, the COVID-19 pandemic in Indonesia has entered a new phase, where daily confirmed cases can reach 54 thousand cases per July 2021, the spike number occurred from late March to this July. Various policies in an effort to overcome COVID-19 have been implemented by the government. The various policies are PSBB, Transitional PSBB, PPKM, Micro PPKM, Emergency PPKM (Java-Bali), to the implementation of vaccinations. These various policies are aimed at reducing the rate of transmission and efforts to control COVID-19 in Indonesia. The

current government policy is to make massive and measurable vaccinations to the community (Adhani et al., 2022).

This vaccine policy is contained in Presidential Decree No. 99 of 2020 which was renewed by Presidential Decree No. 14 of 2021 concerning Vaccine Procurement and Vaccine Implementation in the Context of Combating the COVID-19 Pandemic. This vaccination policy has been implemented since 2021 at the beginning of January, and requires at least 15 months of evenly distributed vaccine implementation until 2022.

The first period of vaccination has been implemented in early January to April 2021 by prioritizing 1.3 million health workers and 17, 4 million public officers in 34 provinces. The second period lasts for 11 months, from April to March 2022 by prioritizing the community with a total of 181.5 million people. This vaccination policy is still ongoing, especially for this second stage. Policy implementation in this study focuses on the theory of Gorge C. Edwards III with several variables used to measure the success of policy implementation.

These variables include, communication, resources, disposition, and bureaucratic structure. In this study, the analysis knife is focused on these variables. The implementation of this vaccination policy will continue until 2022. If you look at these variables, the vaccination policy in Indonesia can be seen as follows:

### **Communication**

In this communication variable, it discusses how the communicator (Government) can convey policy messages well to the communicant (Public Society). The flow used in this vaccination policy communication is the policy makers as meant by the executive and legislative institutions through Presidential Regulation Number 99 of 2020 which was updated with Presidential Regulation of the Republic of Indonesia Number 14 of 2021, namely the President and the DPR providing explanations to stakeholders related to

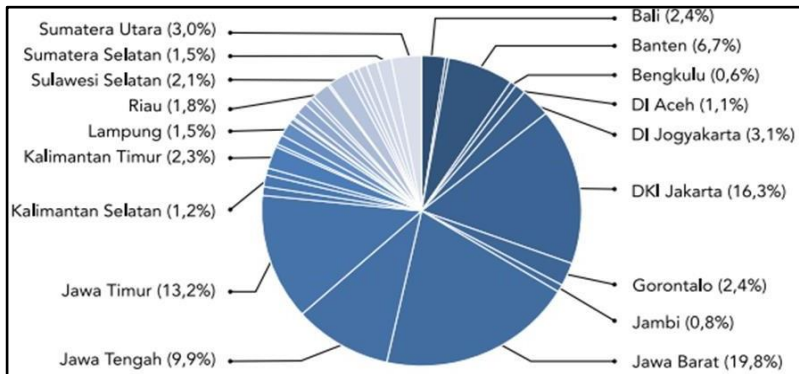
implementation of the policy. Those involved are the Minister of Health in collaboration with the Minister of Transportation, TNI and Polri and Kominfo as field implementers (advanced communicators) which are then conveyed to the public as the target or target of the policy. In this case, the delivery of information related to the vaccination policy has been said to be running effectively even though there are still obstacles in communication.

This was due to the rejection and lack of trust from the public regarding the vaccination agenda, although only a number of sections refused. In addition, there are still many people who do not even know this vaccination thoroughly. Based on a survey conducted by the Ministry of Health, ITAGI, UNICEF, and WHO in September 2020 through online media from 19-30 September 2020 explained that: More than 115,000 respondents from 34 provinces participated in the survey.

The distribution of respondents varied between provinces and between questions. Most of the 514 Kabupaten Kota (nearly 99%) participated in this survey; there are six districts that have no respondents (two in West Papua Province and four in Papua Province). Around 69% of all respondents are from Java Island and 13% from Sumatra, where almost 75% of Indonesia's population lives.

**Figure 3**

*Survey on Acceptance of COVID-19 Vaccines in Indonesia (Location)*

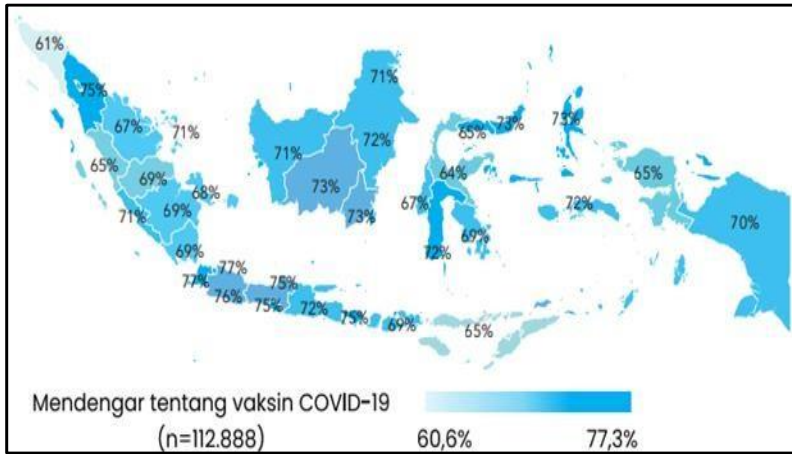


Source: Survey Results of the Ministry of Health, ITAGI, UNICEF, and WHO.

Three percent of the total respondents are under 18 years of age. Respondents were asked about their interest in information about the COVID-19 vaccine and its source and preferred communication channel. Most respondents (76%) are aged 18 to 45 years and more than 1 percent are over 65 years old. Slightly more than half of the respondents were male. Around 74% of respondents admitted that they knew more or less about the Government's plan to implement the COVID-19 vaccine nationally. The percentage varies between provinces. Around 61% of respondents in Aceh answered that they knew the Government's plans regarding the distribution of the COVID-19 vaccine; while in several provinces in Sumatra, Sulawesi, and the Nusa Tenggara Islands, 65–70% of respondents were aware of this information. The number of respondents in the provinces of Java, Maluku, Kalimantan, Papua, and a number of other provinces that know this information is higher, which is around 70%. This survey did not reveal the factors of variation and further research is needed to determine these factors.

**Figure 4**

*Survey on Acceptance of COVID-19 Vaccines in Indonesia (Knowledge)*

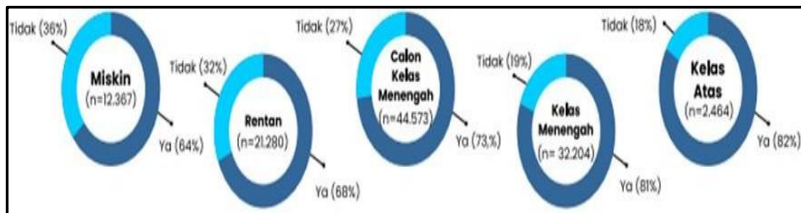


Source: Survey Results of the Ministry of Health, ITAGI, UNICEF, and WHO.

Low-income respondents have the lowest level of knowledge related to vaccines. The level of knowledge about the information tends to increase according to the level of the respondent's economic status. This may be due to the high access to information held by respondents with high economic status. However, there is a slight difference between the knowledge of male and female respondents regarding the availability of the COVID-19 vaccine and the distribution plan by the Government.

**Figure 5**

**Survey on Acceptance of COVID-19 Vaccines in Indonesia**



Source: Survey Results of the Ministry of Health, ITAGI, UNICEF, and WHO

Around 65% of respondents said they were willing to accept the COVID-19 vaccine if it was provided by the government, while eight percent of them refused. The remaining 27% expressed doubts about the Government's plan to distribute the COVID-19 vaccine. This group is important to drive the success of the vaccination program. This situation needs to be understood carefully; The public may have different levels of trust in the COVID-19 vaccine due to limited information regarding the type of vaccine, when the vaccine will be available and its safety profile, furthermore because this survey was supported by ITAGI, UNICEF, WHO, and the Ministry of Health.

**Resource**

In preparation for the implementation of this vaccine policy, there are logistical preparations and human resources for the COVID-19 vaccine. Based on data from the Ministry of Health, procedures for maintaining the temperature of the vaccine or the cold chain have been prepared.

The average functioning readiness in Indonesia reaches 97%. In terms of human resources, consisting of general practitioners, specialists, nurses and midwives, they have been prepared. From the data from the Ministry of Health, the number of human resources that have been prepared is 739,722 people. As well as vaccinators at

health centers and hospitals as many as 23,145 people. Or in a ratio of 1:20 throughout Indonesia. In addition, the implementation of this vaccination is also supported by the TNI and Polri in their field duties.

### **Disposition**

The disposition of the implementation of this policy involves various stakeholders in its implementation. Those involved in implementing the policy, based on Chapter IV in (Permenkes) Number 18 of 2021, explains that the Ministry of Health in the implementation of COVID-19 Vaccination can cooperate with ministries/agencies, provincial regional governments, district/municipal governments, state-owned enterprises, state or private business entities, professional/social organizations, and other parties deemed necessary. Other parties as referred to in paragraph (1) include the Indonesian National Army/Police of the Republic of Indonesia and international institutions/agencies related to the health sector.

### **Bureaucratic Structure**

In this policy, the bureaucratic structure focuses more on Standard Operational Procedures (SOP). The legal basis used in this SOP is contained in the Minister of Health Regulation Number 10 of 2021 concerning the Implementation of Vaccination in the Context of Combating the Corona Virus Disease 2019 (COVID-19). Pandemic which was later updated to (Permenkes) Number 18 of 2021. The following are some points. The new provisions for the implementation of COVID-19 vaccination in Indonesia based on information from the Ministry of Health's web page explains that:

- a. The use of the same type of COVID-19 vaccine between the government vaccination program and the Gotong Royong vaccination is permitted by the Ministry of Health, provided that the type of COVID-19 vaccine for program vaccination is obtained from grants, donations, or gifts from the



- community or other countries. those referred to are also not allowed to be traded and must be given a special mark that can be recognized by naked eye.
- b. Handling of Post Vaccination Adverse Events (KIPI) for COVID-19 that require treatment and care at health facilities in accordance with medical indications and treatment protocols is also regulated in the new Permenkes.
  - c. Regarding the financing aspect, active participants of the National Health Insurance (JKN) will be covered through the JKN mechanism and can be carried out in all health care facilities. Meanwhile, non-active participants and non-JKN participants will be funded through other funding mechanisms sourced from the state revenue and expenditure budget in accordance with the provisions of laws and regulations.
  - d. The health services that will be provided are equivalent to class III of the National Health Insurance program or above class III at their own will with the difference in costs borne by the person concerned.

In addition, the Minister of Health also explains the various types of vaccines that will be given, the targets for implementing the vaccination, distributing the COVID-19 vaccine, supporting equipment, and logistics, cooperation in the implementation of the COVID-19 vaccination, monitoring and response, communication strategies, recording and reporting, funding, guidance, and supervision, as well as technical instructions for the implementation of the COVID-19 vaccination.

By reviewing the implementation of the policy through the approach to these four variables, the vaccination policy has been implemented properly. Although in the implementation of the policy, there are still various obstacles in its implementation. However, when viewed from the implementation of the policy, until now it is still implemented in all regions, and is still running with

the targets that have been determined. Therefore, the consistency made by the government in efforts to distribute vaccinations continues to this day, as is in accordance with the vaccination stage, namely the second stage of the vaccine, which is held with the target audience being the general public.

## **CONCLUSION**

This vaccination policy has been stated in Presidential Regulation No. 99 of 2020 which was updated with Presidential Regulation of the Republic of Indonesia No. 14 of 2021. Vaccine Procurement and Vaccine Implementation in the Context of Combating the COVID-19 Pandemic. As well as in Minister of Health Regulation Number 18 of 2021 Implementation of Vaccination in the Context of Combating the Corona Virus Disease 2019 (COVID-19) Pandemic. With reference to the Perpres and Permenkes and when viewed from the implementation variables proposed by the theory of George C. Edwards III, which states that the effectiveness of policy implementation can be seen from the four variables that support the implementation of policies, namely: Communication, Resources, Disposition, and Bureaucratic Structure. So by reviewing these variables, that the implementation of the policy of the implementation of vaccination in Indonesia has been running quite well, and there are still various obstacles found both in its implementation and in the communication of the policy, so that there are still various perspectives that cause debate with the implementation of the vaccine policy. Then this policy is still being implemented according to the 15-month target of vaccination. So that the consistency of the government in efforts to provide equal distribution of vaccinations in Indonesia is still running consistently even though in some remote areas the system and reporting of data on the implementation of the vaccination is still unknown. and still found various obstacles both in its implementation and in the communication of the policy, so that there are still various perspectives that cause debate with the implementation of the vaccine policy. Then this policy is still being implemented

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