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Collaborative Governance in HIV and AIDS Prevention in Sleman District 2018

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ABSTRACT

AIDS caused by HIV is a health issue of global concern. In Indonesia, in the first quarter of 2017, the number of HIV cases was 10,376 and AIDS cases were 673. DIY is a tourism city and student city that has a high level of human movement so it is highly likely that behaviors that are at risk of contracting or transmitting HIV and AIDS. DIY has an attraction that makes many people with different socio-economic and demographic backgrounds come to this region. Many tourists from domestic and abroad are interested in the beauty of tourism in DIY. Therefore, collaborative governance among stakeholders is needed in the response to HIV and AIDS. There are eight indicators to see the success of collaborative governance according to DeSeve: Networked Structure, Commitment to a Common Purpose, Trust Among the Participants, Governance, Access to Authority, Distributive Accountability / Responsibility, Information Sharing, Access to Resources. The findings of this study are that cross-sectoral collaboration carried out does not yet have regulations as a guideline in carrying out such collaboration. So that cooperation is only at the stage of mutual involvement in the response to HIV and AIDS, not at the stage of official cooperation that has legality. Because the existence of basic rules is important in collaborative governance as the initial foundation and legitimacy for stakeholders who act.

Keywords: Collaborative Governance, Stakeholders, HIV and AIDS prevention

ABSTRAK

AIDS yang disebabkan oleh HIV adalah masalah kesehatan yang menjadi perhatian global. Di Indonesia, pada kuartal pertama 2017, jumlah kasus HIV mencapai 10.376 dan kasus AIDS sebanyak 673. Daerah Istimewa Yogyakarta (DIY) adalah kota pariwisata dan kota pelajar yang memiliki tingkat pergerakan manusia yang tinggi sehingga sangat mungkin perilaku yang berisiko tertular atau menularkan HIV dan AIDS. DIY memiliki daya tarik yang membuat banyak orang dengan latar belakang sosial ekonomi dan demografi yang berbeda datang ke wilayah ini. Banyak wisatawan dari dalam dan luar negeri tertarik pada keindahan pariwisata di DIY. Oleh karena itu, tata kelola kolaboratif di antara para pemangku kepentingan diperlukan dalam menanggapi HIV dan AIDS. Ada delapan indikator untuk melihat keberhasilan tata kelola kolaboratif menurut DeSeve: Struktur Jaringan, Komitmen untuk Tujuan Bersama, Kepercayaan di antara Para Peserta, Tata Kelola, Akses ke Otoritas, Akuntabilitas / Tanggung Jawab Distributif, Berbagi Informasi, dan Akses ke Sumber Daya. Temuan dari penelitian ini adalah bahwa kolaborasi lintas sektoral yang dilakukan belum memiliki peraturan sebagai pedoman dalam melakukan kolaborasi tersebut sehingga kerja sama hanya pada tahap keterlibatan timbal balik dalam penanggulangan HIV dan AIDS, bukan pada tahap kerja sama resmi yang memiliki legalitas. Bagaimanapun juga, keberadaan aturan dasar menjadi penting dalam tata kelola kolaboratif sebagai landasan awal dan legitimasi bagi para pemangku kepentingan yang bertindak.

Kata Kunci: Tata Kelola Kolaboratif, Pemangku Kepentingan, pencegahan HIV dan AIDS

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INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) caused by infection with the Human Immunodeficiency Virus (HIV) is a health issue of global concern that has not yet found a cure. HIV / AIDS is one of the goals in the Millennium Development Goals. The MDGs have 7 goals, one of which is HIV / AIDS, the sixth goal against HIV / AIDS, malaria and other infectious diseases. The MDGs ended in 2015 and now continue with the Sustainable Development Goals. In this SDGs has 17 main objectives "to build a better world with no one left behind" (to build a better world without anyone left behind). In the MDGs the problem of HIV / AIDS is mentioned as one of the goals, but not in the SDGs because these SDGs are more universal, so HIV / AIDS is not clearly stated but is part of one of the third goals namely "ensure healthy lives and promote well-being" being for all at all age "(ensuring healthy living and improving welfare for all ages) including health problems in various countries as a global commitment within a broader framework of sustainable development.

Based on data on the cumulative number of HIV & AIDS cases, Yogyakarta Special Region ranked 11th out of 34 provinces in Indonesia (Spiritia, 2014). Special Region of Yogyakarta, hereinafter referred to as DIY as stated in Yogyakarta Special Region Regulation number 12 of 2010 concerning HIV and AIDS prevention that DIY has a level of HIV & AIDS endemicity in the concentrated epidemic level category and can expand to generalize epidemic level if no effort is made integrated, coordinated and continuous countermeasures. An increase in cases of HIV & AIDS in DIY can be interpreted as two things. First, indeed the case has increased. Then the second is because the awareness of the community to have a check-up is high enough that the fact is the number of HIV & AIDS cases is increasing.

DIY is a tourism city and student city that has a high level of human movement so it is very likely the occurrence of behaviors that are at risk of contracting or transmitting HIV and AIDS. DIY has an attraction that makes many people with different socio-economic and demographic backgrounds come to this region. Many tourists from domestic and abroad are interested in the beauty of tourism in DIY. Also, DIY is referred to as a student city because of the many schools and colleges in DIY. The entry of people into DIY opens opportunities for residents to interact with migrants who come from various places with all ethnic and cultural backgrounds. The migration does not only provide benefits to the local economy but also can change the lifestyle of the community, both local people and migrants. With such high mobility, HIV & AIDS risk actions can take place. Their arrival in DIY allows activities such as prostitution and narcotics distribution. The risk of transmission of HIV & AIDS is one of the negative impacts that occur.

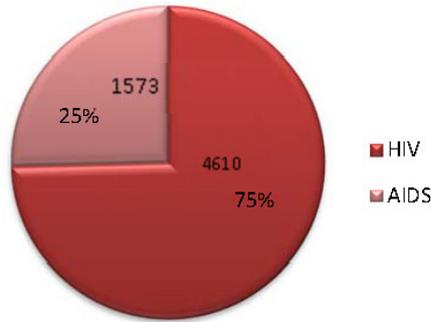


Figure 1. HIV and AIDS Case Data in DIY in 1993 to Sept 2018
 Source: Victory Plus Yogyakarta

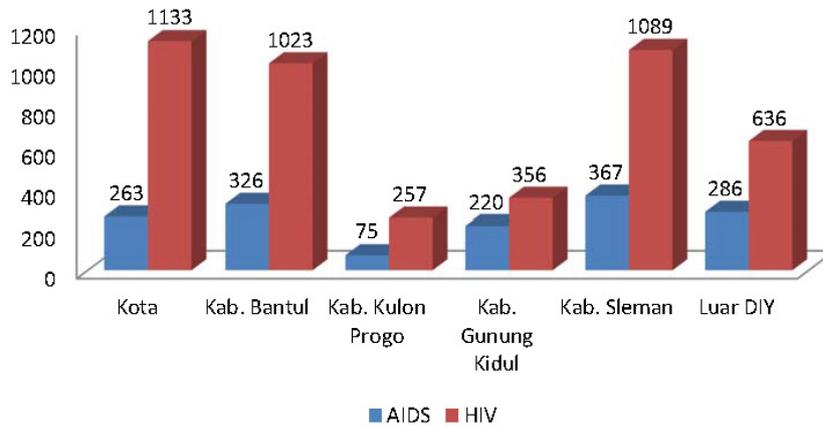


Figure 2. HIV and AIDS Case Data in DIY in 1993 to Sept 2018 by Region
 Source: Victory Plus Yogyakarta

Based on data from the Initiator Group of Peer Support and Empowerment of People living with HIV and AIDS Victory Plus Yogyakarta, most AIDS sufferers are in Sleman Regency with 367 people and 1089 people with HIV.

For additional information, please note that HIV sufferers do not necessarily suffer from AIDS, because HIV is a virus that attacks the immune system so the body is vulnerable to disease, and AIDS is a collection of diseases or infections caused by damage to the immune system by the HIV.

Collaborative Governance is one of the new governance model strategies developed to replace the adversarial and managerial models in policymaking and implementation (Ansell & Gash, 2008). In Collaborative Governance, various stakeholders present together in the same forum with other public institutions to engage in consensus-oriented decision making (Ansell & Gash, 2008).

DeSeve said that eight important items can be used as a measure of the success of a Network or collaboration in governance, the eight items include (1) Networked Structure, (2) Commitment to a Common Purpose, (3) Trust Among The Participants, (4) Governance, (5) Access to Authority, (6) Distributive Accountability / Responsibility, (7) Information Sharing, (8) Access to Resources.

Thus, the concept of Collaborative Governance is in line with HIV and AIDS Management. Collaborative Governance to see the success of the collaboration between the government and other stakeholders in the prevention of HIV and AIDS in the Sleman Regency.

Based on these problems, this study would like to see how the Collaborative Governance Process in HIV and AIDS Prevention in Sleman Regency in 2018.

THEORITICAL FRAMEWORK

Collaborative Governance

The definition of collaborative governance according to Ansell and Gash (Ansell & Gash, 2008) is a form of governance structure, where one or more public agencies directly relate to non-state stakeholders in a formal decision-making process, which is oriented on consensus, deliberative and leads to formulation or implementation of public policies, or can also be in program management or public assets. These concepts and definitions are often used as references by other academics in discussing collaborative governance until Emerson, Nabatchi and Balogh (Emerson, Nabatchi, & Balogh, 2012) offer a broader definition that is as a process and structure of public policy decision making and management involving the community constructively between public bodies, various levels of government and or in the public, private and civil sphere to carry out a public goal that cannot be achieved except by a joint forum “. In other words, collaboration discusses the collaboration of two or more stakeholders to manage the same resources that are difficult to achieve when done individually.

According to Agranof & McGuire (Joo Chang, 2009) specifically, collaborative governance has placed a lot of emphasis on voluntary collaboration and horizontal relationships between multisector participants, because the demands of clients often exceed the capacity and role of a single public organization, and require interaction between various organizations involved and involved in public activities. Collaboration is needed to enable governance to be structured so that it effectively meets the increasing demands arising from cross-governmental management, organizations, and sectoral boundaries.

According to Bingham, “Collaborative means to work together to achieve common goals working across boundaries in your multisector multi-actor relationships”. Bingham describes the meaning of collaboration involving several actors who help each other to achieve certain goals, these actors work not only in one sector but in several sectors.

While governance is a system of government. Therefore, collaborative governance is a government system that uses collaborative methods involving state and non-state working in several sectors to achieve common goals (Blomgren Bingham, 2010).

Collaborative Governance in the Prevention of HIV and AIDS

Research related to HIV and AIDS prevention has been widely carried out, one of which is research from Situmorang and Purwaningsih (Situmorang & Purwaningsih, 2010) yang berjudul *Local Government Response to HIV dan AIDS in Border Areas: a Case Study of Batam*. entitled Local Government Response to HIV and AIDS in Border Areas: a Case Study of Batam. This study revealed that Batam which is a border area that is generally considered a 'transit place', thus placing Batam residents at a higher risk of infection associated with sexual diseases, including HIV and AIDS. Despite the high rates of HIV and AIDS infections in Batam, local authorities do not consider this to be urgent. This is partly due to the lack of knowledge from local authorities about the impact of HIV and AIDS on the health and welfare of the people of Batam. HIV and AIDS are thought to affect migrants but do not affect the local population. To develop and implement comprehensive policies and programs for HIV-AIDS, local governments need to work closely with international funding agencies and local NGOs.

Then in the response to HIV and AIDS requires cooperation from various parties such as government, private and community (Kristanto, Mustam dan Subowo, 2014). The involvement of stakeholders in each policy process shows a good cooperative relationship between the government and NGOs (Non-Governmental Organizations), and the community (Purnomo et al., 2015). Maximizing the role of DPOs, NGOs and the community in reaching out to vulnerable groups infected with the HIV AIDS virus. This step is considered effective marked by the number of coordinating activities between institutions to be able to identify HIV sufferers from an early stage and provide appropriate follow-up service (Mahendra dan Sugiantoro, 2018).

Then the research is related to stakeholders who play a role in HIV and AIDS prevention, stakeholders or Stakeholders as key actors in the prevention of HIV and AIDS. Stakeholders who have high interests and power can be used to support regulations and policies or as a driver that influences the community (Tumangke, 2016). Peran *Stakeholder* Kunci dalam Kebijakan Penanggulangan The Role of Key Stakeholders in HIV / AIDS Prevention and Prevention Policy is urgently needed as advocacy from key stakeholders in HIV / AIDS prevention and prevention (Mahendradhata et al., 2015).

The communication strategy used in the prevention of HIV and AIDS is to conduct socialization which is determined in terms of communicators, communicants, media and communication channels, frequency, time and place, as well as obstacles faced when conducting socialization. Adding innovations and increasing cooperation with

stakeholders so that they can disseminate through mass media and submit requests for financial assistance to the government (Sartika, 2015).

Collaborative Governance in the Prevention of HIV and AIDS in DIY. This study identifies stakeholders into 4 matrices, namely players, subject, context setter, and the crowd. Then the implementation of collaboration in the prevention of HIV and AIDS in DIY is seen from three dimensions, namely principled engagement, shared motivation, and capacity of joint action. The collaborative process that has taken place in the efforts to combat HIV and AIDS in DIY is at the stage of formalizing semi-growth. The exploration phase has been carried out well. The results of collaborative governance practices on HIV and AIDS prevention efforts in DIY run quite well, but still need to be improved from various sides (Fitriana, 2017).

The Success of Collaborative Governance

DeSeve (Moore, 2009) states that eight important items can be used as a measure of the success of a network or collaboration in governance, eight items include:

1. Network structure

Explain the conceptual description of a relationship between one element with other elements that together that reflects the physical elements of the network being handled. Then, in a collaborative government, the network element must not form a hierarchy, namely the existence of power from one party. So that in collaborative governance, networks must be organic with the network structure involved ie there is no hierarchy of power, domination, and monopoly. So, all parties have equal rights, obligations, responsibilities, authority, and opportunities for accessibility in achieving common goals.

2. Commitmen to a common purpose

Commitment to a Common Purpose is the reason why a network must exist because of the attention and commitment to achieve positive goals that are carried out together. These objectives are usually found in the general mission of a government organization. Also, the commitments that are made must not side with one of the stakeholders or policy stakeholders. Because this means that the collaboration that exists only benefits one party. So that the commitment that is established in a collaborative government must be for the common interest through the search for joint solutions.

3. Trust among the participant

Trust Among the Participants is a professional or social relationship and the belief that participants entrust information or efforts from stakeholders or other stakeholders in a network to achieve common goals. So in this case, each stakeholder must trust

each other because as a form of professional relations that are established to achieve successful implementation of collaborative government.

4. Governance

Governance is a relationship of trust between governance actors or government. Also, some rules are mutually agreed upon by each stakeholder, and there is the freedom to determine how collaboration is carried out. In this case, governance can be said as governance if there is clarity on who is a member and who is not a member

5. Access to authority

Access to Authority is the availability of criteria or procedures that are clear and widely accepted. So, there are clear rules of authority and are accepted by each stakeholder to carry out their roles according to their authority.

6. Distributive accountability/responsibility

Distributive Accountability / Responsibility is the arrangement, management, management together with stakeholders and share some decision-making to all members of the network and share the responsibility to achieve the desired results, so in collaborative governance, there must be a clear division of responsibilities, and each stakeholder (including the public) must be involved in making policy decisions.

7. Information sharing

Information Sharing is easy to access for members, privacy protection, and limited access for non-members as long as it can be accepted by all parties. So that in collaborative governance there must be clear sharing of information, and easy access to information can be obtained for each stakeholder.

8. Access to resources

Access to Resources is the availability of financial, technical, human and other resources needed to achieve network goals. So, there must be clarity and availability of resources for each stakeholder involved.

RESEARCH METHODS

This research is descriptive with qualitative explanations. Descriptive research is research that seeks to express a problem and circumstances as they are, for that researchers are limited to only disclosing facts and not using hypotheses. Descriptive research aims to accurately describe individual traits and social conditions that arise in society to be used as research objects (Moleong, 2012).

Based on the definitions that have been stated above, it is concluded that the writer uses descriptive research because the writer wants to explain in depth about collaborative governance in the prevention of HIV and AIDS at productive age in Sleman Regency. This type of research description is considered suitable to explain the problems related to the author's research title because government cooperation in the prevention of HIV and AIDS is not explained in the form of numbers (quantitative) but requires in-depth research through critical and in-depth questions by way of interview then the results of the interview a description (explanation) is not an explanation that uses numbers.

Qualitative research is methods that explore and interpret meaning by some individuals or groups of people ascribed to social or humanitarian problems. This qualitative research process begins with asking questions, procedures, collecting specific data from participants, analyzing data in general and specifically to interpret the meaning of data (Cresswell, 2012).

The location of the study was conducted in Sleman Regency, with the focus of the research being the Health Service, Social Service, PKBI Sleman, and the NGO Victory Plus Yogyakarta Foundation.

Data collection was carried out by in-depth interviews with informants. Dexter in Lincoln & Guba, described the interview as a purposeful conversation. The purpose of the interview is to obtain formations here and now from people, events, activities, organizations, feelings, motivations, claims, concerns, and other listings; reconstructions of such listings as they were experienced in the past. Projections from such listings are expected to be experienced in the future; verification, correction and information development (member checking) (Ahmadi, 2015 (2nd Ed.):120).

The stages of the analysis are carried out as follows: (a) existing data based on the results of interviews collected; (b) determine the code and node; (c) carry out the coding process; (d) Analysis using Nvivo 12 Plus, (e) describing the results of the analysis of Nvivo 12 Plus

FINDINGS AND DISCUSSION

In conducting this analysis there are eight indicators to measure the success of a network or collaboration in governance according to DeSeve (2009).

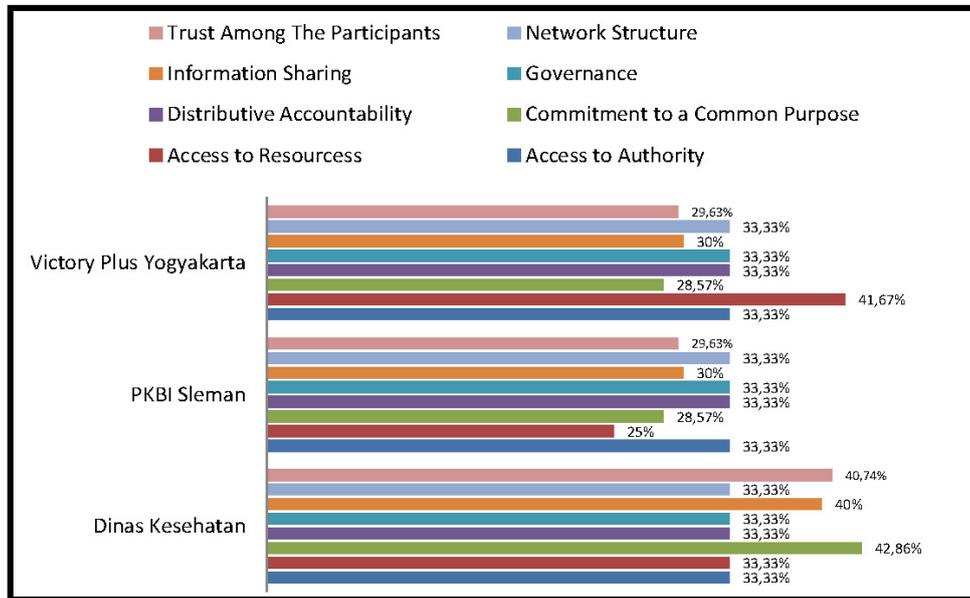


Figure 3. Crosstab Query - Result Preview
Source: Analysis of Nvivo 12 Plus

Based on the picture above, it can be seen that HIV and AIDS prevention in Sleman Regency is based on indicators of collaborative governance success, as follows:

Network Structure, based on the data above, can be seen that the network structure has the same results in the three agencies above, namely 33.33%, this can be due to HIV and AIDS prevention indeed collaborating and collaborating. So that all agencies are incorporated in cooperation, which is called cross-sectoral cooperation. Stakeholders involved in this cross-sectoral collaboration are DPOs, NGOs, Citizens Concerned with AIDS. Based on the results of interviews with the Sleman District Health Office that this collaboration does not yet have an official agreement or MoU. So that this collaboration is carried out between these Stakeholders only at the stage of mutual involvement in the prevention of HIV and AIDS but not in the stage of official cooperation that has legality, there is no official agreement or MoU formed in the cross-sectoral cooperation. However, at certain events, each stakeholder jointly carries out these activities in realizing HIV and AIDS prevention in Sleman Regency.

Commitment to a Common Purpose can be seen from the picture above that the highest in the Health Service is 42.86%. This commitment to a Common Purpose is the goal to be achieved in the response to HIV and AIDS as well as the understanding of all agencies in the response. The Health Office here is the highest because the Health Office is the coordinator in the cross-sectoral collaboration. The health service has a target that has been stated by the Ministry of Health of the Republic of Indonesia in 2014 on the issue

of HIV and AIDS, namely realizing Three Zero: Zero New HIV Infection, Zero Stigma, and Discrimination and Zero AIDS-Related Death. Yogyakarta Victory Plus Foundation and PKBI Sleman also have their vision and mission, but of course, the problem of HIV and AIDS is one of the visions and missions of the two non-governmental organizations. PKBI's vision and mission, HIV and AIDS issues are included in the third strategy: "Developing the Prevention and Management of STI and HIV and AIDS". Yogyakarta Victory Plus Foundation also has its vision and mission in the prevention of HIV and AIDS, because this foundation is indeed a peer support group, the foundation focuses on HIV and AIDS and PLWHA. Victory Plus Yogyakarta wishes to achieve a better quality of life for PLHIV and OHIDHA and to become a place for empowering PLWHA and OHIDHA that are free from stigma and discrimination. To achieve this vision, a mission must be carried out by empowering PLWHA and OHIDHA and encouraging the involvement of PLHIV and OHIDHA in the prevention of HIV and AIDS.

Trust among the Participants, based on the data in the picture above, it can be seen that the results of the analysis of the Crosstab Query are different because in the trust among the participant the trust of each member in the cross-sectoral cooperation depends on their respective institutions, this means that each agency are given the freedom in making activities or programs in the response. Because each stakeholder has their respective roles and responsibilities, the trust formed in this cross-sectoral collaboration is to carry out the programs and activities of each stakeholder related to HIV and AIDS prevention. The Health Office is the coordinator of this collaboration, as a policymaker and also as a health service provider for infected people. Then NGOs as implementers in the field such as carrying out socialization to the community related to HIV and AIDS, NGOs act as outreach and companion and intermediary between key populations and health service providers. Based on the findings it can be concluded that trust between stakeholders is formed because of the duties and roles of each agency in the response to HIV and AIDS so that each agency carries out the handling of HIV and AIDS based on the program and activity of each agency.

Governance, from the data above it, can be seen that the value of each agency is the same, namely 33.33%. This can be said to be the same because there are elements in governance, transparency, and accountability. The participation of stakeholders in this cross-sectoral collaboration can be seen from their involvement in the implementation of HIV and AIDS prevention activities carried out such as the commemoration of World AIDS Day, all these stakeholders together in carrying out these activities. The transparency that was formed in this cross-sectoral collaboration shows that information related to the number of people with HIV and AIDS can be accessed by all stakeholders. NGOs have access to this information and must maintain the confidentiality of sufferers by name by the address of sufferers who do not want the information to be known to the public. Then accountability, in this cross-sectoral collaboration the responsibility is reported by

the Office of Health in the Performance Accountability Report of Government Agencies. Of the three elements, each agency has a deep involvement in the response to HIV and AIDS.

Access to Authority, as well as governance and network structure, this indicator also has the same value of 33.33%. Because the rules and regulations on HIV and AIDS prevention are regulated by legal regulations from the state. So that all agencies involved in the prevention of HIV and AIDS in these regulations. Authority here shows authority. Stakeholders access authority, in implementing HIV and AIDS prevention, these stakeholders have their respective authority. The existence of ground rules is important in collaborative governance as the initial foundation and legitimacy for stakeholders to act. Until now, Sleman Regency does not yet have a special regulation on the Regency of Sleman to regulate this authority. The regulation that forms the basis of this cross-sectoral cooperation is Perdais No. 12 of 2010 and then the technical on HIV and AIDS prevention is regulated in the DIY Governor Regulation No. 37 of 2012. Then in 2016, with the enactment of Presidential Regulation No. 124 of 2016 that the KPAN was dissolved, the KPA Kab / The city was also disbanded, but based on interviews with the Director of the Yogyakarta Victory Foundation, it was stated that the Provincial KPA remained, only the regional KPA had been dissolved. As a result, HIV and AIDS countermeasures in the Regency are taken over by the respective District / City Health Services.

Distributive Accountability, this division of accountability is the same as trust among the participant, that each agency is given the freedom to carry out activities and countermeasures so that accountability also lies with each agency. So the result of the Crosstab Query analysis is 33.33%. The division of accountability and responsiveness that is related to the arrangement, management, management together with other stakeholders, and share some decision-making to all members of the network, share responsibility for achieving the desired results. Each actor has a year-end accountability report, OPD in the form of LAKIP which contains reports ranging from planning to implementation and the required budget. Because Sleman Regency does not yet have a valid regulation to regulate how cross-sectoral cooperation in overcoming HIV and AIDS, no regulation can be used as a reference in conducting this collaboration.

Information Sharing, based on the data above, can be seen that the highest is located in the Health Agency, which is 40% while the other 2 agencies each have 30%. This is because the Health Office as the coordinator of this cross-sectoral collaboration is the most widely provided information is the Health Office. Easy access to information is needed in carrying out coordination with stakeholders involved in HIV and AIDS response. Coordination carried out by the Health Office will be more organized when the communication is established properly by the stakeholders so that the implementation of countermeasures runs smoothly and successfully.

words, the three nodes are the most instrumental in determining the success of collaborative governance in HIV and AIDS prevention. It can be seen from the color of the three words, namely brown.

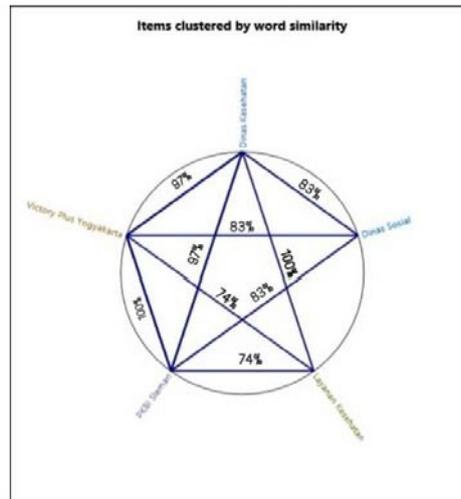


Figure 5. Cluster Analysis Network of Actors
Source: Analysis of Nvivo 12 Plus

Then, if you see the picture above, it can be seen the relationship between stakeholders that occur in the response to HIV and AIDS in Sleman Regency in the response to HIV and AIDS. The summary cluster analysis results have a value above 50% which indicates that all of these stakeholders have a role in HIV and AIDS prevention. All agencies are connected. Except for social services with health services. It can be seen that the value of the results of the summary cluster analysis is that the Health Service and Health Services have a value of 100% because the Health Service is a health service provider for people infected with HIV and AIDS. Then there is no connecting line between the Social Service and health services because the Social Service is not directly involved with health services. Health services play a role as providers of health services such as hospitals and community health centers. So that social services are not directly involved with health services.

CONCLUSION

Based on the findings and discussion above, it can be concluded that the success of collaborative governance in the prevention of HIV and AIDS in Sleman Regency lies in Information Sharing, easy access to information and transparency. The ease of accessing information, transparency and information sharing among the stakeholders involved in this collaboration will affect the implementation of cross-sectoral programs and activities. By sharing information, easy access to information, coordination will run smoothly, and

transparent cooperation shows that the implementation of HIV and AIDS prevention can be accounted for and carried out accordingly. The existence of an initial basis as a reference in carrying out cross-sectoral cooperation is very much needed in regulating the authority of each stakeholder involved so that collaborative governance in the prevention of HIV and AIDS can be implemented more coordinated because it has regulations as a reference in implementing programs and activities.

REFERENCES

- Ansell, C., & Gash, A. (2008). Collaborative governance in theory and practice. *Journal of Public Administration Research and Theory*, 18(4), 543-571. <https://doi.org/10.1093/jopart/mum032>
- Blomgren Bingham, L. (2010). the Next Generation of Administrative Law/ : Building the Legal Infrastructure for Collaborative Governance. *Wisconsin Law Review*, 298-350.
- Emerson, K., Nabatchi, T., & Balogh, S. (2012). An integrative framework for collaborative governance. *Journal of Public Administration Research and Theory*, 22(1), 1-29. <https://doi.org/10.1093/jopart/mur011>
- Joo Chang, H. (2009). Collaborative governance in welfare service delivery: Focusing on local welfare system in korea. *International Review of Public Administration*, 13(October), 75-90. <https://doi.org/10.1080/12294659.2009.10805141>
- Kumorotomo, W. (2013). *Transformasi Pelayanan Jakarta Commuter Line: Studi tentang Collaborative Governance di Sektor Publik*. Yogyakarta: Jurusan Manajemen dan Kebijakan Publik, FISIPOL UGM.
- Mahendra, G. K., & Sugiantoro, H. A. (2018). Manajemen Pelayanan Penanggulangan Kasus HIV-AIDS di Kota Yogyakarta. *IJPA-The Indonesian Journal of Public Administration* , 4 (1). 1-20.
- Mahendradhata, Y., Padmawati, R. S., Makbon, P., Kesehatan, D., Sorong, K., Kebijakan, P., ... Papua, W. (2015). PERAN STAKEHOLDER KUNCI DALAM KEBIJAKAN PENANGGULANGAN DAN PENCEGAHAN HIV / AIDS STUDI KASUS DI KABUPATEN SORONG PROVINSI PAPUA BARAT THE ROLE OF KEY STAKEHOLDERS IN THE POLICY OF REDUCTION AND PREVENTION OF HIV / akhir melaporkan adalah Provinsi Sulawesi. *Jurnal Kebijakan Kesehatan Indonesia*, 04(02), 57-64.
- Mitsel, Mahendradhata, Y., & Padmawati, R. S. (2015). Peran Stakeholder Kunci dalam Kebijakan Penanggulangan Pencegahan HIV dan AIDS Studi Kasus di Kabupaten Sorong Provinsi Papua Barat. *Jurna Kebijakan Kesehatan Indonesia* , 4 (2). 57-64.
- Moleong, L. J. (2012). *Metode Kualitatif Edisi Revisi*. Bandung: PT. Remaja.

- Moore, M. H. (2009). Networked government. In *Unlocking the power of networks: keys to high-performance government*. Retrieved from <http://hollis.harvard.edu/?itemid=%7Clibrary/m/aleph%7C011904506>
- Muqorrobin, M. (2016). Proses Collaborative Governance dalam Bidang Kesehatan (Studi Deskriptif Pelaksanaan Kolaborasi Pengendalian Penyakit TB-HIV di Kabupaten Blitar). *Kebijakan dan Manajemen Publik* , 4 (1). 1-9.
- Purnomo, D., Soeaidy, M. S., Hadi, M., Publik, J. A., Administrasi, F. I., & Brawijaya, U. (2015). Analisis Kebijakan Penanggulangan Hiv Dan Aids Di Kabupaten Malang (Studi Pelaksanaan Peraturan Daerah Nomor 14 Tahun 2008 Kabupaten Malang). *Jurnal Administrasi Publik*, 3(1), 42-48.
- Rachmadi, T. (2015). Peran Dinas Kesehatan dalam Penanggulangan Human Immunodeficiency Virus - Acquired Immuno Deficiency Syndrome (HIV-AIDS) sesuai Peraturan Daerah Nomor 2 Tahun 2013 (Studi di Kabupaten Kebumen). *Jurnal Idea Hukum* , 1 (1). 59-64.
- Saraswati, B. D. (2018, Agustus 24). *Hampir 1.000 Kasus HIV/AIDS di Sleman Ditemukan*. Dipetik Oktober Kamis, 25, dari Jogja Politan Harian Jogja: <http://jogjapolitan.harianjogja.com/read/2018/08/24/512/935742/hampir-1000-kasus-hiv-aids-di-sleman-ditemukan>
- Sari, M., & Lele, G. (2017). Relation among Stakeholders in HIV/AIDS Response: Case Study Palu Municipality. *Policy & Governance Review* , 1 (1). 55-68.
- Sartika, A. (2015). Strategi Komunikasi Komisi Penanggulangan AIDS (KPA) Dalam Melakukan Sosialisasi HIV/AIDS Di Kota Samarinda. *EJournal Ilmu Komunikasi*, 3(20), 17-30.
- Situmorang, A., & Purwaningsih, S. S. (2010). Local Government Responses to HIV and AIDS in the Border Areas/ : a Case Study of Batam 1. *Social Sciences*, 3, 171-187.
- Sudarmo. (2011). *Isu-Isu Administrasi Publik dalam Perspektif Governance*. Surakarta: Smart Media MAP UNS.
- Sudjatmiko, T. (2018, Maret 06). *Ibu Rumah Tangga Dominasi Kasus HIV-AIDS Di Sleman*. Dipetik Oktober 25, 2018, dari KR Jogja: http://krjogja.com/web/news/read/59601/Ibu_Rumah_Tangga_Dominasi_Kasus_HIV_AIDS_Di_Sleman
- Tumangke, H. (2016). *Analisa pemangku kepentingan (stakeholders) penanggulangan hiv dan aids di kota jayapura*. 16, 85-93.

