



## **Collaborative Governance In The Prevention of HIV and AIDS in Yogyakarta City**

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### **ABSTRACT**

HIV and AIDS cases in Yogyakarta city until March 2017 experience case addition. Increased HIV & AIDS cases can be caused by the transmission of cases, which is also caused by increased awareness to check themselves. This issue becomes a responsibility together so that the effort in treatment needs collaboration. The purpose of this study was to determine Collaborative Governance in HIV & AIDS Prevention in Yogyakarta City and to find out how far Collaborative Governance contributes to tackling HIV & AIDS in Yogyakarta City. This study uses a qualitative descriptive approach with data collection techniques carried out through participant observation, in-depth interviews, and documentation studies. The results showed that Collaborative Governance in the prevention of HIV and AIDS in the city of Yogyakarta had been carried out quite well, the implementation of collaboration was not binding, and there was no hierarchical structure. The collaboration takes place by the work program and the duties and functions of each institution. Motivation together, there is a shared belief in carrying out collaboration, but the mutual understanding is not optimal because of the implementation of separate collaborations. Capacity aspects of financial resources, facilities, and human resources are still limited. The impact of Collaborative Governance in overcoming HIV and AIDS is to be able to minimize the spread of HIV and AIDS in the city of Yogyakarta as well as an increase in the handling of people affected by HIV and AIDS

*Keyword:*

Collaborative Governance,  
prevention HIV & AIDS,  
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### **INTRODUCTION**

HIV & AIDS problem is now a widely regarded public health issue, and many parties are concerned about the presence of HIV & AIDS as this epidemic implies poor moral and risky sexual behavior. The data held by Komisi Penanggulangan AIDS (KPA) of Yogyakarta City from 2004 to June 2016 totaled 819 people infected with HIV, 242 of whom had entered the

AIDS phase. In the last three years, there were 133 new cases of HIV in 2014, 59 in 2015, and in June 2016, there were 93 people. In March 2017, there were 66 people affected by HIV & AIDS in Yogyakarta. The increase in HIV cases is due to increased awareness to check oneself and the ongoing HIV & AIDS campaign efforts.

The rapid development of HIV & AIDS will later have an impact on all aspects of community

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life if there are no concrete steps from the government to inhibit the rate of spread. High proportion of young people affected by this disease can reduce life expectancy. The following is data on the number of people with HIV & AIDS based on age groups from the KPA DIY. Of these, most of these deadly diseases are contracted by a productive age. Even 37 percent of sufferers are still aged 20-29 years.

Efforts to prevent and control HIV & AIDS are priorities. The government does not rule out the possibility of having limitations, so collaboration between various institutions is needed. Currently, the institutions involved in preventing HIV & AIDS in the city of Yogyakarta include Dinas Kesehatan, Dinas Sosial, Puskesmas, Hospitals, Victory Plus, PKBI, Warga Peduli AIDS (WPA). Some experiences of Collaborative Governance in HIV & AIDS prevention, such as the results of Argyo Demartoto's research "The Effectiveness of Collaborative Governance in Continuous Comprehensive Services to Overcome HIV & AIDS in Surakarta city." Collaborative governance efforts have not been practical because commitment to goals and mutual trust between stakeholders is not

Table 1. Number of people with HIV & AIDS by age group

AGE	AIDS				HIV			
	L	P	UNKNOWN	TOTAL	L	P	UNKNOWN	TOTAL
1-4 years	13	9	0	22	33	22	0	55
5-14 years	8	7	0	15	22	16	0	38
15-19	11	6	0	17	38	14	0	52
20-29	247	115	4	366	705	304	24	1033
30-39	266	167	2	435	600	365	21	986
40-49	158	71	1	230	373	165	6	544
50-59	95	28	0	123	200	77	5	282
>60	14	5	0	19	43	16	2	61

Source : KPA DIY 2016

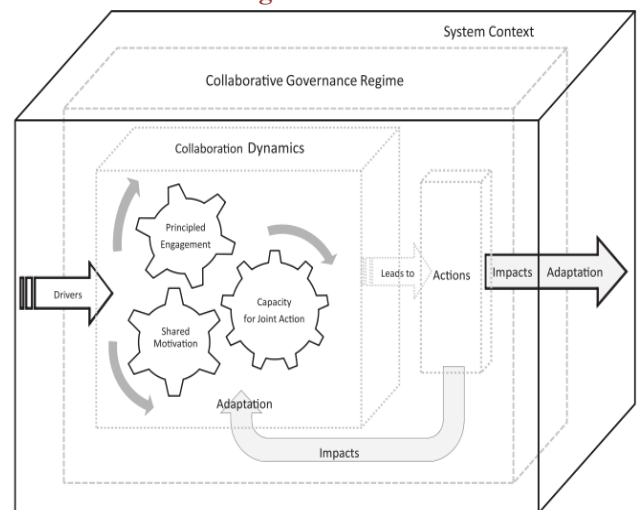
optimal, field officers are less professional, have latent conflicts between stakeholders, and lack optimal coordination between KPA members. Furthermore, Muqorrobin's research shows that the Collaborative Governance process has not been optimal because mutual trust has not been evenly distributed to all collaboration actors; there is no target time for achieving achievement.

Collaboration and some Puskesmas still lack expert resources.

The collaboration of practice there are less qualified or aspects that can be applied by the stakeholders to carry out an ideal collaboration. In response to HIV and AIDS in the city of Yogyakarta, which also represents a collaborative step in each of its coping strategies, Each stakeholder has a different culture and structure to be able to jointly implement a policy to deal with HIV & AIDS issues. Therefore, this research is essential to discover more about the collaboration developed by institutions in the prevention of HIV & AIDS in the city of Yogyakarta and see the impact that results.

So it can be formulated research problems: first, how Collaborative governance in response to HIV and AIDS in Yogyakarta? Second, the extent of Collaborative governance contributes to tackling HIV and AIDS in Yogyakarta? This study aims to describe Collaborative governance in the prevention of HIV & AIDS in Yogyakarta City and the contribution of Collaborative Governance in tackling HIV & AIDS in the City of Yogyakarta.

Figure 1. The Integrative Framework of Collaborative governance



Source : Emerson, Kirk, et al, 2011: 6

Collaboration leads to negotiation, not competition (Bevir, 2009: 47). That is what distinguishes between patterns of collaboration with market patterns in governance. Indeed, the market always leads to competition. The term collaboration is almost similar to the term network (network). It is just that if the substance is traced based on academic study, the difference

is found. Ansell and Gash and Goldsmith & Eggers (in Goliday, 2010) explained that Collaborative governance involves managing relations to manipulate regulations and systems, while network governance only speaks to the implementation of civil works.

Emerson, Natabachi, and Balogh (2011) describe the integrative framework of collaborative governance in three integrated boxes. The first box represents the general system context. The second box represents the collaborative regime (CGR). The third box represents dynamics and collaborative action. The position of the system context is influencing and being influenced by CGR. The context of the system includes social, political, economic, and environmental influences. Starting from the context of this system comes leadership, encouragement, interdependence (Lestari & Yanuardi, 2017).

The concept of CGR in the above framework is positioned as a central feature (main feature). The CGR box summarizes the dynamics and collaborative action. The process from dynamics to action becomes the main item in understanding Collaborative governance.

Collaborative Dynamics is a collaboration formation activity that consists of three components, wherein the interaction between the three occurred repeatedly and spinning. The three components of Collaborative Dynamics include: Principled engagement itself consists of 4 essential processes that take place repeatedly to create a sense of unity in the goal and unity of a collaborative action framework to achieve that goal. The four processes involved in Principled Engagement are Discovery, Definition, Deliberation, or quality communication and Determination, or a process of making a joint determination/ Shared motivation is mutually reinforcing values in collaboration. This Shared Motivation will strengthen the Principled Engagement process. There are four elements in Shared Motivation, which include: mutual trust, mutual understanding, legitimacy, and commitment. Capacity for Joint Action (Collaborative Action), collaboration is formed in collaborative activities to increase the capacity of both oneself and others to achieve common goals, including: Procedural and Institutional Arrangements, leadership and knowledge.

## **METHOD**

This study used a qualitative descriptive approach, data collection techniques performed through participant observation, interviews, and documentation. Some of the information that will be explored related to Collaborative Governance Dynamics is the process of decision making and program implementation that emphasizes the involvement of aspects of engagement, motivation, and capacity (capacity to participate in action). The engagement has indicators of interests of collaborators and intensive communication. Motivation has indicators of trust, understanding, internal legitimacy, and commitment. Capacity has institutional, leadership, and resource indicators. Collaborative Governance actions are transformative actions taken by collaborators as part of collaborative dynamics. Action has indicators of determining the activities, implementation of activities or roles of each of the actors involved, and the impact or influence produced by collaborative action on HIV & AIDS prevention in Yogyakarta.

Objects of research include Dinas Kesehatan Yogyakarta City. RS PKU Muhammadiyah Yogyakarta, Puskesmas Gedong Tengen, Victory Plus, PKBI, and Warga Peduli AIDS (WPA). The data analysis technique: First, perform data reduction; Data collected from the field through interviews are reduced by summarizing, selecting the primary and essential things, classifying according to the focus of the problem in this study. For validation, use triangulation techniques with the source by comparing and checking the degree of confidence behind the information obtained, the presentation of data, and analysis of the part of the discussion on Collaborative Governance in HIV and AIDS in the city of Yogyakarta.

## **RESULT AND DISCUSSIONS**

### **Collaborative governance in the prevention of HIV and AIDS in Yogyakarta City**

Collaborative governance in the prevention of HIV and AIDS in Yogyakarta is assessed by the principal variables of involvement, shared motivation, and capacity. It was also assessed from the collaborative actions that have been carried out and the extent to which these actions have an impact on HIV and AIDS prevention in Yogyakarta City.

*Principles Engagement*

The principles' engagement includes the interests of actors and the existence of intensive communication to create a unity of common principles. Some things, such as face-to-face dialogue or through technology intermediaries, are ways of mobilizing shared principles. In it, there is a reaffirmation of shared goals, the formation, and the development of shared principles, which are often expressed in various actors. Therefore, the unification of principles is at the core of this (Emerson, Nabatchi, & Balogh, 2012: 10)

There are several components between disclosure while moving this principal together. It was found that the actor who has the highest interest in HIV and AIDS prevention is the Dinas Kesehatan Yogyakarta City, including Puskesmas and hospitals under the coordination of the Dinas Kesehatan. Collaborative activities generally take place to run programs in each stakeholder. Yogyakarta city health office with its program is a disease prevention and control program, Puskesmas, which focuses on health services. PKU Muhammadiyah (private Jogja Hospital), plays a role in the outreach of HIV cases with VCT, PICT, and PMTCT. It provided treatment services, care, and support for people living with HIV through comprehensive counseling conducted by counselors and case managers, and WPA groups that focus on community socialization activities.

It is following the results of an interview with Mr. Sugeng, Chairman of the WPA Kelurahan Klitren.

"The KPA Jogja city once formed this WPA, so far our activity is socialization to the community in the Kelurahan in the prevention of HIV & AIDS. We held the socialization at the RW meeting, PKK meeting and the socialization through art performance on Independence Day so that many people could watch "

In addition to WPA, another stakeholder involved was the Victory Plus Foundation, the Victory Plus Foundation's role in providing assistance and empowerment for ODHA. ODHA are motivated so that they can be confident in their HIV status, and various training is carried out so that later ODHA can become a motor in forming peer support groups and become a companion for other ODHA.

The activities carried out by stakeholders have a harmonious goal. However, the activities

they carry out are limited to covering specific fields so that this collaboration can complement each other to prevent HIV and AIDS. PKBI's engagement in the HIV and AIDS program, as stated by Mukhlis Hidayat Rifai (Coordinator of the DIY PKBI Education and Training Division), was carried out both in terms of Preventive and Promotive. The interview with Mr. Mukhlis explained that:

"Following the strategic plan of the third DIY family planning association Developing Efforts to Prevent and Control STIs and HIV and AIDS with the aim of 1) Contribute in efforts to reduce the acceleration of new cases of HIV, provide protection and reduce stigma and discrimination against ODHA, 2) Providing services comprehensive sexual and reproductive health integrated with STI and HIV services. 3) Contribute to improving the quality of life of ODHA."

Preventive and promotive efforts are carried out through organizing programs in marginalized communities (Sex Workers, Gay, Transvestite & Street Youth) and community level village and youth middle school community organizing. The institutional network for HIV and AIDS prevention is under the coordination of the DIY KPA, with members across SKPD and also Institutions engaged in the issue of HIV AIDS in DIY.

PKBI became one of the members of the communication forum. According to Muklis, the number involved was 42 institutions from various government institutions (SKPD) and non-governmental and social institutions. This forum is a working group forum with programs that are adjusted to each institution's work programs. The program was prepared by referring to the regional strategic plan for HIV and AIDS prevention (DIY-2020 HIV and AIDS Regional Strategy and Action Plan).

Meetings or discussions that have taken place so far have been established among stakeholders, and this shows that the deliberation process has been formed. Deliberation is understood; there are discussions together, and openness argued. The collaboration is in the form of an HIV & AIDS prevention communication forum. The parties involved in this collaboration meet every 3 (three) months to discuss program synchronization and data updating as well as the program implementation of each institution and the

constraints in implementing HIV /&AIDS prevention programs. This is, of course, very useful because the various stakeholders present to convey the dynamics of the organization of activities, and they also obtain information from others.

#### *Shared motivation*

Shared motivation, according to Emerson, Nabatchi & Balogh (2012: 13), is a strengthening cycle consisting of elements of shared trust, shared understanding, internal legitimacy, and commitment. The shared trust in the collaboration of HIV and AIDS prevention in Yogyakarta City is at the confidence-building stage for each actor involved. The experience of several institutions involved is that they are involved in collaboration by their respective roles and have established excellent communication, such as those between Victory Plus and the Puskesmas, Victory Plus, and Hospitals, including the Dinas Kesehatan Yogyakarta City. Meetings or forums that are participated by several stakeholders become a forum for them to upgrade information related to HIV and AIDS.

PKU Muhammadiyah Hospital involved in HIV and AIDS prevention is a manifestation of faith and good deeds in support of government programs. The experience of collaborating with various parties, according to dr. Tuti expressed as follows:

"The relationship and experience of working with various parties in response to HIV / AIDS are good. We hope this collaboration can continue because there are many sufferers. This increase is because patients who were initially unwilling to report had ventured to seek treatment so that they could be monitored."

According to dr. Tuti, ten teams involved in HIV / AIDS prevention activities, consisting of doctors, nurses, recording/administration, and pharmacy. The leader's role was very supportive of the activities, so PKU Muhammadiyah Jogja Hospital was chosen as one of the referral hospitals for people with HIV / AIDS.

Likewise, in the PKBI, interview results with the Coordinator Education and Training Division PKBI DIY, Mukhlis Hidayat Rifai emphasized that collaboration with various stakeholders facilitated efforts to tackle HIV and AIDS, especially in DIY. Associated with other institutions that provide information about HIV

and AIDS, Muklis believes that each institution involved in collaboration has performed its role per its main tasks and functions. It is just that not all institutions are active.

Actors who already understand the roles, competencies, and expertise of other actors occur in mutual understanding, and good understanding is formed. Likewise, the participation of several actors and conveying the success of their achievements in the forum led to a shared understanding. On the other hand, not all actors collaborate on all actors, meaning that the collaboration takes place separately. So it was judged that the formation of this shared understanding was uneven.

Internal legitimacy is an acknowledgment derived from internal collaboration, namely that collaboration actors can be trusted or credible in carrying out their duties and roles. The internal legitimacy found was the coordinator relationship between the Dinas Kesehatan Yogyakarta City and Puskesmas Gedong Tengen, the relationship between WPA and the Dinas Kesehatan Yogyakarta City, Victory Plus and with donor agencies, etc.

The commitment to carrying out collaboration has demonstrated its commitment to achieving common goals by carrying out its vision and mission. Each actor involved carries out responsibilities by their respective fields and refers to the 2017-2020 SRAD for HIV and AIDS in Yogyakarta City and Purewal Number 106 of 2016 concerning HIV and AIDS Prevention. Commitment can be seen from the background of PKBI DIY motivated to get involved in HIV and AIDS prevention starting in 1993 as told by Muklis:

"6 years after HIV cases were first discovered in Indonesia in 1987), HIV cases were found in Yogyakarta. When there were no institutions and institutions, either government or community organizations providing services, PKBI DIY conducted an education program on HIV and AIDS."

From the historical context, PKBI DIY is an institution in DIY that first conducted an education program on HIV and AIDS. On this basis, PKBI is still consistent and develops its program not only at the educational level but also on VCT and rehabilitative test services conducted an organizing scheme. Information conveyed by PKBI DIY includes basic knowledge of HIV and AIDS, access to the check service network, and

its curative efforts as well as necessary policies and health insurance that can be accessed.

The HIV and AIDS Prevention Program includes collaborative implementation procedures carried out by PKBI based on various regulations: Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2013 concerning HIV and AIDS Management; Perda No. 12 of 2010 concerning HIV / AIDS prevention; Pergub No. 37 of 2012 concerning Implementation of HIV / AIDS Management and; Strategy and Action Plan for Combating HVI and AIDS in DIY in 2016-2020.

Success in this communication forum by Muklis, one of them is the role of chairman in directing the coordination forum at any coordination so that the chairman's commitment becomes vital in the smooth collaboration. Commitment from other institutions such as Victory Plus is shown by the contribution of Victory Plus in handling more than 4036 ODHA since 2004 until now. It is not an easy thing to do, but it takes the seriousness and cooperation in both the internal and external organization.

#### *Capacity*

From the institutional side, that collaboration takes place without a binding structure so that there is no role dominance; collaboration is done by involving many actors and often holding meetings. The meetings that take place are tailored to the needs and are flexible. The coordination carried out by the Yogyakarta City Health Office, according to dr. Endang depends on what moments will be discussed or evaluated.

In terms of resources owned to support this collaborative activity, Dinas Kesehatan Yogyakarta City implementing its program received support from the APBD Yogyakarta City, for Victory Plus NGO activities from the Global Fund. WPA, which originally came from non-governmental organizations in 2018, WPA Klitren received funds from the APBD Yogyakarta city.

In terms of facilities, there are currently 18 puskesmas developed in HIV health services, while for reference in the city of Yogyakarta, there are five hospitals and seven puskesmas designated as referrals for the treatment of patients with HIV and AIDS. In terms of human resources, the actors involved in providing services in the handling and prevention of HIV and AIDS are required to be professional and

competent but are still limited to each actor involved. This shows that in terms of resources is still very limited. To resolve this, one of the strategies implemented by PKU Muhammadiyah Hospital in Jogja is to provide HIV and AIDS training to nurses every year to develop skills in the treatment of patients and to shift negative stigma. The training that was applied included the mechanism of transmission, how to prevent it, how to treat it right, and how to behave properly as a health worker towards HIV patients. Others are found in PKBI DIY, Human resource available at this institution is considered to be adequate.

Dinas Kesehatan Yogyakarta and Puskesmas Gedong Tengen assessed from the number of available human resources that human resources are still lacking. This is according to the explanation of dr. Endang:

"If human resources are lacking, because one officer usually does not hold only one program, controlling infectious diseases is a lot, making a lot. There is hepatitis, and there are immunizations, worms, etc.. It relies on one person and that if I see here, the nuances of integration are high, so sometimes someone is busy because of integration such as cross-program and cross-sector. So the HR function was not only about taking care of HIV."

Mrs. AM said from the Puskesmas Gedong Tengen:

"Human resources are inadequate because only four doctors are available, and there are only two people who specifically handle HIV and AIDS. The counselor is one national level, thus causing all medical staff to be trained to become counselors even though the level is not yet national."

Likewise, those found in the WPA Klitren, in quantity currently consists of 6 management, but this is still considered lacking by the head of the WPA Mr. Sugeng because not all of the six people have shown their commitment so that a WPA cadre should be formed so that the WPA group still exists.

#### *Collaboration Action*

Collaborative actions include determining activities, implementing activities, and assisting communities. The ongoing collaboration in the prevention of HIV and AIDS in the city of

Yogyakarta is adjusted to the work programs of each institution in the hope that the existing work programs can be synergized. The program was prepared with reference to the regional strategic plan for HIV and AIDS prevention (2016-2020). HIV and AIDS prevention in the Dinas Kesehatan Yogyakarta City is handled by the Disease Eradication Control Section (P2P), which focuses on health promotion activities, outreach to the community, and outreach to the point where high-risk groups, the provision of VCT Mobile services, and case finding.

In implementing these prevention activities, the government involves the role of the community by forming Warga Peduli AIDS (WPA) at the village level. The role of WPA in conducting socialization activities related to basic knowledge of HIV and AIDS among the community. WPA Klitren was formed based on the Keputusan Lurah Klitren Number: 6 / KEP / KLT / 2016. Based on the results of an interview with the Chairperson of WPA, it was stated that the activities so far were still limited to socialization, but the socialization carried out was made creative so that the community could easily understand the aims and objectives to be conveyed. Further explained to identify people with HIV is not easy because it involves very personal matters. Not only the community involved, but there is also coordination and collaboration with AIDS Concerned NGOs. Counseling activities are very important to be carried out, hoping to change the mindset about their treatment of people with HIV and AIDS, not act discriminatory, and also increase the knowledge of young people about this disease.

The actions taken by PKU Muhammadiyah Jogja Hospital include providing a Gempita clinic. The clinic is used to treat HIV-specific patients by providing treatment services, support care for HIV sufferers through counseling. In addition, the hospital also provides socialization both at the branch level and in high school and vocational level schools throughout DIY.

The Puskesmas involved in handling HIV and AIDS is the Puskesmas Gedong Tengen. Based on the results of interviews conducted with Mrs. AM regarding the role of health:

"The role of puskesmas is in the form of socialization and inspection. The socialization activities were carried out in the general public. We also went to schools. Usually, we collaborated with the junior and

senior high schools in Yogyakarta. For inspection carried out by visiting and mobile, the mobile is usually carried out once a month or once every three months."

The main role of the Puskesmas Gedong Tengen in the prevention of HIV and AIDS is in two forms, namely visiting, which is an examination in which people with HIV and AIDS come directly to the Puskesmas Gedong Tengen to conduct an examination. While for mobile, it is a form of examination wherein the puskesmas conducts an examination of HIV and AIDS sufferers by visiting one by one (out). Puskesmas Gedong Tengen is a reference for sex workers, people with HIV because of its friendly service to people living with HIV or those who have HIV / AIDS.

The Victory Plus Foundation for HIV and AIDS Control also has a major contribution. An institution with the support of peers arising from the concern of ODHA who are under the auspices of Victory Plus for other ODHA who do not yet have a forum to work. The number of ODHA who was accompanied by Victory Plus until 2018 was 4036 people. This foundation has five principles in handling HIV and AIDS cases; this was stated by Mrs. Magda:

"Every activity we provide is based on five pillars. The first task we have to give is to build self-confidence because of the cases. There are people who have just been infected with it lost confidence. Then we provide education related to HIV and AIDS correctly. Furthermore, access to health, as in Perda DIY No.12 of 2010, has also been explained. HIV stop here is the fourth pillar meaning that they change their behavior and perspective on HIV so that they do not transmit it to their partners or their families if women do not transmit it to their children. Then the last thing is to do something positive, yes, how can they return to their activities, can work again if there are obstacles we link with the Dinas Sosial to be given skills".

From the explanation above, it can be understood that the role of Victory plus starts from building the self-confidence of ODHA, providing education, helping in accessing health services, changing behavior so as not to transmit to others, and finally is raising up enthusiasm including helping in improving skills. Victory NGO plus collaborates with the government and



other NGOs. Victory Plus is partnering with the Dinas Kesehatan Yogyakarta, Puskesmas, RSUD Jogja, and several other hospitals in the City of Jogja, Dinas Sosial Yogyakarta City.

Another actor who was also involved was the Perkumpulan Keluarga Berencana (PKBI). PKBI in 1993 was the first institution in DIY to carry out educational programs on HIV and AIDS, now besides developing educational programs, VCT and rehabilitative testing services are also carried out in organizing schemes. PKBI has a program to deal with HIV and AIDS in terms of prevention and promotion through organizing programs in marginalized communities and village and youth level communities.

### **Impact of Collaborative Activities on Prevention HIV & AIDS in Yogyakarta City**

Collaboration with various stakeholders facilitates efforts to tackle HIV and AIDS, especially in the city of Yogyakarta. In the communication forum, the perceived benefit is to increase knowledge in the development of HIV and AIDS prevention programs because of sharing information such as the PKBI that provides information related to basic knowledge of HIV and AIDS, access check network services and curative efforts and also the basis for policies and health insurance that can be accessed.

Puskesmas Gedong Tengen also felt the benefits of this collaboration because, according to Mrs. AM, the collaboration would work together to tackle HIV and AIDS, because the puskesmas also could not work alone. For example, NGOs who help in providing assistance.

Related to this collaboration Mrs. Magda (Victory Plus Foundation) said that:

"All institutions are supposed to work together. In my view, personally and representing our institution can not stand alone; we are not a strong institution in all aspects. But we complement each other, just as the puskesmas cannot supervise all patients who have to seek treatment, we cannot get a client if we do not hold us. And with coordination forums, we can get updated information."

Another institution that also provides information about HIV and AIDS. Muklis believes that each institution involved in collaboration has performed its role in accordance with its main tasks and functions. Muklis emphasizes the role of government, as stated as follows:

"The thing to note is that this program should be the responsibility of the government, and the government must fulfill the whole (services, assistance, etc.) for the community. The community must then conduct an evaluation of the services provided by the government. And also, the data related to health insurance for ODHA, because the current data of women/housewives is greater than the key population group (government)."

The harmonization of work programs between institutions, according to Muklis, lies in the initial coordination by minimizing miscommunication in each institution, thereby reducing overlapping programs in various institutions. This collaboration has a good impact because it can reduce the acceleration of ODHA, and also the awareness to check oneself is increasing. This was stated by dr. Tuti (PKU Yogyakarta City Hospital):

"I hope this collaboration can continue because there are many sufferers. This increase is due to patients who were initially unwilling to report that they have ventured to seek treatment so that they can be monitored".

Collaboration is a good effort to handle actors who play a role. However, of course, it must be supported by the synergy of programs run by each institution in response to HIV and AIDS, and it is hoped that there will be no more cases of similar cases and an increase in the handling of people affected by HIV and AIDS.

### **CONCLUSION**

Collaborative governance in the prevention of HIV and AIDS in the city of Yogyakarta is a good strategy and has been implemented quite well. The collaborative governance will be optimal if managed properly and meets the principles of engagement, motivation, and capacity. In this study, the principles of involvement, motivation, and capacity are still some things that are not optimal such as budget support for collaborative activities, in terms of HR is still limited. The impact of the existence of Collaborative Governance in the prevention of HIV and AIDS is able to minimize the spread of HIV cases, as well as an increase in the handling of people affected by HIV and AIDS in Yogyakarta so that in the future collaboration activities for HIV and AIDS prevention in Yogyakarta City should be continued.



Based on the analysis, this paper suggests several points; Optimizing countermeasures such as coordination carried out routinely and improving communication between agencies; The government needs to increase the socialization of HIV and AIDS to the community, both direct and indirect socialization; Local governments provide budget support for implementing collaborative activities; It is providing education and training for medical teams that handle HIV and AIDS treatment so that they can provide maximum HIV treatment services; Forming cadres of WPA for the sustainability of WPA in the community, and; Give rewards to institutions as a form of appreciation for trying to cope with HIV and AIDS cases.

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