How to Cite:
Sejati, H., Pratiwi, E. N., Pujiastuti, H., Handono, N. P., Suwarni, E., & Nugroho, I. (2022). COVID-19 vaccine provision model for public transportation users in Kuningan, Indonesia. *International Journal of Health Sciences*, *6*(S4), 2553–2566. https://doi.org/10.53730/ijhs.v6nS4.7298

COVID-19 vaccine provision model for public transportation users in Kuningan, Indonesia

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***Abstract*---**The purpose of this study is to describe the government's efforts to provide access to the COVID-19 vaccine for users of public transportation in the Kuningan area, Indonesia. The research method uses a descriptive qualitative approach with a case study design. The research subjects were 4 people consisting of 1 echelon III functional official in Cidahu District and 3 health workers who served in the COVID-19 handling and COVID-19 vaccination section of the Cidahu Health Center UPTD. Data collection techniques using interviews, observation, and documentation. Data analysis techniques through data reduction, data display, and verification. The results of the research conclude that the government's efforts to provide access to the COVID-19 vaccine for public transportation users in Kuningan can be declared effective and successfully realized because as many as 34,548 people or at least 75 percent of the total (45,730) people of Cidahu District have carried out vaccinations in 2021.

International Journal of Health Sciences ISSN 2550-6978 E-ISSN 2550-696X © 2022.
Manuscript submitted: 27 March 2022, Manuscript revised: 18 April 2022, Accepted for publication: 9 May 2022

***Keywords*---**vaccine provision, transportation users, Covid-19.

Introduction

The process of providing access to vaccines and vaccinations is a collaboration of various elements of the nation and state, with full support from the people of Indonesia. The government as one of the important elements in the country seeks to provide free vaccines for all people to encourage the accelerated rate of health recovery. The COVID-19 pandemic must also be accompanied by 5M disciplines (wearing masks, washing hands, maintaining distance, avoiding crowds, and reducing mobility) and strengthening 3Ts (testing, tracing, and treatment) are important steps to open up various opportunities to raise productivity levels, protect public health, and end the COVID-19 pandemic. In addition, the public is urged to remain disciplined and obedient in carrying out health protocols, both ongoing and not yet running because health protocols can protect individuals and people around them from COVID-19 transmission because the vaccine has been distributed to all regions in Indonesia. The total number of COVID-19 cases from early March 2020 to July 2021 in Kuningan Regency reached 2,873 with details of 42 surveillance suspects, 2187 confirmed positive, and 14 probable (Figure 1). So the Kuningan Regency government is trying to break the chain of the spread of COVID-19 through mass vaccination. The distribution of 7,720 COVID-19 vaccines arrived in Kuningan Regency, West Java, on Wednesday, January 27, 2021. The vaccines will be sent to a pharmacy warehouse under the strictest escort from security forces before being delivered to 15 health centers spread out and have been designated as locations vaccination. The Central Government's policy on the delivery of vaccines in the context of handling the COVID-19 pandemic to Kuningan Regency received extraordinary enthusiasm from the community. Thus, receiving this vaccine can be a concrete step in the context of ending the COVID-19 outbreak. A description of the distribution map of confirmed cases of COVID-19 in the Kuningan area is presented in the following image.

Figure 1. Map of the distribution of Covid-19 cases in Kuningan, July 2021

This vaccination activity was initiated by 10 officials and figures in Kuningan such as the Deputy Regent of Kuningan, Head of BPBD, Head of the Kuningan Police, Dandim, and some regional officials will be the first to receive the COVID-19 vaccine injection. The Regent of Kuningan Regency asked the entire community of Kuningan Regency to support this vaccination program as an effort to end the pandemic chain that had lasted for almost two years. He emphasized that this vaccine is safe to use and has met the standard requirements, starting from its safety and halal testing by BPOM. The optimism of the Indonesian state began to spread since the government tried to bring in vaccines from various countries to overcome the COVID-19 problem. Indonesia is confident that it will be free from the COVID-19 pandemic by 2022. During the procurement and implementation of vaccinations, all parties involved need to be careful and thorough in handling them, especially if changes in the virus must always be monitored. Government efforts in vaccine enrichment must consider the safety factor of vaccines, especially in the process of clinical vaccine trials. Every effort is made by the state to deal with COVID-19 considering that the drug (vaccine) has not been fully given to the entire community. Vaccination will be said to be successful if 70% of all Indonesian citizens have got it.

The purpose of this study is to describe the government's efforts to provide access to the COVID-19 vaccine to fulfill the rights of citizens to achieve group immunity in the community in Kuningan Regency. Practically, this research is expected to be useful inputs for improving the quality of programs made by policy makers, especially parties related to the formulation of Vaccination policies in Kuningan Regency, namely: -19 in fulfilling the rights of citizens. It can be seen that the communication between the government and the community of Cidahu District, Kuningan Regency in overcoming the confusion of information related to the COVID-19 vaccine on social media. It can be described the government's efforts to

provide access to the COVID-19 vaccine to fulfill the rights of citizens in achieving group immunity in the Cidahu District community, Kuningan Regency. In addition, this research provides a description of the policies that have been established for the community as well as the facilities provided in fulfilling their rights and obligations as citizens in carrying out government policies, and assisting the community to carry out their rights so that their obligations as citizens are fulfilled in implementing government policies efforts to protect each other and protect themselves from the COVID-19 virus.

Research Method

This research uses a qualitative approach with a descriptive method. The form of descriptive research that is used in the title of this research is a case study approach. This research focuses intensively on a research subject by placing it as a case in order to describe the characteristics of the person suffering from the disease, the time of its occurrence (time), and the place of occurrence (Sugiyono, 2017). The participants/subjects of the study were 4 people consisting of 1 echelon III functional official in Cidahu District and 3 health workers who served in the COVID-19 handling and COVID-19 vaccination section of the UPTD Puskesmas DTP Cidahu. The research location was carried out in Cidahu District, Kuningan Regency, West Java. Data collection instruments used interview guidelines, observation sheets, and documentation, as well as questionnaires. The research procedure includes the pre-field stage starting with licensing. The preparatory stage is carried out to prepare everything regarding the focus of the problem and the object of research. In this implementation stage, the researcher searches for data on the focus of the problem that has been compiled based on predetermined techniques and instruments. Validity Checking Techniques The research data used triangulation and included a credibility test, transferability test, dependability, and objectivity test (Moleong, 2014). Technical analysis and data processing in research through the stages of data reduction, data display, and verification

Result and Discussion

Vaccination targets/targets consisting of all citizens/communities in Cidahu District are required to participate in the implementation of the COVID-19 vaccine program. Exceptions are set for vaccine targets/targets that do not meet the criteria for vaccine recipients according to the indications for the COVID-19 vaccine. Based on information and data obtained by researchers from the Cidahu District Office, the local government of Kuningan Regency/Regent and Camat in Kematan Cidahu implemented policies and regulations regarding COVID-19 policies that only apply in the Kuningan district as follows.

Table 1
Kuningan Regional Government Regulation on Fulfillment of COVID-19 Vaccination

Regulation	Information
Kuningan Regent Regulation Nomor 26	Large-Scale Social Restrictions in Order to Accelerate Handling of Corona Virus Disease 2019 (COVID-19) in

Tahun 2020	the Kuningan Regency area (as of May 4, 2020)
Kuningan Regent Regulation Nomor 37 Tahun 2020	Guidelines for the Implementation of Micro-Scale Social Restrictions (PSBM) in Combating Corona Virus Disease 2019 (COVID-19) in Kuningan Regency (as of June 30, 2020)
Kuningan Regent Instruction Nomor 2 Tahun 2021	Enforcement of Restrictions on Community Activities and Control of the Spread of Corona Virus Disease 2019 in Kuningan Regency (as of June 16, 2021
Kuningan Regent Circular Nomor 443/36/Huk	Implementation of Restrictions on Community Activities in Handling Corona Virus Disease 2019 (COVID-19) in Kuningan Regency (as of January 8, 2021)
Kuningan Regent Circular Nomor 443.1/1095/BPBD	Implementation of the Persian Territory Quarantine in Kuningan Regency (as of April 1, 2020)
Kuningan Regent Circular Nomor 180/KPTS.420-Huk/2020	Enforcement of New Habits of Adaptation in Kuningan Regency in the Context of Accelerating COVID-19 Response (as of July 13, 2020)
Kuningan Regent Regulation Nomor 47 Tahun 2020	Guidelines for the Implementation of Adaptation of New Habits in Handling Corona Virus Disease 2019 (COVID-19) in Kuningan Regency (as of July 13, 2020)
Kuningan Regent Regulation Nomor 63 Tahun 2020	Imposition of Administrative Sanctions for Violations of Health Order in the Implementation of Adaptation of New Habits in Combating Corona Virus Disease 2019 (as of August 11, 2020)
Kuningan Regent Circular Nomor: 443.1/1608/Huk	The implementation of the Corona Virus Disease 2019 Emergency Community Activity Restriction in Kuningann Regency following up on the Instruction of the Minister of Home Affairs Number 15 of 2021 concerning the Implementation of the 2019 Corona Virus Disease Emergency Community Activity Restriction (PPKM) in the Java and Bali Regions (as of 3 July 2021)
Instruksi Menteri dalam Negeri Nomer 38 Tahun 2021	Enforcement of Level 4, Level 3, and Level 2 Corona Virus Disease 2019(COVID-19) Community Activities in the Java and Bali Regions (as of 30 August 2021)
Keputusan Camat Cidahu Kabupaten Kuningan No. 443/ KPTS.10KESRA/2020	Formation of the Corona Virus Disease 2019(COVID-19) Handling Task Force in Cidahu District (as of September 25, 2020)
Surat Edaran Bupati Kuningan Nomor 061/442/ORG	Enforcement of Activity Restrictions to Control the Spread of COVID-19 within the Kuningan Regency Government (as of March 8, 2021)

(Source: Processed by researchers, 2021)

Government Efforts in Providing Access to COVID-19 Vaccines for Users of Public Transportation in the Kuningan Area

Theory (Reivich, K. & Shatte, 2002, pp. 36–46) which explains one aspect of resilience, namely optimism. Optimism is a resilient individual, namely an

individual who has an optimistic nature. They have the belief that things can change for the better. Likewise, the government's efforts in carrying out the COVID-19 vaccine program which can turn an infectious disease pandemic into group immunity so that the spread of the COVID-19 vaccine can be overcome. This means that if a part of the community's population is immune to infectious diseases (COVID-19), it will provide indirect protection for those who are not immune to the disease. A total of 182 million people or at least 70 percent of the population of the Indonesian people must get the vaccine but in reality the COVID-19 vaccine cannot be easily obtained because almost all countries in the world exposed to COVID-19 have targets/priorities to access the COVID-19 vaccine plus with the limited availability of vaccines. In addition, the process of making the COVID-19 vaccine development must go through the qualification process and laboratory trials taking into account the content, halalness and effectiveness in warding off COVID-19. He added that:

> *"The COVID-19 vaccine was developed in accordance with the latest scientific procedures and rules, science/science and technology"*

Therefore, currently all countries in the world are competing to get a COVID-19 vaccine according to the criteria set by the World Health Organization (WHO) in obtaining valid and strong clinical evidence of safety and effectiveness in treating COVID-19 patients so that can restore citizens in achieving herd immunity and raise national economic conditions. National and international institutions are trying their best to produce COVID-19 drugs/vaccines. Some of the vaccine candidates must enter the clinical trial stage until the final stage. Vaccine development must comply with international standards as well as regulations from the Food and Drug Administration (BPOM) for vaccine/drug registration as well as permission from the Indonesian Ulema Council (MUI) to determine the halalness of vaccine products. The condition of the minimal and limited availability of the COVID-19 vaccine amid the large need for vaccines from countries in the world seems to urge the government to issue policies. The government seeks to meet the needs of the community, such as developing a domestic COVID-19 vaccine, which was later named the Red and White vaccine, purchasing COVID-19 vaccine from countries abroad, and collaborating with various international institutions. The government cooperates with the Minister of Health/Menkes of the Republic of Indonesia, the Minister of Foreign Affairs/Menlu, the Coordinating Minister/Coordinating Minister of Maritime Affairs and Investment, and the Minister of State-Owned Enterprises/BUMN in meeting vaccine needs so that Indonesia is successful in gaining access to the Sinovac vaccine candidate (China). , AstraZeneca (UK), Sinopharm (China), Moderna (United States), Pfizer (Germany), and others. Based on information from research sources, namely the Chair of the COVID-19 Vaccination Task Force/Satgas at the Cidahu Health Center said that:

> *"Indonesia has received a supply of vaccines of the Sinovac and Astra Zeneca types. There are several kinds of vaccine supplies that have arrived in Indonesia, such as Moderna (United States), Pfizer and Bio Tech (Germany), Sinopharm and (China). Each vaccine has its drawbacks but so far no serious problems have been identified. The Indonesian government has succeeded in achieving vaccination of as many as 2 million doses of the COVID-19 vaccine that have been injected"*

So several types of COVID-19 vaccines that have come from abroad are ready to be given to Indonesian citizens/people. Each type of vaccine has a different content, therefore the effectiveness of the vaccine in warding off COVID-19 varies. So far, the most widely distributed vaccine to the Indonesian people is the Sinovac type (China) with an effectiveness rate of 60 percent, while the highest effectiveness is still held by the Moderna type vaccine (Germany) with an effectiveness level of 95 percent. All Indonesian citizens have the right to get access to the COVID-19 vaccine so that their health rights are fulfilled. The right to health is recognized as part of human rights that must be fulfilled and protected by the state in accordance with the constitutional mandate of Article 28 H paragraph (1) of the 1945 Constitution of the Republic of Indonesia. Health rights take various forms, but the rights of citizens access to health services in the form of vaccination has not been fulfilled. The government's policy in the form of a COVID-19 vaccine is still not running optimally in protecting the health rights of every citizen from the threat of the COVID-19 pandemic because the vaccination program has not reached the target of at least 70 percent of the Indonesian people. The chairman of the COVID-19 Vaccination Task Force/Satgas at the Cidahu Health Center said that:

> "*One of the factors that makes the supply of COVID-19 vaccines in Indonesia minimal is because the funds or budget provided by the State are very limited*

The budget needs/costs for the procurement and implementation of the COVID-19 vaccine program are borne through the relatively large and significant APBN (State Revenue and Expenditure Budget) and APBD (Regional Revenue and Expenditure Budget). Therefore, the government implements a number of other policies, including cutting or reallocating the expenditure budget from the Institution/Ministry by considering the budget implementation list (DIPA) and taking into account the track record of the Institution/Ministry agency.

> *"Vaccination programs need to be carried out by formulating effective public policies. Effective public policy is correlated with the level of public participation"*

Dye (Dye, 1978, p.3) explained that public policy is all government activities (central or regional) that must be followed by the community, both when the government carries out an activity or vice versa. The policies required by the government require the public to implement vaccines so that the participation rate is high. An effective public policy is very important because it will increase the participation of the Cidahu community. The higher the community participation in being responsive to the vaccination program, the higher the contribution to the rate of transmission of the spread of COVID-19 and its variants. The COVID-19 vaccine was first launched on January 28, 2021, starting with the injection of the COVID-19 vaccine at an interval of 14 days. The head of the COVID-19 Vaccination Task Force/Task Force at the Cidahu Health Center said that:

> *"Immunization is inserting a type of vaccine into the human body. Immunization has the same meaning as vaccination. The COVID-19 vaccination creates herd immunity against the Corona Virus."*

The COVID-19 vaccine works by training the immune system to fight viruses or bacteria. Vaccines are not drugs but are attenuated viruses which are then called COVID-19 vaccines. The COVID-19 vaccine can protect the human body in the long term. The first vaccination was carried out to 10 selected people (VVIP) who had a big influence because they had a lot of direct contact with the general public. As the main target, vaccine recipients must set a good example so that the public is educated to participate in the COVID-19 mass vaccination program. With this vaccination can provide an example to the entire Kuningan community that the vaccine is safe. The local government of Cidahu is willing to vaccinate based on a health and age analysis which is not recommended. This vaccine will last until March 2022. The COVID-19 vaccination must be carried out twice to produce up to 95 percent of antibodies, the first injection will cause 50-60 percent of antibodies, while the remaining antibodies will appear in the second injection. The intervals for administering the COVID-19 vaccine vary from 14-20 days, 14-30 days, to 3 months according to the type of vaccine injected.

(Ranuh, 2014) states that the immunity obtained from this immunization can be in the form of active immunity or passive immunity. Immunization is intended to ward off certain diseases that attack a person and stay away from the risk of severe indications or symptoms when attacked by a disease. sick effect. Meanwhile, herd immunity works by providing indirect protection that can be obtained by individuals who are susceptible to an infection because the proportion of individuals who are immune to infection is large in a population in society. This immunity can be obtained through vaccination or natural infection. Vaccination can be the path of choice to achieve herd immunity. The government categorizes the target recipients of vaccination into 4 groups on a priority list. The priority list is a group of people who must be prioritized in giving vaccines because there is a risk of spreading positive cases of COVID-19 to the surrounding environment. The targets/priority targets for the COVID-19 vaccine include health workers or health workers/nakes, TNI/Polri, legal apparatus and other public service officers, community leaders or religious leaders, teachers, ASN, educators, government officials at the central level, regions and legislatures, and productive age groups. The phasing scheme for the COVID-19 vaccine target/target consists of 4 stages. Mr. H. Wawan Setiawan as Chair of the COVID-19 Task Force/Satgas UPTD Puskesmas DTP Cidahu emphasized that:

> *"Herd immunity is a form of indirect protection from infectious diseases in a number of populations becoming immune to the population so that individuals who are not immune are also protected. The stages of vaccination at the COVID-19 vaccine target/target are divided into 4 stages, namely as follows: Phase I : Health workers/Nakes, Phase II : Public Stage III: Elderly/Elderly, and Stage IV: General"*

The government is providing free COVID-19 vaccines in stages. The government will issue instructions or technical guidelines for administering the COVID-19 vaccine as stated in the Decree of the Directorate General of Disease Prevention and Control Number HK. The division of 4 stages of vaccination consists of: Phase I (January-April 2021) with targets/targets for health workers/Nakes; Phase II (January-April 2021) with targets for legal apparatus, TNI/Polri and other public service officers as well as the elderly/elderly group (60 years and over); Phase III

(period April 2021-March 2022) with targets/targets for vulnerable communities from geospatial, economic, and social aspects, as well as the elderly/elderly group (60 years and over); and Phase IV (period April 2021-March 2022) with targets for the general public and other economic actors. According to the Camat Cidahu optimistically said that:

> *"If the target is actually our target, if we can achieve 100% of those outside the age of 12 and under, it has not yet been introduced for ages 12 and under. Only for 12 years and over until the age of the elderly is divided into 3 terms, which at the beginning was not the age of health workers, the health workers were health workers"*

Despite the fact that on the ground the COVID-19 vaccination program in Sub-Districts and Villages/Kelurahan has not been fully realized to all levels of society, the Cidahu local government is considered to have succeeded in achieving the target of 34,548 people or at least 75 percent of the Cidahu population. Coordination of the implementation of the COVID-19 vaccination at the sub-district level is coordinated by the sub-district head, while at the village/kelurahan level it is coordinated by the village head.

The Indonesian Ministry of Health (2011) in the theory of patient safety states that there are seven patient safety standards consisting of: (1) the right of patients to obtain information, education, and access to obtain COVID-19 vaccine services so that their rights to health can be fulfilled. ; (2) educating patients and families by providing education and socialization regarding the urgency of administering the COVID-19 vaccine in handling COVID-19 through communal and online media/social media to avoid hoaxes; (3) patient safety and continuity of service between health workers/health workers, the Cidahu local government and the local community through the COVID-19 vaccination program by establishing herd immunity; (4) using the performance improvement method, the UPTD Puskesmas DTP Cidahu designs a new process or improves an existing process, monitors and assesses performance through data collection on vaccines in villages; (5) educating employees about patient safety, UPTD Puskesmas DTP Cidahu has an education and training process as well as orientation for each position regarding the safety of COVID-19 patients; (6) good communication is the key for health workers/health workers to achieve COVID-19 patient safety; and (7) the role of the leader in improving patient safety, namely the formation of a COVID-19 Task Force/Satgas team to administer the Cidahu community vaccination program. The COVID-19 Task Force/Task Force is a formation unit or unit formed to carry out tasks related to handling COVID-19. As stated by the Cidahu Sub-district Head as the Head of the COVID Task Force in Cidahu District that:

> *"The pandemic condition that generally spreads in Indonesia is one of the parties or the sub-district SKPD. At the beginning, there was a letter from the Minister of Home Affairs per 2020 related to the handling of the 2019 Coronavirus up to the District, District, Village levels. We begin with the formation of a Task Force at each level first. The task force used to be the task force, now there are only 13 because the capacity at the time of the formation of the Task Force up to the level of village posts was also a form of insulation"*

The formation of the COVID-19 Task Force/Task Force in Cidahu District is carried out at every level starting from the District, Village to Sub-district levels. The task force in each village in the Cidahu sub-district has established posts in charge of supervising and collecting data on road access blocking in Cikacas Village, Cidahu District (Kuningan-Cirebon border) which is carried out by village brokers and the local community. The Village COVID-19 Task Force was created with the aim that the local government can solve problems in implementing strategic policies related to handling and controlling COVID-19 and can quickly take strategic steps so that their implementation can run effectively, efficiently and on target. Based on the decision of the Cidahu District Head of Kuningan Regency Number 443/KPTS.10-KESRA/2020 concerning the Establishment of the Task Force for Handling Corona Virus Disease 2019 (COVID-19) in Cidahu District. The COVID-19 Task Force/Task Force in Cidahu District has the following duties:

a) carry out and control the implementation of strategic policies related to the handling of COVID-19 in Cidahu District;
b) resolve problems in implementing strategic policies related to handling COVID-19 in Cidahu District;
c) supervise the implementation of strategic policies related to the handling of COVID-19 in Cidahu District;
d) establish and implement policies and other necessary steps in the context of accelerating the handling of COVID-19 in Cidahu District;
e) The command and control of handling COVID-19 is under the Head of the National COVID-19 Handling Task Force/Head of the National Disaster Management Agency (BNPB). Thus, the flow of reporting from the Head of the Sub-District Handling Task Force to the District Kasatgas; Districts to provinces and provinces directly to the National COVID-19 Handling Task Force.

Large-Scale Social Restrictions are implemented simultaneously starting Wednesday, May 4, 2020 with restrictions on all community activities such as trading a maximum of 16.00 WIB. The Kuningan Regent coordinates with the Deputy Regent, Regional Secretary, and Regional Community Forums in taking policy initiatives that will be widened from the previous partial area quarantine by imposing restrictions and supervision at 11 sub-district points which are categorized as large to create crowds in markets such as Kuningan, Darma, Kadugede, Cibingbin, Subang, Cilimus, Kramatmulya, Ciawigebang, Garawangi, Maleber, and Luragung. The eleven sub-districts above will apply stricter social restrictions because they have an intensive capacity compared to other regions. So the head of the Cidahu sub-district restricts some community activities during the large-scale social restriction period until 6 pm. Other activities such as wedding celebrations/celebrations are not allowed and the implementation of Friday prayer services for the Muslim Cidahu community should not be carried out regularly once a week but should still be focused on their respective residences. Even so, the government still urges and supervises all activities of its citizens while still implementing strict health protocols.

In his theory, Thomas Malthus initiated the positive check as a condition where rapid population growth is hampered by high mortality rates, for example due to

war, poverty, famine or disease. Malthus has been criticized for his ideas being considered unethical, allowing high death rates without trying to prevent them, in order to strike a balance between population and food availability. Mathus did not consider at that time (1798) that technological developments could be an alternative in increasing mass food production to meet food needs. The development of contraceptive methods and their mass use, especially in developing countries, can also be a preventive check for population growth. Therefore, a balance between population growth and food demand can be achieved without allowing the positive check to work as a control. Meanwhile, Rankin (2020) expressed his opinion that COVID-19 cannot be called a Malthusian crisis, but is a warning that positive checks may occur in the world in the future. The focus of this research is not discussing COVID-19 as a positive test for Malthus, but more focused on efforts to overcome and control the COVID-19 pandemic, as a prevention and positive examination of the obstacles to balance that we have been living a comfortable life.

The current government policy in responding to COVID-19 is the right choice, including the implementation of PSBB and large-scale rapid tests. The success of government policies actually depends on the discipline of the population and society. Unfortunately, there are still many residents who do not understand and do not follow government recommendations, such as basic things such as social distancing, keeping a distance, avoiding crowds/crowds, wearing masks when going out, and washing frequently hands with soap. This is influenced by various obstacles, such as the low level of education of the population and urgent economic needs related to their work or livelihood. For this reason, the government must always advocate for the community to accumulate understanding in dealing with COVID-19 that is friendly to citizens, and prepare plans to help communities improve their economic conditions. This is necessary so that the easing of the PSBB that is currently being implemented does not become an "unconscious" way to build herd immunity with all the risks of pain.

Based on these groupings, the conclusion is that the implementation of the COVID-19 vaccine program by the government in Cidahu District, Kuningan Regency was declared successful and effective because 34,548 people or at least 75 percent of the total (45,730) people of Cidahu District had carried out vaccinations. In other words, the government has succeeded in reaching targets which are grouped by age, the respondent's area of residence, profession or occupation, and students or students to get access to the COVID-19 vaccine. The similarities between the data, facts, and theory in the credibility test of the validity of this research data are as follows:

- The implementation of vaccination in Cidahu Sub-district was carried out according to the procedures and laws and regulations in force and there were no violations and abuses of rights, equality of treatment, professionalism, aspects of public interest, and the balance of rights and obligations so that legal problems did not arise.
- The need for a COVID-19 vaccine in Cidahu District is appropriate and acceptable according to the das sollen although there were problems with the distribution of the vaccine in the second stage.

- The local government has succeeded in providing free and gradual access to vaccines for its citizens, which is held centrally at the Cidahu Health Center and in gebyar to villages/sub-districts in Cidahu District.
- The formation of the COVID-19 Task Force/Task Force in Cidahu is very much felt in the participation and efforts to improve the handling and prevention of COVID-19 through the synergy of Institutions/Ministries in their respective regions.

Meanwhile, the differences between data, facts, and theory in the credibility test of the validity of the data that the researchers encountered were as follows:

- The Cidahu District Government considers the safety of around 45,730 Cidahu Kuningan people through the vaccine program but only 75 percent of it has been realized or equivalent to 34,548 people.
- Door-to-door vaccinations were carried out to every house in the Cidahu Sub-districts villages/kelurahan that had not yet carried out mass vaccination, indicating that there are still Cidahu people who have not implemented the vaccine due to distrust of the local government and being consumed by fake news on social media.
- Educational activities for the Cidahu community with the COVID-19 vaccine seminar have not been carried out optimally because it has only been partially implemented in schools and has not been distributed evenly to the general public.
- Direct socialization through posters, banners, etc. is considered more effective than online socialization through social media such as Instagram, Facebook, WhatsApp, YouTube, websites, etc. about the importance of the COVID-19 vaccine program.

Vaccination is the responsibility of the government to carry out efforts to overcome COVID-19, and if there are people who refuse vaccination, then people who refuse vaccination are considered to hinder the implementation of the prevention of the COVID-19 outbreak, then people who refuse vaccination can be subject to sanctions based on Article 14 paragraph (1) Law Number 4 of 1984 concerning infectious disease outbreaks with a criminal threat, in the form of imprisonment for a maximum of 1 (one) year and/or a maximum fine of Rp. 1.000.000,- (one million rupiah). In addition, people who refuse vaccination can also be subject to sanctions based on Law Number 6 of 2018 concerning Health Quarantine. Article 15 paragraph (2) letter a mandates health quarantine measures, one of which is in the form of vaccination and Article 9 paragraph (1) states that everyone is obliged to comply with the implementation of health quarantine. And in paragraph (2) it is stated that everyone is obliged to participate in the implementation of health quarantine. From the provisions of this article, people who refuse vaccination can be subject to witness based on Article 93 of Law Number 6 of 2018 concerning Health Quarantine. With a sanction in the form of a maximum imprisonment of 1 (one) year and/or a maximum fine of Rp. 100,000,000, - (one hundred million rupiah).

Second, constitutionally the right to health is a human right which is the government's obligation to fulfill it. All of the above provisions emphasize that health is a citizen's right. The Cidahu Regional Government as one of the

elements of the State administration, is obliged to fulfill health services in order to achieve the highest degree of public health in Cidahu through the vaccine program. Technically, human rights standards have provided a framework for fulfilling the right to health. All Cidahu residents have the right to obtain health, one of the rights to obtain health is regulated in Article 4 of Law Number 36 of 2009 concerning Health. The article states that "everyone has the right to health." In addition to the community having the right to health, the community also has the obligation to realize, maintain, and improve the degree of public health, besides that it is also obliged to respect the rights of others in an effort to obtain a healthy environment, both physical, biological and social. This is based on Article 9 paragraph (1) and Article 10 of Law Number 36 of 2009 concerning Health.

Conclusion

The government's efforts to provide access to the COVID-19 vaccine to fulfill the rights of Cidahu residents in achieving herd immunity for the Kuningan community, especially users of public transportation, can be declared effective and successfully realized because as many as 34,548 people or at least 75 percent of the total (45,730) Cidahu people Kuningan has carried out vaccinations in 2021. The entire Cidahu Kuningan community, armed with a strong understanding and determination, simultaneously and collaboratively implement the COVID-19 vaccine program in their respective regions. Vaccination in Cidahu Kuningan District has been implemented since early January 2021 until now. The government even held a door-to-door vaccination and vaccination event in every village to accelerate efforts to spread the COVID-19 pandemic. In addition to vaccination, various policies that have been and are being implemented by the local government of Cidahu District are as follows /one/ Large-scale Social Restrictions (4 May 2020); /two/ Implementation of Restrictions on Community Activities (30 June 2020); /three/ Partial Area Quarantine(1 April 2020); /four/ Adaptation of New Habits (13 to 31 July 2020); /lima/ Implementation of Restrictions on Emergency Community Activities (3 to 20 July 2021); and /six/ PPKM Level 4, Level 3, Level 2 (21 September to 4 October 2021).

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