



# The Role of the Special Region of Yogyakarta Provincial Government, the Society, and the Private Sector in Handling Covid-19

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**Abstract.** Since late 2019, the world has been experiencing the Corona Virus Disease 2019 (COVID-19) pandemic. The spread of Corona Virus Disease 2019 (Covid-19) poses risks to public health and has even claimed lives for those infected in various parts of the world, including Indonesia. The government needs to take swift and decisive action in resolving the Covid-19 pandemic in Indonesia, so that the number of people affected by the virus is expected to be reduced and handled quickly to avoid victims of people who died. The area that first implemented PSBB was DKI Jakarta Province, while Special Region of Yogyakarta Province only implemented PSBB in 2021 through the Special Region of Yogyakarta Governor's Instruction Number 1/INSTR/2021 concerning Limited Tightening of Community Activities (PTKM). Through the preventive measures taken by the Special Region of Yogyakarta Provincial Government, it is hoped that this will drastically reduce the number of cases of positive transmission of Covid-19. The increasing positive cases have encouraged the Special Region of Yogyakarta Provincial Government to try to make a more active and effective response.

**Keywords:** Covid-19 · Special Region of Yogyakarta Provincial Government · public

## 1 Introduction

Since late 2019, the world has been experiencing the Corona Virus Disease 2019 (COVID-19) pandemic. The spread of Corona Virus Disease 2019 (COVID-19) poses risks to public health and has even claimed lives for those infected in various parts of the world, including Indonesia.

After the positive discovery of Covid-19 in Indonesia in March 2020, the central government through the Presidential Decree (Keppres) No. 12 of 2020 has determined Covid-19 as a national non-natural disaster [1]. In response to the Presidential Decree, the National Disaster Management Agency (BNPB) imposed an emergency response period for Covid-19 for 91 days, starting from February 29, 2020 to May 29, 2020 [2].

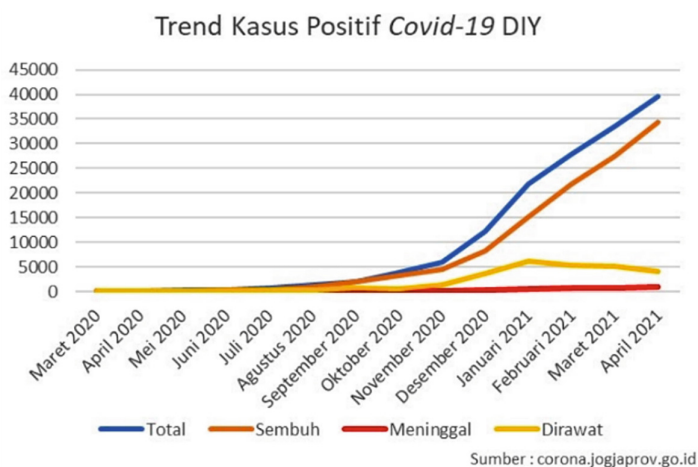
Seeing the pattern of the rapid spread of Covid-19, it is necessary to apply a policy model to inhibit or break the speed of transmission of Covid-19 in various ways. The government needs to take swift and decisive action in resolving the Covid-19 pandemic

in Indonesia, so that the number of people affected by the virus is expected to be reduced and handled quickly to avoid victims of people who died.

At the same time, the Ministry of Health has also issued regulation Number 9 of 2020 concerning Guidelines for Large-Scale Social Restrictions (PSBB). This regulation is intended for areas that have the potential to be areas with very high virus transmission. The factors that determine the application of the PSBB rules are based on a significant increase in positive cases and the number of People Under Supervision (ODP) in the area [3]. The area that first implemented PSBB was DKI Jakarta Province, while Special Region of Yogyakarta Province only implemented PSBB in 2021 through the Special Region of Yogyakarta Governor's Instruction Number 1/INSTR/2021 concerning Limited Tightening of Community Activities (PTKM) [4] (Fig. 1).

The data above shows that Covid-19 cases in Special Region of Yogyakarta increasing rapidly. This is a consequence of the "delay" in implementing PSBB in Special Region of Yogyakarta which has resulted in this area being included in the red zone for the spread of COVID-19. Therefore, the Special Region of Yogyakarta Provincial Government needs to take preventive and tactical actions quickly, including rescue and evacuation, isolation, protection, supervision, rescue and recovery activities for Covid-19 victims. Through the preventive measures taken by the Special Region of Yogyakarta Provincial Government, it is hoped that this will drastically reduce the number of cases of positive transmission of Covid-19.

The increasing positive cases have encouraged the Special Region of Yogyakarta Provincial Government to try to make a more active and effective response. However, given the limited hands of the government in reaching all communities in its territory, the government needs assistance from other stakeholders, one of which is the private sector in handling it quickly and optimally. Therefore, the role of the government, the community, and the role of the private sector is an important aspect to work together in dealing with Covid-19 in Special Region of Yogyakarta and restoring the condition of the community to a normal condition.



**Fig. 1.** Trends in Positive Covid-19 Cases in Special Region of Yogyakarta [5]

## 2 Method

The authors use the type of normative study. The conceptual and anecdotal approaches used in this study are used by the author to study the problem of his COVID-19 case to be resolved through the implementation of international collaboration. Data that authors can obtain from other research results, documents, and otherwise to solve problems or problems that arise. Data were extracted from electronic media (internet) in the form of books, relevant studies, relevant journals and articles, research-related academic publications, and legal material. Data collection is done by studying the literature by reviewing and investigating the data obtained.

## 3 Discussion

### 3.1 The Role of the Special Region of Yogyakarta Regional Government with the Society

As a prevention effort to cut the chain of the spread of Covid-19 in Indonesia, the government has made various efforts including establishing various regulations and policies as instruments to stop the spread of Covid-19 in Indonesia. In an effort to save the country's economy, the government has implemented policies in handling the spread of Covid-19 in coordination with regional governments. The context of handling Covid-19 involving local governments is an implication of the form of the unitary state of Indonesia. With a unitary state consisting of provincial and district/city regional governments, the administration of government also creates a pattern of relations between the two. Judging from the hierarchical status, regional governments are representatives of the central government in the regions in the implementation of certain affairs, but on the other hand, regional governments have autonomous authority to regulate and manage their own households [6]. It is interesting, when we remember the beginning of the Covid-19 pandemic in Indonesia, before the Central Government issued various regulations and policies related to the handling of Covid-19, some regions in Indonesia actually took steps to anticipate the spread of Covid-19 in their regions with local-scale policies which later became known as the local lockdown.

Although several regions have anticipated the spread and handling of Covid-19 in Indonesia at the beginning of the pandemic, but referring to the context of the unitary state, the central government remains responsible and must immediately take policy steps to handle Covid-19 in Indonesia. Therefore referring to the legal instruments contained in Law number 6 of 2018 concerning Health Quarantine, the central government takes measures of Large-Scale Social Restrictions (PSBB) in the regions with a mechanism for determining by the Minister of Health.

The implementation of the Large-Scale Social Restriction (PSBB) policy that has been set by the government refers to the provisions of Article 1 number 11 of Law Number 6 of 2018 concerning Health Quarantine. Large-Scale Social Restrictions aim to prevent the spread of Public Health Emergency diseases that are occurring between people in a certain area [7]. Thus, the determination of PSBB policies must be coordinated with relevant parties including local governments by taking into account epidemiological considerations, magnitude of threats, effectiveness, resource support, operational

technical, economic, social, cultural, and security considerations. Large-Scale Social Restrictions must meet the following criteria: a) the number of cases and/or the number of deaths due to the disease increases and spreads significantly and rapidly to several areas; and b) there is an epidemiological link with similar occurrences in other regions or countries [8].

If the central government through the Minister of Health has established Large-Scale Social Restrictions (PSBB), then the regional government is obliged to implement it. Regional governments whose territories have complied with the provisions as stipulated in the PSBB are obliged to implement similar policies and must not conflict with the policies of the central government. The nature of the implementation of the PSBB is more about the hierarchical nature of the relationship between the central government and regional governments. This is reflected in the determination of PSBB in the regions that must be approved by the Minister of Health, even though the regions consider a PSBB policy in their respective regions.

As a result of the increasing spread of Covid-19 and not showing a significant reduction in the number of positive infected victims, in order to support the implementation of the Large-Scale Social Restriction (PSBB) policy in several regions, the Minister of Home Affairs (Mendagri) on January 6, 2021 issued a Ministerial Instruction. Domestic Affairs Number 1 of 2021 concerning the Implementation of Activity Restrictions for Controlling the Spread of Corona Virus Disease 2019 (Covid-19) for the Java-Bali region [9].

In contrast to the handling of Covid-19 in several regions in Indonesia that imposed PSBB, Special Region of Yogyakarta did not take this policy to break the chain of spread of Covid-19 in Special Region of Yogyakarta. Although it does not apply PSBB in all districts/cities of Special Region of Yogyakarta. However, the Covid-19 handling policy in Special Region of Yogyakarta is almost similar to PSBB, with closures and restrictions on community activities, whether economic, social, or religious, even in some areas of villages and hamlets in Special Region of Yogyakarta that had closed several accesses to their territory. In addition, the nuances of locality reflected in the handling of Covid-19 in Special Region of Yogyakarta are different from other regions. Through “guarding the residents” the community is invited to increase citizens’ awareness of preventing the spread of Covid-19 in Special Region of Yogyakarta. It doesn’t stop there, the community is even invited to help each other and provide logistical assistance for families and communities who are in self-isolation.

As a substitute for the implementation of restrictions on community activities (PPKM) Java-Bali, Special Region of Yogyakarta chose to make a policy of Limited Tightening of Community Activities (PTKM). The Special Region of Yogyakarta Regional Government issued Governor’s Instruction Number 1/INSTR/2021 regarding the Policy for Limited Tightening of Community Activities (PTKM) in Special Region of Yogyakarta to follow up on the implementation of the Java-Bali PPKM on January 11–25. Special Region of Yogyakarta Governor’s instruction was issued based on the increasing number of positive confirmed cases in the Special Region of Yogyakarta. Although it was sloping, but around June-August the number of Covid-19 in Indonesia, and especially in Yogyakarta, experienced a significant increase. In fact, apart from all regions in Special Region of Yogyakarta being in the Red Zone category, the Bed

Occupation Rate (BOR) at all Covid-19 referral hospitals in Yogyakarta is fully filled [10].

The Special Region of Yogyakarta government through the Governor of Special Region of Yogyakarta Sri Sultan Hamengkubuwono X in mid-June 2021, called for a lockdown to prevent the spread of Covid-19 in its territory. However, not long after, Sri Sultan revised and explained the discourse regarding the lockdown. According to the Governor, lockdown is the last option in dealing with the spike in Covid-19. On this occasion, the Governor emphasized that Yogyakarta would not implement and enforce a lockdown policy. This is because the local government does not have sufficient capacity to provide costs to the community [11]. After the statement was delivered, the Governor again asked all hamlets or heads of the “Rukun Kampung” (RK), the head of the “Rukun Warga” (RW), and the head of the “Rukun Tetangga” (RT) to form a Covid-19 Handling Task Force (Satgas) to control the spread of the corona virus. The operational funds of the Task Force can use community self-help funds in the spirit of mutual cooperation and take care of the citizens (alms funds or other legitimate sources). The Governor’s request is stated in Circular (SE) Number 443/13429 concerning Optimizing the Implementation of Micro-Based Community Activity Restrictions (PPKM) at the Hamlet or “Rukun Kampung”, “Rukun Warga”, and “Rukun Tetangga” levels, which were signed on June 30, 2021 [12, 13].

From the policy taken by the Governor of Special Region of Yogyakarta, then the community and the public considered that the Covid-19 handling policy submitted at the RT/RW level with self-help funds was inappropriate. Self-help fundraising from the public is a last resort for handling Covid-19. Reallocation of the government’s budget from non-urgent posts is the most likely solution. On the other hand, according to the author, although the handling of Covid-19 can be carried out at the lowest level, it does not necessarily mean that the community is fully responsible for their livelihood so that it relates to operational funds for handling Covid-19. It should be, when the distribution of responsibility from the local government to the community, it is also financed from the reallocation of the budget in the regions. In line with this, demands for the reallocation of the Privileges Fund are possible which can then be implemented with the Minister of Finance Regulation (PMK) Number 94/PMK.07/2021 regarding amendments to PMK No.17/PMK.07/2021 concerning the Management of Transfers to Regions and Village Funds (TKDD) for the 2021 fiscal year in the context of handling the Covid-19 pandemic [14].

In the first two weeks after the announcement of social distancing, there has not been a strong collaboration between the government and the community. Each of them moves according to their interests and goals. People try to fulfill their own needs without government intervention, especially to prepare for panic buying conditions. On the other hand, people are still not concerned about the condition of the spread of Covid-19. They still consider Covid-19 to be a normal outbreak and can be handled quickly. The lack of public literacy and understanding about Covid-19 causes a lack of public awareness [10].

To deal with the spread of Covid-19 requires strong collaboration between the government and the community. The government as the holder of power must be able to

mobilize the community to be able to participate actively in preventing the development of Covid-19. The government has conveyed several steps to slow down the pace of development of Covid-19. The initial steps taken include; (1) warnings for vigilance, (2) application of health protocols including Germas (Healthy Living Community Movement), (3) social distancing, (4) spraying disinfectants, (5) adequacy of medical devices and health facilities, Stay At Home or Work From Home, to the choice of regional restrictions, both partially closed down and lockdown [15].

### 3.2 The Role of the Special Region of Yogyakarta Regional Government with the Private Sector

The central government and local governments have an important role to play in ensuring that the handling of Covid-19 is effective and on target. The Minister of Health, through the Decree of the Minister of Health of the Republic of Indonesia number HK.01.07/MENKES/169/2020 (issued March 10, 2020) stipulates a referral hospital for the control of Certain Emerging Infectious Diseases, there are at least 132 referral hospitals tasked with treating patients identified as Covid-19 which are spread over 34 provinces. For the Special Region of Yogyakarta, there are 4 hospitals that have become Covid's national referral hospitals, namely dr. Sardjito Hospital, Panembahan Senopati Hospital, Yogyakarta City Hospital, Wates Hospital [10].

In addition to the 132 referral hospitals, on March 18, 2020, the central government collaborated with the private sector in handling the corona virus (Covid-19). There are 3 hospitals (Siloam Kelapa Dua Hospital, Mitra Keluarga Jati Asih Hospital, Hermina Karawang Hospital) that will assist the handling of Covid-19. The three hospitals provide their entire bed capacity (a total of 300 beds) for Covid-19 patients. During the handling of Covid-19, patients with other diseases will be transferred to other hospitals [16].

The Government of the Special Region of Yogyakarta, through Governor's Decree Number 61/KEP/2020 set 23 COVID referral hospitals to add referral hospitals that have been established by the Ministry of Health. The 23 referral hospitals consist of 14 private hospitals and 9 government hospitals. The collaboration that was carried out through this appointment was carried out to speed up the process because the Special Region of Yogyakarta status was in the disaster emergency response period based on Governor's Decree number 65/KEP/2020 [17]. In addition, the Special Region of Yogyakarta Regional Government also issued a Governor's Decree number 64/KEP/2020 related to the formation of a Special Region of Yogyakarta Covid handling task force consisting of various stakeholders and also in collaboration with academics [18].

**Activity.** The response of the private sector during this pandemic is quite important. These roles are classified into 4 types, namely health service support, control support, socio-economic assistance and development support.

#### 1) Healthcare support

With the surge in corona cases and the limitations of the central and regional governments in treating patients who need treatment, the role of the private sector is urgently needed to help with these problems. By looking at the development of covid in Depok and Yogyakarta, several private hospitals in Special Region of Yogyakarta have even

formed a team to handle Covid independently before being appointed as a Covid referral hospital [6]. However, not a few also formed a new team after the appointment of the Governor. In addition to being responsive in the formation of a covid alert team, private hospitals also prepare infrastructure facilities to support health services so that they are in accordance with the Covid handling health protocol, starting from screening patients, there is a separate flow and some even create special polyclinics and wards or change the function of the facilities to match the standard of handling Covid. Not only providing services as a referral hospital and preparing infrastructure, private hospitals also play a very important role in procuring equipment such as Personal Protective Equipment (PPE). Even though the central and local governments continue to distribute PPE, the shortage of PPE is still a fact in Indonesia. Private hospitals initially procured PPE independently, but later received a lot of help from the public [11].

## 2) Control support

In terms of case control, the government and the private sector continue to carry out socialization to provide education to the public regarding preventing the spread of Covid-19. Socialization was carried out through various media, including television, newspapers, posters, flyers, standing banners, billboards, online campaigns through social media accounts, and holding online talk shows with topics around Covid-19. One of the communities that has continued to be productive in carrying out digital literacy during this pandemic is Japelidi (Network of Digital Literacy Activists). Japelidi is moving not only against hoaxes but also the stigma of Covid-19 as well as inviting the public to take care of themselves, their families and the community to minimize the impact of the Covid-19 pandemic. Japelidi's contribution in the era of the pandemic was to educate the public starting from mid-March in the form of online campaigns and offline campaigns, producing 65 digital posters and 2 videographics. Several communities and institutions are also active in providing interactive education through online talk shows, as well as several regular talkshow activities with various topics related to Covid-19 [19].

## 3) Socio-economic assistance

The social distancing policy is implemented with the hope that the spread of Covid-19 does not expand as more people stay at home. Unfortunately, not everyone can work from home. One of the reasons is because the cost to stay at home is too big and they are not able to fulfill it. This is where the government plays a role through a variety of programs providing social assistance. The government increases the budget allocation for each social assistance program, in line with the increase in the number of poor households. The government has allocated Rp 110 trillion for the provision of social assistance, out of a total of Rp 405.1 trillion allocated from the APBN to deal with the impact of the spread of Covid-19 in Indonesia. The government through the Minister of Finance emphasized that there are four sectors hardest hit by the pandemic, namely the household sector, informal workers, MSMEs and corporations. Of the four sectors, informal workers are the most vulnerable to loss of income in large numbers.

The social assistance database used by the government is the UDB (Integrated Database), but in general this UDB only covers 40% of the poor. If we look further, informal workers, laid-off workers, and micro-businesses that need assistance may not have their data recorded in the UDB because they are not included in the lowest 40% in



terms of income [20]. Therefore, collaboration with institutions or private parties needs to be considered, both to expand data collection for vulnerable groups and to provide assistance to groups affected by Covid.

This issue was caught by a community called Hope. Hope is a sharing community whose target is vulnerable groups who have not received social assistance from the government. Hope's funding comes from donations given either individually or by institutions, and comes from various countries. The assistance provided by Hope was in the form of basic necessities, cloth masks, soap, cash money [21].

#### 4) Development support

Innovations have also sprung up during this pandemic, of course, adapted to current needs. The Research Team from the Faculty of Medicine, Public Health and Nursing (FK-KMK), FMIPA, and the UGM Vocational School in collaboration with the UGM RSA doctor team developed the Gama Swab sampling chamber (Bilik Sampling Gadjah Mada) for innovation in swab sampling. Then a community called Sonjo (Sambatan Jogja) also made the Sonjo Market Storefront, a digital application in the form of an electronic catalog to promote products from MSMEs. This application aims as a bridge for business owners to be able to optimize sales through digital platforms. In addition, Sonjo also collaborated with the Covid-19 Volunteer Team who initiated a website that brought together the supply and demand for Covid-19 medical equipment assistance for hospitals, health centers, and other health facilities. Academics also helped develop the covid.net management website as a form of the role of academics to participate in knowledge transfer related to Covid-19. The Covid Management website was developed by the Center for Health Policy and Management of FK-KMK UGM and the Alumnus of the 1980s FK-UGM. This forum is a means to facilitate health workers to discuss the experiences of clinicians (doctors and nurses, as well as other health workers) and clinical management so as to strengthen the health system to deal with the increasing Covid outbreak, from primary care to hospitals involving cross-sectoral involvement [10].

### **Capacity.**

#### 1) Structure (facilities)

All facilities owned by private hospitals are independent procurement. After receiving directions from the regional government regarding the facilities that must be available at the Covid Referral Hospital, private hospitals immediately completed the required standards, such as equipping negative pressure isolation rooms, special medical waste lines for corona patient waste, ambulances specifically for Corona patients, and serve the PCR (Swab) test and Rapid test. They even provide a ward which is not being used to serve as a shelter for medical personnel on duty [10].

#### 2) System (management policy)

The surge in patients due to the pandemic also affects how hospital management policies are made. Hospitals need to take strategic steps in optimizing the flow of handling



COVID patients as well as mapping patients with mild, moderate and severe conditions. During the implementation of PSBB (Large-Scale Social Restrictions), people are encouraged to stay at home and comply with health protocols. Visits to health services are also limited and only those of an urgent nature are allowed to enter health care facilities. So that some hospitals have taken the initiative to make telemedicine for online doctor consultations. Another policy made by hospital management is eliminating visiting hours, of course this is done in an effort to prevent the transmission of COVID-19 [11].

### 3) Staff (human resources/personnel)

With the increasing number of cases and the capacity of hospital beds being almost full, this also has an impact on the limitations of health workers. The number of health workers is decreasing with the emergence of clusters of transmission in hospitals. Not a few doctors, nurses and other officers at the hospital were also infected with Covid-19. So that each hospital is increasingly tightening the SOP and protecting its medical personnel in carrying out their duties in order to avoid the spread of cases in the hospital environment. In addition to the issue of the limitations of doctors and nurses, it is acknowledged that there are limited human resources with special skills such as human resources who have expertise in operating ventilators [11].

### 4) Stuff (equipment)

Of the 27 Covid referral hospitals in Special Region of Yogyakarta, the availability of breathing apparatus (ventilator), diagnostic aids, hemodialysis equipment, isolation beds and personal protection equipment for health workers is still under control, but there is an increasing trend of patients with severe symptoms requiring a ventilator. In November 2020, the ventilators used have reached 50% to 70% [11].

**Cooperation and Financing Documents.** The determination of the hospital as a Covid referral hospital is carried out through Governor's Decree Number 61/KEP/2020. In addition, it was also stipulated that the referral hospital will receive reimbursement for the cost of treating PDP patients from the Ministry of Health, while the regional government will reimburse the costs for services for ODP patients [22]. The replacement uses a claim submission system, where BPJS serves as the verifier. At first, almost all of the funding came from hospital income, then there was assistance from the Health Office, the private sector and the community. Private hospitals are institutions that carry out financing independently. In the current pandemic era, funding for private hospitals that are used as Covid referral hospitals depends on the smoothness of claims from the government. For health workers who directly handle Covid patients, they can apply for

incentives to the Health Office, but they need to complete the necessary documents for accountability.

### **Partnership Role.**

#### 1) Case detection and treatment

The test to detect infection with the corona virus that causes Covid-19 uses the PCR (Polymerase Chain Reaction) method, or commonly called a swab test. The PCR swab examination uses a sample of mucus taken from the nose or throat. For regular self-test swab, the cost range is between Rp2.000.000 to Rp2.500.000. Each hospital has different rates for swab tests, so the government through the Ministry of Health issues Circular Letter number HK 02.02/I/3713/2020 concerning the Highest Rate Limit for Real Time Polymerase Chain Reaction (RT-PCR) examinations, which is Rp900.000,00. Meanwhile, there is also a test used for screening called the Rapid Test. The Rapid Test detects antibodies, namely IgM and IgG, which are produced by the body to fight the Corona virus. The accuracy of the Rapid Test is quite low compared to the Swab Test because the formation of antibodies takes time, even weeks to be detected. The cost for a rapid test also varies depending on the hospital, the price ranges from Rp350.000 – Rp375.000. To equalize the cost of the Rapid Test, the Ministry of Health has set the highest tariff limit for rapid test examinations, which is Rp150.00000 through circular letter number: HK.02.02/1/2875/2020 [23].

#### 2) Community education

The activities carried out included educating patients and their families regarding the handling and risk of Covid-19 carried out by specialist doctors, then there were also those who held online classes to socialize Covid-19. For example, the Panti Rapih Hospital which provides online education through social media such as live IG with various sources with topics of discussion about Covid-19 on every Saturday. Then there is also the PKU Gamping Hospital which every Wednesday holds a talk show with various sources with the topic of discussion about Covid-19.

#### 3) Coordination mechanism

The coordination mechanism in question is the internal coordination of the Hospital Covid team and coordination with institutions outside the hospital. The internal coordination mechanism for the Covid response team is carried out intensely through the WhatsApp group application. For company-based hospitals (sector businesses) that have networks outside the city, coordination is carried out every day through online meetings to find out the progress of Covid-19 patients in each region. For official coordination to the local government/ Special Region of Yogyakarta Health Office, it is done via email and a template at Ms. Excel, daily report is reported every 12 at noon by medical record staff. There is also a WhatsApp Group facilitated by the Health Office which contains all the directors of the Special Region of Yogyakarta Covid referral hospital, if there is information that must be conveyed immediately, this group is used to update each other on the progress of conditions in each hospital. Meanwhile, if you need consultation on

case reporting or other technical matters, the Special Region of Yogyakarta Health Office also provides a contact person by telephone [11].

In collaboration with the private sector, from the government's perspective, the government cooperates by issuing regulations, such as the appointment of several private hospitals as referral hospitals, regulations related to financing claims, as well as a decree on the appointment of a Special Region of Yogyakarta Covid handling task force that invites parties outside the government such as academics and others. Meanwhile, from the side of private and other hospitals, it is more responsive. Then for community groups, they are more independent, only dealing with the government when deemed necessary, for example looking for community data that still needs assistance. This is of course an input for the future in order to create a more effective model related to government-private cooperation [16].

## 4 Conclusion

The Special Region of Yogyakarta Provincial Government is collaborating with the community and the private sector in handling Covid-19. One of the policies, namely the Instruction of the Governor of Special Region of Yogyakarta Number 1/INSTR/2021 concerning Limited Tightening of Community Activities (PTKM), which refers to the Ministry of Health, has also issued Regulation Number 9 of 2020 concerning Guidelines for Large-Scale Social Restrictions (PSBB). In addition, the government and the community have implemented a local lockdown and self-isolation for those affected by the Covid-19 virus. The government through the Head of the "Rukun Kampung" (RK), the Chair of the "Rukun Warga" (RW) and the Head of the "Rukun Tetangga" (RT) formed the Covid-19 Handling Task Force to control the spread of the corona virus. The Task Force's operational funds can use community self-help funds in the spirit of mutual cooperation and take care of the residents (alms funds or other legitimate sources). The Governor's request is contained in Circular (SE) Number 443/13429 concerning Optimizing the Implementation of Micro-Based Community Activity Restrictions (PPKM) at the Hamlet Level or "Rukun Kampung", "Rukun Warga", and "Rukun Tetangga". signed on June 30, 2021.

To deal with the spread of Covid-19 requires strong collaboration between the government and the community. The government as the holder of power must be able to mobilize the community to be able to participate actively in preventing the development of Covid-19. The government has conveyed several steps to slow down the pace of development of Covid-19. The initial steps taken include; (1) warnings for vigilance, (2) application of health protocols including Germas (Healthy Living Community Movement), (3) social distancing, (4) spraying disinfectants, (5) adequacy of medical devices and health facilities, intending to Stay At Home or Work From Home, to the choice of regional restrictions, both partially closed down and lockdown.

Then the collaboration between the Special Region of Yogyakarta provincial government and the private sector can be seen from the activities, capacity, cooperation and financing documents, and the role of partnerships. In terms of activities, the role of the private sector is classified into 4 types, namely health service support, control support, socio-economic assistance and development support. In terms of capacity, it

is also classified into 4 types, namely structure (facilities), system (management policy), staff (human resources/personnel), and stuff (equipment). In the current pandemic era, funding for private hospitals that are used as Covid referral hospitals depends on the smoothness of claims from the government. For health workers who directly handle Covid patients, they can apply for incentives to the Health Office, but they need to complete the necessary documents for accountability. The role of partnerships is classified into 3 types, namely case detection and treatment, community education, and coordination mechanisms.

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