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Collaboration process between local government and public institution in preventing HIV/AIDS diseases

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Abstract

The study aimed to examine the collaboration process between the Local Government and Public Institution in preventing HIV/AIDS disease. This study used a descriptive qualitative method. This study used Collaborative Governance by focusing the literature about the collaboration process model. The result of the study showed that there is only related to Health Institution and Local Public Hospital which is conducted 3 levels of HIV/AIDS disease prevention. In conclusion, the collaboration process between Local Government and Public Institution in preventing HIV/AIDS is not running well yet.

Keywords: Collaboration process, Collaborative, Governance, Prevention.

Proceso de colaboración entre el gobierno local y la institución pública para prevenir la enfermedad del VIH / SIDA

Resumen

El estudio tuvo como objetivo examinar el proceso de colaboración entre el gobierno local y la institución pública para prevenir la enfermedad del VIH / SIDA. Este estudio utilizó un método descriptivo cualitativo. Este estudio utilizó la gobernanza colaborativa al enfocar la literatura sobre el modelo de proceso de colaboración. El resultado del estudio mostró que solo existe una institución de salud y un hospital público local que realiza 3 niveles de prevención de la enfermedad por VIH / SIDA. En conclusión, el proceso de colaboración entre el gobierno local y la institución pública para prevenir el VIH / SIDA aún no funciona bien.

Palabras clave: Proceso de colaboración, Colaboración, Gobernanza, Prevención.

1. INTRODUCTION

Problems in the health sector are a very important problem and to overcome these problems, special attention is needed from all parties. Today, the challenges in the health sector have become a serious problem so that it has become a Global Issue in the whole world, namely the spread out of very deadly diseases in both developed and developing countries around the world, especially HIV / AIDS, considering that it is a very dangerous type of infectious disease in the world because it can cause a lot of deaths for sufferers worldwide. HIV (Human Immunodeficiency Virus) is a virus that can attack the human immune system and can cause AIDS symptoms for people who are infected with the virus (BRAMANTORO, RIZAL, PALUPI, SETIJANTO, WENING & KUSUMO, 2019; Fatmawati et al., 2018). There are no drugs that cure it until now; there is only Antiretroviral Therapy (ART) treatment methods that can reduce the rate of HIV development in patients. Early treatment of HIV patients can reduce mortality and transmission to the community.

Based on data in Global Aids Update 2016 about the development of the sufferers living number with HIV / AIDS worldwide with the growth of as many as two million from 2014 to 2015 or 15 million in 2014 to 17 million in 2015. The development of HIV / AIDS through a large number of sufferers is estimated to grow rapidly including in developing countries, especially Indonesia. Indonesia has ranked seventh as the country with the highest number of people living as HIV / AIDS sufferers in the world of 605,500 people. Those are statistical data released by the

CIA (Central Intelligence Agency) World Factbook about the Top 10 Country of People living with HIV / AIDS:

In the Southeast Asia region, Indonesia is a country with a growing condition of HIV / AIDS cases which has always been increasing from 2001 to 2010 (NUGRAHA, SAVITRI, PARMADIATI, SOEBADI, PRASETYO, TRIYONO & SOSIAWAN, 2018). According to data from the World Health Organization about the report on the progress of HIV / AIDS in the Asian region in 2011, Indonesia ranked first in 2010 with more than 50 thousand new sufferers. Based on these facts, the condition of Indonesia, especially in the development of HIV / AIDS cases, shows a very alarming thing that needs to be paid attention from various parties.

According to the Directorate General of Disease Control and Environmental Health, the Ministry of Health data showed that the number of HIV / AIDS sufferers spread in 33 provinces throughout Indonesia continues to increase (although in 2007, 2009 and 2015 there was a decline in HIV cases and 2001, 2003 In 2014 and 2015 there was a decline in AIDS cases), the epidemic in East Java was in a very alarming condition. Data on the Health Profile in East Java Province in 2011-2015 showed that the number of people with HIV / AIDS in 2015 reached 4155 for HIV, and as many as 2286 AIDS. The 2015 data showed a good development because there was a decline in the number of people infected with HIV starting from 2012 to 2015, this also occurred in the number of sufferers with AIDS which showed a decrease in the number in 2012 to 2015 even though in 2014 there was an increase in data from the East Java Provincial Health Office, said that the number of people infected with HIV in Surabaya City from 2011 to 2015 reached 6169 people, while for

AIDS sufferers it reached 2379 people. This fact made Surabaya is as the district/city with the first rank as the highest HIV / AIDS sufferer in East Java. Based on the phenomenon of a large number of AIDS sufferers in the city of Surabaya, it requires a sufficient amount of staff resources to carry out all health care actions for people with HIV and AIDS. But in reality, the comparison between the number of health workers and the number of residents in the city of Surabaya is still not comparable.

The results of the study that was conducted by PARMADIATI, ERNAWATI, SOEBADI, NUGRAHA, TRIYONO, PRASETYO & BUDI (2017) stated that one of the factors influencing the increase of HIV / AIDS cases in Alor Regency was Regional Government, the Health Office, and the other sector included human resources and cooperation across sectors of HIV / AIDS programs in Alor District which were still weak (Sir 2011). This means that one of the causes of an increase in HIV / AIDS cases was the weakness of the government in the aspect of HR and cross-sector cooperation, thus this can lead to less optimal government performance in implementing HIV / AIDS prevention (KHAIRUTDINOV et al 2019).

The inadequate number of human resources, coupled with the phenomenon of the rate of AIDS sufferers in 2015 which is higher than the number of people infected with HIV makes HIV / AIDS cases a very heavy burden for the Surabaya City government. Based on this, the foundation of the Surabaya City Government uses a strategy by involving other actors outside the government. -> There was a trend that mainly used actors outside the government. This trend was in line with the existence of government monopoly regulation into the involvement of

private actors (profit and non -profit) and society or called governance. Then, the implementation of existing networks was generally collaborative (NNAKWE, 2017). Therefore, the governance structure can be referred to as collaborarchy, which is not in the form of top-down or bottom-up, but network and egalitarian. Based on those explanations before, one of the good strategies that can be done by the government is to collaborate with these actors.

The high urgency of HIV and AIDS control requires efforts to prevent HIV / AIDS accompanied by collaborative actions, either globally, nationally, or in the region, especially in Surabaya. Study in the public management field, especially Collaborative Governance, is the existence of an agreement or collaboration in which one or more public agencies and non-government stakeholders in the collective decision-making process are as a cycle of public or government organizations, private sector, and civil society organizations involved in a joint effort (WITANINGRUM, KHAIRUNISA, YUNIFIAR, BRAMANTHI & RACHMAN, 2018). The purpose of this study is intended to be able to describe the collaborative process that occurs between actors in efforts to prevent HIV and AIDS at the Surabaya City level (MIKUSEV et al, 2019).

2. METHODOLOGY

The study method used by writers is a qualitative descriptive study method. The study location was determined purposively in the city of Surabaya. The location used as the locus for the study is in accordance

with the location of the parties actively involved in the collaborative process in HIV / AIDS prevention in the city of Surabaya according to the Surabaya City AIDS Commission (KPAD) which includes Local Government Agencies and Non-Governmental Organizations (NGOs). Sampling is done by purposive sampling. Based on government actors, the informants who have been excavated come from several SKPD involved which include the Surabaya City AIDS Commission, Health Office, Population Control Agency, Women's Empowerment and Child Protection, Culture and Tourism Agency, Communication and Information Agency, Education Agency, Office Social Affairs, Transportation Agency, Manpower Office, Department of Youth and Sports, and Regional General Hospital (RSUD) Dr. M. Soewandhi. Whereas from non-government actors or AIDS Care NGOs, several informants had been interviewed and were from NGOs or Orbit Foundations, NGOs or Abdi Asih Foundations, and Couple Community NGOs.

The writer used participant observation. The method of observation used by writers was unstructured observation. This study uses a type of semi-structured interview, in-depth interview category. The writer came to the Surabaya City Health Office, the Surabaya City Regional AIDS Commission (KPAD) and several government agencies/institutions involved based on the Mayor's Decree on the Formation of the HIV/ AIDS Prevention Team in Surabaya to get some basic information without using study instruments such as the organizational structure and main tasks and functions of each institution and position as the basis for determining study informants in interview activities. Besides, the writers also visited

NGOs involved in a collaboration to obtain other phenomena that might arise during the concession period.

In this study, the technique of checking the validity of data is done by triangulation techniques that utilize the use of resources, which in this case is a data source. After data collection with the above techniques, then data analysis techniques are carried out. In a qualitative study, data is obtained from various sources, using various power collection techniques (triangulation), and carried out continuously until the data is saturated. This study uses qualitative data analysis techniques following Miles and Huberman, which consists of three activities in data analysis, namely: Data Reduction, Data Presentation, and Conclusion Withdrawal.

Table 1: SKPD and LSM Conducted Primary Prevention of HIV/AIDS Disease in Surabaya

No.	Socialization	Counseling	Seminar	Information Communication and Education Media
1	Public Health Office → Public Health Service	Public Health Office → Public Health Service	Labor Office, Youth and Sports Office which collaborate with public health service	Communication and Informatics Office, Transportation Office, Public Health Office, and RSUD dr soewandhi
2	RSUD dr. M Soewandhi	Population, Women's Empowerment, and Child Protection Office		
3	Educational Office, Population, Women's Empowerment, and Child Protection Office (DP5A), and	Culture and Tourism Office		

	Culture and Tourism Office.			
4	LSM Couple Community, Public Institution of Abdi Kasih			

3. RESULTS

Based on the table above, it can be seen that all of these agencies have carried out primary prevention activities of HIV / AIDS in Surabaya City, all agencies have a role in implementing primary prevention through various activities such as socialization, education or counseling, and promotion through the Communication, Information and Education media (KIE) although several agencies do not have HIV programs and financial support (so HIV promotion activities are only included in the relevant SKPD routine activities program). However, agencies that have roles and responsibilities to carry out primary prevention are health services, employment services, social services, youth and sports services, RSUD dr. M. Soewandhi, Orbit NGO, Abdi Asih NGO, and Couple Community NGO because they have a special program related to HIV / AIDS prevention, and only the health department does all kinds of primary prevention activities for HIV / AIDS.

Table 2: SKPD and LSM Conducted Secondary Prevention of HIV/AIDS Disease in Surabaya

No.	Conducting inside Health Service		Conducting outside Health Service
	Directly	Indirectly	
1.	Public Health Office through all public health service in Surabaya (63)	LSM Abdi asih, LSM couple community, and Orbit	Clinical Mobile
2.	9 networks of hospital	Population, Women’s	In conducting

	Care, Support & Treatment (PDP) training (Dr. Soetomo Hospital, Soewandhi Hospital, Bayangkara Hospital, Naval Hospital (RSAL) Dr. Ramelan, Menur Mental Hospital, Wall Coral Lung Hospital, Bakti Dharma Hospital Husada, Hajj Hospital, and Unair Hospital)	Empowerment, and Child Protection Office	mobile clinics, public health service often collaborate with related SKPD such as Culture and Tourism office, Transportation office, Youth and Sports office and Manpower Office
3.		Tourism business supervision team	LSM Abdi Asih dan LSM couple community
4.		Labor Office	Supervision team of public health office
5.		Social Office	
6.		Transportation Office	

Based on the table above, it can be seen that the office which carry out secondary prevention are only health service agencies, namely the health office through health centers, and 9 hospital PDP networks, while other agencies (Population, Women’s Empowerment, and Child Protection Office, social office, sub-departments, labor office) only carry out referrals and strengthen cooperation with services local health centers and for agencies (youth and sports office, labor office, transportation office) helped to carry out HIV testing on a mobile clinic. The agencies most often involved in outreach and referral for HIV testing in services and outside services are Orbit NGOs, Abdi Asih, and Couple Community through their field officers.

Table 3: SKPD and LSM Conducted Tarsier Prevention of HIV/AIDS Disease in Surabaya

No.	Treatment	Caring
1.	SKPD which conducted treatment action is 7 public health services and 9 hospitals	service of culture and tourism, information and communication office, education office, social office, transportation office, labor office, youth, and sports office, and DP5A and NGOs Abdi Asih, and couple communities that only carry out medical efforts (care) health through health centers and hospitals
2.	Office of culture and tourism, information and communication services, education, social services, transportation services, labor agencies, youth, and sports services and DP5A as well as NGOs Abdi Asih, and couple communities that only do medical treatment through health centers and hospitals	

Based on the table above, it can be seen that all these agencies have carried out tertiary prevention activities of HIV / AIDS in Surabaya, for treatment (outpatient) is only the responsibility of the health department through 7 health centers that provide ARV services and 9 hospital PDP networks (including Soewandhi Hospital), while inpatient care or treatment is only carried out by 9 hospital PDP networks (specifically RS Soewandhi), while the roles of several SKPDs that conduct referrals such as (social service, labor agency, DP5A) while all NGOs can make referrals because of things it is an integrated responsibility with the assistance of PLWHA.

Table 4: Collaboration between Local Government and Public Institution in Preventing HIV/AIDS in Surabaya

No.	Collaboration	Result
1	Direct Discussion	a. gets programs from funding institutions and carry out HIV prevention activities

		<p>b. the objectives of the SKPD involved are based on the assignment and the decree of the Mayor and the AIDS Commission (KPA)</p> <p>c. there is a joint planning formulation in the KPA sect</p> <p>d. there is a system of joint meetings held regularly</p> <p>e. discussion is open</p> <p>f. the initiator of the meeting coordination is the KPA secretariat</p>
2.	Trust Building	<p>a. Trust formation begins with involving SKPD and NGOs according to regional regulations, mayor regulations, and Mayor's Decree</p> <p>b. The need for involvement involves many roles of SKPD and NGOs based on the causes and effects of transmission</p>
3.	Commitment to collaboration process	<p>a. there is a good sense of optimism in achieving collaboration goals because there is active involvement from various parties (SKPD and NGOs)</p> <p>b. there is evidence of commitment in actions taken by KPA,</p> <p>c. there are no sources used to fund</p> <p>d. barriers to changing members must be broken.</p>
4.	Together with Understanding	<p>a. the formation of a vision and mission and a strategic plan formed by the AIDS Commission in a bottom-up and top-down manner</p>
5.	Temporary Result	<p>a. there are no clear indicators to evaluate the achievements of agencies except the health department,</p> <p>b. success in improving service facilities (HIV testing services, ART, PDP, and port working groups),</p> <p>c. there is a failure as it is difficult to reach the estimated PLWHA target in the city of Surabaya.</p>

4. CONCLUSION

The results obtained from this study indicate that only the Health Office and the relevant RSUD that implement 3 levels of HIV-AIDS prevention, as well as the collaboration process that occurs

between Local Governments through SKPD that are involved with Non-Governmental Organizations in HIV-AIDS prevention. They are still not working with theoretical studies and not going well; this is because there are indicators of direct dialogue that have not gone well, namely indicators that trust building have not been well established, indicators of commitment to the well-formed collaboration process, indicators of mutual understanding that are not formed with good, and temporary collaboration results that have not been well established so that management control is needed, strengthening commitment by creating joint program design (for all work groups, the establishment of work groups in accordance with the availability of joint programs or indicators of program success and key performance indicators in each of the agencies involved (SKPD and NGOs) in implementing the program, designing joint actions in the field equally by specifying job description specifically for each office attached to the working group who implement joint programs that have been created, implement reward systems and create participatory planning.

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