



Public Participation in Realizing Policy Accountability Covid-19 Pandemic Handling at Yogyakarta Special Region

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ABSTRACT

This study aims to describe community participation in realizing policy accountability for handling the covid-19 pandemic in the Special Region of Yogyakarta. The research design used was a descriptive study with a qualitative approach. Community participation was analyzed using a spectrum of five levels of participation. The results showed that community participation has manifested itself at every level of the spectrum of public participation. However, community participation is still limited to passive participation, where the community is only involved in policy implementation. At the information level, various information systems have been created to provide information, but not all of them can be accessed by the public. At consult level, various opinions from the community and stakeholders have received a good response and used as a consideration Governor. At the level of involvement, community has positioned as both a subject and an active participant in volunteering since the start of the pandemic. At the level of collaborate, collaboration has reached the stage of opening space for participation from various stakeholders. Last at the empower level, it has been carried out through various efforts. starting from the RT, RW, and Village levels. However, there has been no coordinated effort and clear division of roles in implementing the collaboration and empowerment.

Keyword:

Public participation, accountability, policy, Covid-19 pandemic, collaborate

INTRODUCTION

The Covid-19 pandemic has led to an unprecedented array of policy actions, ranging from lockdowns, work from home, and requests for citizens to suspend normal economic and social interactions

to limit the spread of disease. Several Canadian and international scholars have raised concerns about the implications of the Covid-19 pandemic for governments and public service agencies, and useful

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directions for research and public administration practice. One that must be considered is the challenge for the government to balance the demands of accountability and learning in policies due to the demands of social solidarity and knowledge (Boin, et al., 2020).

The Covid-19 pandemic is a challenge for the development of governance in Indonesia. According to Colangelo (2020), Indonesia is one of the countries with the highest risk of failing to handle Covid-19. One of the reasons for this situation is the nuances of politicization, ignorance of science at the beginning of the crisis, limited economic capacity and the lack of a health service system. The occurrence of the Covid-19 emergency response policy crisis and the handling of its impact in Indonesia, besides internally reflecting the weak capacity of the government to deal with the crisis, also shows the complexity of this outbreak (Widaningrum & Mas'udi, 2020). This is in line with the interesting logic of Besley & Dray (2021) regarding the government's readiness and responsiveness to health crises with pre-existing state institutions and capacities. In using this capacity, it is hoped that effective public action will develop where there is accountability and open debate. Greater capacity should also build public trust which further facilitates compliance with public health measures.

The implementation of good governance is expected to be able to overcome complex problems such as a pandemic (Suhartoyo, 2020). Therefore, policies for handling Covid-19 in Indonesia need to prioritize good governance practices. President Joko Widodo emphasized that in handling Covid-19 all levels of government must adhere to the principles of good governance by prioritizing the principles of transparency and accountability in

government programs in the health and economic sectors (BPMI Setpres, 2020).

The principle of accountability is a basic principle in good governance and has implications for other principles such as effectiveness, efficiency, transparency and participation (Rizal, 2015). Accountability relates to the government's responsibility in carrying out its function as the person in charge of disaster management based on Law Number 24 of 2007 concerning Disaster Management. The success of handling Covid-19 depends on the commitment of public institutions in implementing democratic values, legitimacy and accountability (Knight, 2020). This is as stated by Kavanagh & Singh (2020) that democracy, accountability and openness play a complex role in handling Covid-19.

Accountability in handling Covid-19 is an important thing that must be considered by all parties. Although the handling of Covid-19 is part of the emergency response, aspects of governance must remain a priority in order to increase the effectiveness of success in its implementation. On the other hand, this will also reduce the negative impacts that can arise (Alizar and Usman, 2020). Accountability is part of the concept of good governance that is applied in many countries, including Indonesia. The World Bank has developed six indicators of good governance, namely (a) voice and accountability; (b) political stability and absence of violence; (c) government effectiveness; (d) regulatory quality; (e) the rule of law; and (f) control of corruption (Kaufmann et al., 2005). The term voice and accountability used by the World Bank can be translated as public voice or public participation and accountability. Accountability and public participation are two concepts that have a very close relationship. Accountability requires public participation on a strong

spectrum to produce better public policies.

In the policy context, there are two types of public participation in handling Covid-19, namely active public participation and passive public participation. Active public participation is related to public involvement in influencing the public policy formulation process, so that better public policies are produced and in accordance with the aspirations of the community. While passive public participation is participation where the community is involved in implementing a policy that has been decided by the government.

The International Association for Public Participation (IAP2) suggests a spectrum of public participation that has been used globally in many countries. There are five spectrums of public participation can be used separately to ensure community involvement, both in active public participation (policy formulation) and in passive public participation (policy implementation). It is very important to note that public participation is an inseparable part of accountability in handling Covid-19. Public participation is also closely related to the existence of criticism from the community. Criticism of the government should be done in a good and right way. Criticism based on scientific data is a form of public participation. The community must be actively encouraged to provide input to the government in order to avoid government failure. One of the causes of government failure in carrying out a policy is the low level of public participation in providing input on policies issued by the government.

The priority of controlling and preventing Covid-19 must be a top priority in government policy. The three risk sectors that need to be managed by the government are public health, the national health system and the sustainability of

the country's economy (Ducket et al. 2020). A number of policies have been implemented but have not been able to suppress the spread of Covid-19. The basic measure of the success of a policy in handling a pandemic is the absence of further spread and reduced fatalities (Widaningrum & Mas'udi, 2020). The non-fulfillment of the two main elements indicates the failure of the policies taken.

Based on the mandate of Law Number 23 of 2014 concerning Regional Government, regional heads can submit draft regional regulations to overcome extraordinary circumstances, conflict situations or natural disasters. Covid-19 was declared a national disaster on April 13, 2020, with Presidential Decree Number 12 of 2020 concerning the Determination of Non-Natural Disasters for the Spread of Covid-19. Based on the Decree of the Governor of the Special Region of Yogyakarta No. 32 of 2021, a Covid-19 Handling Task Force was formed, chaired by the governor. The membership of the Task Force includes elements from the government, the private sector, and other stakeholders. Its membership also involves elements of vertical agencies (Indonesian National Army, Police, Attorney General's Office, Financial & Development Audit Agency), as well as universities, CSR Disaster Risk Reduction Forums and Regional Owned Enterprises.

The performance of the Special Region of Yogyakarta (DIY) Regional Government received appreciation from the President Joko Widodo as the best Covid-19 handling area based on the monitoring of the Central Covid-19 Handling Task Force (Diskominfo DIY, 2020). Moreover, for the second time, DIY became the only region in Indonesia that received an AA rating in the Provincial and Regency/City Government Agency Performance Accountability Evaluation Results Report in 2019.

The achievements in handling Covid-19 are very interesting to discuss. Because apart from an accountable local government, community participation is also an important factor for the successful handling of the Covid-19 pandemic. However, there are still many problems that arise regarding the policy for handling Covid-19 in DIY. For example, one of them is related to the availability of hospital beds. As a result, the family finds it difficult to find a treatment room even when the patient's condition is considered serious (Kompas.id). According to Sonjo, real time data collection on the availability of referral hospitals and isolation shelters is also still an obstacle (jogjaprovo.go.id). This has caused the Muhammadiyah Covid-19 Command Center (MCCC) to ask the Governor to take emergency steps to tackle the spread of Covid-19.

In fact, the positive confirmed cases of Covid-19 in DIY are still not moving for the better. The case has not described the reality of the pandemic in Yogyakarta or can be said to be underreporting because the central and regional governments have not been aggressive in tracing, testing, and treatment even though the pandemic has been running for almost a year (Syambudi, 2021).

One of the reasons for the decline in compliance with health protocols is the lack of community involvement and empowerment in handling Covid-19. The role of the community in handling Covid-19 is relatively minimal. The government provides more instructions than invites

the public to formulate strategies and joint solutions (Think Policy Society, 2021). UGM Epidemiologist Riris Andono Ahmad said that after all the government is the only authority that can control the Covid-19 pandemic, but when people do not have trust in the government, it is feared that people will ignore the pandemic (Winduajie, 2021). Based on practical experience in Western Australia (WA), public participation in the formulation of government policies and strategies is not governed by a specific best practice model (Williams, 2019). However, The WA Service Priority Review Working with One Public Sector Delivering released in 2017, has attempted to identify the need to build a public sector focused on community needs and to develop an overall citizen engagement strategy. One of them is carried out by The Road Safety Commission. Increasing community involvement in handling the Covid-19 pandemic is also important to encourage accountability for policies handling Covid-19.

Based on the discussion described above, this study is focused on discussing community participation in policy accountability for handling the Covid-19 pandemic in the Special Region of Yogyakarta.

METHODS

This study uses a descriptive method with a qualitative approach (Creswell, 2014). This research was conducted in the DIY from October 2020

Figure 1. Public Participation Spectrum



Source: International Association in Public Participation, 2014

to March 2021. The main instrument in this research is the researcher with the help of interview guide and observation guide. Data collection techniques were carried out through interviews, observation, and documentation. Interviews were conducted with informants who were considered to have a good understanding of the policies for handling the Covid-19 pandemic in DIY. Informants in this study included: Spokesperson for the DIY Covid-19 Handling Task Force, Head of Disease Prevention and Control at the DIY Health Office, Chief Executive of the DIY Regional Disaster Management Agency, Head of Emergency Management at the DIY Regional Disaster Management Agency, the First Planner of the DIY Development Planning Agency, Secretary of the DIY Inspectorate and Secretary of MCCC DIY. The technique of checking the validity of the data is using the source triangulation technique. The data analysis technique used in this research is the interactive model of Miles and Huberman (2014), which consists of data reduction, data presentation and conclusion drawing/verification.

RESULT AND DISCUSSIONS

The Special Region of Yogyakarta declared the emergency response status for the Covid-19 outbreak on March 20, 2020. The decision was contained in the DIY Governor's Decree Number 65/Kep/2020 concerning the Determination of the Covid-19 Emergency Response Status in DIY and the establishment of the Covid-19 Handling Task Force in DIY. Based on the Instruction of the Governor of DIY Number 2/INSTR/2020, in order to increase awareness of the risk of transmission of Covid-19 infection, the Governor of DIY instructed the Head of Level II Region, the head of vertical agencies in DIY, Paniradya Pati Secretary Regional People's

Representative Council, Inspector, Head of Regional Service/Head of Civil Service Police Unit/Head of Regional Agency/Head of Regional Liaison Agency/Head of Bureau/UPT within the DIY Local Government to support and carry out socialization activities and control the risk of transmission of Covid-19 infection in Government areas Special Region of Yogyakarta.

Public participation in policy making is described by a 'ladder of participation' (Bovaird & Löffler, 2004). The community is positioned as the lowest rung of the ladder who always knows the real social problems. For the government to be more effective and efficient in making policies, communication at the lower levels must be strengthened.

The International Association for Public Participation (IAP2) suggests a spectrum of public participation that has been used globally in many countries. IAP2 formulates five levels of public participation, namely, inform, consult, involve, collaborate, and empower (see Figure 1). The higher the spectrum used in the public participation process, the better, resulting in better and more legitimate public policies in society. Conversely, the lower the level of public participation used, the resulting public policies will also lack quality and legitimacy in society. In this study, the five spectrums of public participation will be used to discuss about public participation in realizing an accountable Covid-19 handling policy in DIY. This will be done by analyzing a fair representation of community participation and Task Force activities in handling the Covid-19 pandemic in the Special Region of Yogyakarta.

Public Participation at The Information Level

Inform has the meaning of providing objective and balanced information, helping to understand and

find alternative solutions to problems. On March 15, 2020, the corona.jogjaprov.go.id website was created so that the public could access information on monitoring data on the spread of Covid-19 in DIY. In addition, the creation of video and image content to educate the public through social media is also carried out. The information presented is in the form of the distribution of Covid-19 cases in each region in DIY. The menu on the website includes the homepage, data, folders, hospital room info, screening, news, public documents, infographics, frequently asked questions and hoax checks. The appearance of the corona.jogjaprov.go.id website can be seen in Figure 2.

Figure 2. The appearance of the corona.jogjaprov.go.id website



Source: Yogyakarta Special Region Government, 2020

Through the website, the public can access information about the distribution of positive cases of Covid-19 in districts/cities in DIY. Until February 22, 2021, it was recorded that the number of Covid-19 cases in Yogyakarta reached 34,215 suspects. To follow up on the emergency response status, on April 13, 2020, the DIY Regional Government launched a corona monitoring system through <https://cms.jogjaprov.go.id/authorize/login> for all referral hospitals and health services. Referral hospitals for Covid-19 patients consist of 14 government-owned and 13 privately owned. The DIY Regional Government

appointed several private hospitals as additional referral hospitals because the government hospitals were unable to suffice to cope with the increase in the number of Covid-19 patients.

To monitor the distribution of Monitored Insiders/Patients Under Monitoring on April 2020, the Jogja Pass application has been launched. Jogja Pass is a platform that can be used to carry out Covid-19 self-screening as well as digital identity for people in DIY before entering public areas (care-diy.jogjaprov.go.id). Everyone who wants to travel to Yogyakarta must download the Jogja Pass application. The Jogja Pass can optimize the prevention of the spread of Covid-19 because it increases discipline and social restrictions. This will facilitate decision-making for the government in preventing the spread of Covid-19. Jogja Pass will also present statistics on the total visitors of each public area in the form of a distribution map (care-diy.jogjaprov.go.id).

The DIY Regional Government also uses the DIY Covid-19 Disaster Support System (DDSS) Dashboard with data warehouse support for all areas of the DIY Covid-19 Task Force. In addition, adjustments for online-based government internal services were also developed. DDSS features include health analysis, education analysis, community social analysis, tourism economic analysis, law enforcement analysis and logistics analysis. This can be accessed through the website <http://dss.jogjaprov.go.id/>.

Based on the description above, the DIY Regional Government has played a role in providing information to the public. Various programs and systems have been created to provide information and socialization to the public regarding the handling of the Covid-19 pandemic. Disclosure of information reflects the government's accountability to provide information to the public based on Law Number 14 of 2008 concerning Disclosure

of Public Information. The right to obtain information is very important because the more open state administration is to public scrutiny, the more accountable the state administration is. However, not all information systems created can be accessed by the public. It must enter an account ID and password, there is no registration option so it can only be accessed by DIY Regional Government staff.

Public Participation at The Consult Level

Consult is getting public input regarding analysis, alternatives, and/or a decision. SONJO gave a lot of input on the handling of Covid-19 to the Governor of DIY. The inputs given cover several aspects, as follows: the first is related to data collection, for example how to manage bed data or shelter availability data. Second, related to increased screening, for example by using GeNose. Then input related to the need to hold a Covid-19 response post in every RT or RW in the district/city. The input from SONJO and from other parties received by the Governor of DIY will be the subject of discussion at the next coordination meeting. The various efforts to handle Covid-19 in DIY will be further matured and then socialized to districts/cities

Sambatan Jogja (SONJO) is a humanitarian movement that focuses on helping people who are vulnerable and at risk of being affected by the spread of Covid-19 in DIY. SONJO was founded on March 24, 2020 and uses WhatsApp Group (WAG) as the main media in coordinating various programs. Until now, there are eight programs that have developed in SONJO which are divided into three main sectors, namely health, economy, and education. The SONJO movement is inclusive by involving all elements of civil society in DIY.

WAG brings together parties who need assistance (demand) and parties who want to distribute aid (supply). As stated by Rimawan Pradipto, the initiator of Sonjo, "In Sonjo there is no money at all, we even prohibit people from posting

advertisements or anything that includes personal accounts, it is not allowed" (regional.kompas.com). He added that demand includes hospitals, health workers, NGOs, academics, entrepreneurs, community groups and others. While the supply is academics, entrepreneurs, NGOs, MSMEs, community groups, Amil and Zakat Institutions, State Entrepreneurs, Regional Owned Enterprises, and others. Through Sonjo, there is an interaction between demand and supply. So that existing problems can be solved. Sonjo created a market in the form of a market for help and those who want to be helped. So for example, there are people who need help with Personal Protective Equipment, then there are WAG members who respond to provide them, so that problems are quickly resolved.

Input related to the handling of the Covid-19 pandemic was also conveyed by the DIY Regional House of Representatives. Huda Tri Yudiana as Deputy Chair of the Regional House of Representatives urged the DIY Regional Government to be open about data on the progress of handling Covid-19 including the availability of beds at referral hospitals. He requested that bed availability data be reported in real time through an online system so that everyone can access it. In this way, more people are helped and the death rate can be reduced. In addition, he also urged that the capacity of the hospital be increased as well as health workers. Although difficult, according to him it must be done as soon as possible. The absence of real time data is a weak point in handling the pandemic. (Tirto.id). The result is that the hospital cannot refer to another hospital that may still have beds. The Muhammadiyah Covid-19 Command Center (MCCC) also conveyed the findings of a discrepancy in data on Covid-19 cases from the DIY Health Office with the district/city Health Office. This prompted the MCCC to demand the Governor take emergency steps to tackle the spread of Covid-19 (Tirto.id). Data is still a big problem in

handling the pandemic in Indonesia, both at the centre and at the regional level. In fact, data is an important basis for policy formulation. Healthy journalists and mass media can be critical partners of the government in these cases (voaindonesia.com). The investigative report was prepared by journalists in collaboration with reporting on Covid 19 in Yogyakarta. They are Haris Firdaus (Kompas), Irwan Syambudi (Tirto.id), Hendrawan Setiawan (CNN Indonesia TV), Pito Agustin Rudiana (IDN Times), Bhakti Suryani (Harian Jogja), and Arief Koss Hernawan (Gatra). This collaboration has taken place five times on different themes since the start of the pandemic. This coverage is carried out because so far, the information provided by beds for patient care in hospitals is still available, but in practice there is a lot of information or complaints from residents related to the difficulty of getting treatment rooms at the hospital (See Figure 3).

Figure 3. Yogyakarta Journalist Collaboration Investigation Report



Source: VOA/Nurhadi

To respond to these various inputs, the Governor of DIY Sri Sultan HB X held a coordination meeting with all regional heads, mayors, department heads, hospital directors, Regional House of Representatives, NGO, journalist, and related academicians. They were invited to discuss the matter on January 17, 2020. He agreed that there should be real time reports. Real time reports are important so that the factual conditions in the field

can be monitored. What the DIY Regional Government should strive for is to change the pattern of the reporting system. For example, to be able to control if it is above 80 percent of the bed is filled because the risk is greater. Bed availability data has been updated daily at 12 pm. However, at the end of January, for the last two days the data on the availability of beds at the Covid-19 referral hospital was not reported. This was then responded by a spokesman for the handling of Covid-19, Berty Murtiningsih, that the reporting system was under repair.

DIY Regional Secretary Kadarmanta Baskara Aji, in an official statement on January 19, 2021, stated that he would use the Integrated Emergency Management System application. However, the website is still under development. Although there is information on the availability of beds for the Covid-19 special hospital in Yogyakarta (accessed Wednesday, January 20, 2021 at 01.30 am), but to find out detailed information, especially the location of the hospital, you must use a registered special account. Parties who can access health services, especially Community Health Centers. Whether someone needs to go to a hospital or self-isolate, it is the Community Health Center that wants to access data or requires a Covid-19 treatment room, must contact the Community Health Center.

Based on the above discussion, various opinions from the community, the Regional House of Representatives, journalists have received a good response from the Governor of DIY. This input is also used as a consideration for decision making in handling Covid-19. Regarding the spike in positive cases in Yogyakarta, regents and mayors were ordered to add more beds in hospitals and prepare shelters for isolated patients.

Involvement Level of Public Participation

Involve is working directly with communities through a process to ensure that community aspirations are consistently considered. The Covid-19

Task Force has three main areas, namely prevention, treatment, and economic recovery. Prevention is done by providing socialization and education to the public about the Covid-19 pandemic. The tightening of health protocols in the community to apply the 4M discipline, namely wearing masks, washing hands with soap, and running water, maintaining distance, and avoiding crowds. Residents who violate the health protocol will be given sanctions according to applicable regulations. In addition, prevention is also carried out by collecting public mobility data in public places through scanning QR codes, announcing the development of Covid-19 in the city of Yogyakarta, making health protocols at tourist attractions, hotels, restaurants, shopping canters, and public places. In its implementation, the community has been actively involved, especially in providing hand washing facilities, spraying disinfectants, and limiting activities in and out of their environment. Villages in DIY have even independently implemented a lockdown. One example is the lockdown carried out in Beneran Village, Sleman (see Figure. 4).

Figure 4. Self-lockdown in Beneran Village, Sleman Regency



Source: Documentation, 2021

In the field of treatment, efforts to deal with Covid-19 are carried out by providing training to health workers, conducting swab tests and tracing, curing corpses, providing ICU rooms and isolation rooms, providing shelters for people without symptoms, and providing personal protective equipment for people in the area. front line. In practice, the community is also actively involved by

helping each other provide food for families who are confirmed or suspected of having the corona virus while self-isolating at home.

In terms of economic recovery in the community, one of the efforts that have been made is by providing digital marketing training and establishing cooperation with various business partners. For example, some traditional markets in the city of Yogyakarta can conduct transactions digitally and collaborate with related parties so that the buying and selling process can be done online. The community has also made independent efforts to revive their economy and help others with the “Dari Jogja utuk Jogja” movement. This movement is carried out by establishing the Jogja Berbagi program, planting urban farming, creating online transaction applications that offer the potential of the area, and beautifying the environment to attract tourists to come and spend their money there. To increase community involvement in handling the Covid-19 pandemic, the Coordination Sector of the Covid-19 Volunteer Task Force plans to organize a DIY Covid-19 Volunteer fundraising. Volunteers are

representatives of volunteers from various regions, government agencies, and disaster partner community organizations in DIY. They will receive five training materials consisting of 1) Prevention, Dissemination and 4M Policy; 2) 3T Movement (Tracing, Treatment, Testing); 3) Volunteer and Volunteering; 4) Effective Communicating Techniques; and 5) Use of the United Volunteers Against Covid Monitoring Instrument. This volunteer movement is expected to be a form of vigilance as well as independence by moving the community as the spearhead. This effort also reflects the culture of gotong royong.

In addition, the movement for anticipation and disaster management in Indonesia, including Covid-19, should involve all stakeholders through the application of penta helix synergy. All levels of local government must

understand this concept, namely collaboration consisting of the government, academia, the business world, the mass media, and all levels of society.

Since the beginning of the pandemic, the DIY Government has positioned the community as both a subject and an active partner in preventing Covid-19. Discipline and public concern are the desired outputs of the various approaches formulated by the DIY Government. Furthermore, we can maintain this movement and combine it into a new force by involving Volunteers to Take Care of the Citizens and other local communities. So that this can be an embryo in restoring social life that was disrupted by the Covid-19 outbreak.

Collaborated level public participation

Collaborate is partnering with the community in every aspect of decision making, including identifying and building alternative solutions. Collaboration requires the involvement of multiple stakeholders and coordinated efforts. Stakeholders who collaborate must understand the purpose, division of roles, and open spaces for participation. The collaboration can be divided into several aspects, namely collaboration in policy, collaboration in handling cases, collaboration through behavior, collaboration in prevention, and collaboration in supporting resources. As stated by the Chief Executive of the DIY Regional Disaster Management Agency, Drs. Biwara Yuswantara, M. Si, collaboration is built on three levels, namely strategic, managerial, and operational tactical levels (widyamataran.ac.id). This strategic level collaboration is manifested in policies across sectors and actors and is controlled and gets input from the community. In the behavioral aspect, various protocols are contained in regulations that include protocols for health, communication, travelers, educational institutions,

government institutions and protocols for public areas.

Biwara Yuswantara added that humanitarian donations from the DIY community through the DIY Covid-19 Handling Task Force were also very helpful in handling operations in the field. It was recorded that donations from the business sector, companies, and the community were collected amounting to US\$ 9.525.432,90 (Beritasatu.com). The collaboration in support of resource support is manifested in collaboration with the private sector in supporting donations too. The government is collaborating with Hellofit, a startup. Hellofit is a start-up that is engaged in health information applications. In Yogyakarta, Hellofit donated Personal Protective Equipment and medical equipment to prevent the transmission of Covid-19 (sindonews.com). Apart from Yogyakarta, assistance was also provided in two other cities, namely Solo and Semarang. The total assistance provided reached US\$ 2.857.540.000. The distribution of Personal Protective Equipment (PPE) assistance and medical equipment was carried out at the Central General Hospital Dr Sardjito Yogyakarta in the form of 1,000 N95 masks, 500 hazmat suits, 2,000 medical gloves, 500 face shields, 500 protective glasses, 10,000 cloth masks, 1,000 bottles and 48 gallons of hand sanitizer.

As a form of support for those who are struggling against the Covid-19 pandemic, Gerakan Pemuda Ansor (GP Ansor), Kantor Staf Presiden (KSP) and ice cream producer Aice Group in Yogyakarta carried out a humanitarian mission by distributing 5 million

medical masks. This movement is a form of caring for each other. The movement is not only implemented in DIY, but also throughout Indonesia. This step is part of the pentahelix collaboration of all stakeholders in accelerating the handling of the pandemic Covid-19.

Subkhan Fauzi, secretary of the MCCC, said that “MCCC is a partner that helps the government in dealing with the impact of Covid-19”. MCCC was formed with the task of coordinating various programs in the context of handling the Covid-19 pandemic. Study Perdana, et al. (2021) found that the collaboration between MCCC and the DIY Regional Disaster Management Agency in handling Covid-19 was carried out through the establishment of a command post which has 3 main functions, namely creating conditions, decontamination and handling of Covid-19 corpses. This collaboration shows good intensity so that it is effective in handling the Covid-19 Pandemic. This is because the field action requires quick action with the support of sufficient resources. Another community that has contributed to the handling of the Covid-19 pandemic in DIY is Stucash and Solidaritas Pangan Jogja. Stucash held a fundraising event through “Jogja Lawan Corona” (Awalurrizqi et al., 2021). The movement is carried out in an integrated manner through online platforms, such as social media and digital wallet applications. The movement involved high school student volunteers and students from various universities in DIY. It was recorded that seven Student Executive Board organizations from 7

universities collaborated in this movement, namely UGM, UNY, UPN, UII, UIN, UMY, and the Health Polytechnic of the Ministry of Health. Stucash is also active in the distribution of PPE and logistical assistance to medical personnel, starting with a survey of health service institutions so that the assistance can be right on target.

Meanwhile, Solidaritas Pangan Jogja has contributed to creating a movement to distribute food to informal workers and vulnerable groups in Yogyakarta during a crisis. This can be interpreted as the emergence of alternative actors based on social support networks amid the country's limitations in providing safety nets during the Covid-19 pandemic. Research by Ahmada et al. (2020) shows that Solidaritas Pangan Jogja is an alternative actor based on a social support network and acts as a safety net by meeting basic needs in the form of food. The movement carried out can aid quickly, even though it is constrained by limited human and financial resources.

Based on the discussion above, collaboration in handling Covid-19 in DIY has reached the stage of opening space for participation from various stakeholders. This collaboration has manifested itself in several aspects, namely collaboration in handling cases, collaboration through behavior, collaboration in prevention, and collaboration in supporting resources. However, there has been no coordinated effort and clear division of roles in implementing the collaboration.

Empower Level Public Participation

Empower is placing the final decision-making in the hands of the community. Community empowerment in prevention of Covid-19 at the RT/RW/Village level is all efforts made at the RT/RW/Village level by exploring the potential of the community to be empowered and able to participate in preventing the transmission of COVID 19. Stages taken in community empowerment in prevention Covid-19 at the RT/RW/Village level, namely: 1. Health data collection for RT/RW/Village, 2. Identification of factors causing transmission and potential areas, 3. RT/RW/Village community meeting, 4. Develop an activity plan, 5. Implementation of activities, dan 6. Continuity of activities

In DIY, community empowerment in preventing Covid-19 is carried out by optimizing their potential (jogjaprovo.go.id). This is done so that the community is able to participate in preventing the transmission of Covid-19, as well as being the main subject in this effort. These efforts are carried out in various ways, for example, the application of citizen guard, the provision of isolation shelters at the village level, and the policy of distributing Cash Direct Assistance using a digital platform that drives the economy in the community.

The DIY government has one of the experiences in dealing with national-scale disasters such as earthquakes and the eruption of Mount Merapi. The approach used is to use local wisdom. As stated by Poerwadi, this was then used as a lesson and reference in dealing with the Covid-19 pandemic (radarjogja.jawapos.com). One of the local wisdom programs carried out by the Yogyakarta City Government in tackling the impact of the Covid-19 pandemic is Gandeng Gendong. Namely, basic food programs from and for the community, government social donations,

staple food takjil, CSR, green volunteer programs, and teaching volunteer education programs.

In the context of community empowerment, the DIY Regional Government and the Yogyakarta Special Region Civil Society Forum held a webinar activity "Learning From the Covid-19 Pandemic Response by the residents of Yogyakarta and Bantul". In this forum, the Head of Guwosari Pajangan Village, Bantul Masduki Rahmad shared about the success of village empowerment in handling the Covid-19 pandemic. Guwosari Village received an appreciation for the Progressiveness of Village Empowerment during the Pandemic from Commission A of the DIY Regional House of Representatives (armindonesia.or.id). In addition, the chairman of RT 33 in Suryodiningratan and also the Deputy Chair of the RW 09 Covid-19 Task Force Suryo Bakoh, Haryo Teguh Damar Wiyoso, succeeded in initiating and mobilizing the community in dealing with the Covid-19 pandemic. This is done through various health, education, cultural, economic, religious programs to food security.

On the economic aspect, MSMEs are the parties most affected by the Covid-19 pandemic. Analysis of the Representative Office of Bank Indonesia DIY shows that more than 55 percent of consumers cannot access MSMEs products, thereby reducing their sales turnover. As a result, around 44 percent of MSMEs were forced to lay-off by laying off or terminating their employment (corona.jogjaprovo.go.id). Responding to this, the DIY Regional Government made efforts to restore the economy with a number of stages and priorities. One of them is by providing incentives to the public to buy MSMEs products. This is stated in the Circular Letter of the Governor of DIY Number 519/7669 concerning the call for the purchase of

MSMEs products. As a follow-up, the DIY Cooperatives and Small and Medium Enterprises Office operationalized the policy by providing incentives and stimulus for MSMEs affected by Covid-19. MSMEs who become partners are provided with free shipping facilities if their products are purchased by consumers. This step, branded with SIBAKUL JOGJA free-ongkir, means that MSMEs products can reach their market with consumers, without visiting or transacting conventionally, all of which are supported through a web-based system. Previously, SIBAKUL JOGJA was actually a data collection system for cooperatives and MSMEs, developed in 2019 to later become a marketplace for marketing MSMEs products whose transactions were carried out online.

Based on the discussion above, community empowerment in handling Covid-19 in DIY has been carried out through various efforts, starting from the RT and RW and Village levels. Community empowerment in preventing and handling Covid-19 at the RT/RW/Village Level is very important. Increasing public knowledge is carried out through socialization and sharing experiences of community empowerment in overcoming the Covid-19 pandemic. To encourage economic recovery, the community is encouraged to optimize their potential and also do it with local wisdom. In addition, the use of information system applications through the free-shipping SIBAKUL JOGJA was also created to support the sales of web-based MSMEs products.

CONCLUSION

Based on the results of the research and discussion, it can be concluded that public participation has been manifested at every level of the spectrum of public participation in the policy of handling Covid-19 in DIY. The community has been actively involved in policies to handle the

Covid-19 pandemic, either as subjects or active participants in volunteerism since the beginning of the pandemic. The collaboration has reached the stage of opening up space for participation from various stakeholders. Community empowerment has also been carried out with various programs starting from the RT, RW, and Village levels. However, there are still obstacles that there are no coordinated efforts and clear division of roles in the implementation of collaboration and empowerment. In addition, community participation is still limited to their involvement in the implementation of policies to handle the Covid-19 pandemic. Whereas public participation on a strong spectrum is needed to produce better public policies. Thus, to encourage more accountable management of public problem-solving policies, it is necessary to encourage active community involvement in the decision making process.

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