Al Hafis, R., Warsono, H., Larasati, E. and Purnaweni, H. (2021), “The paradox of collaborative governance in leprosy rehabilitation in Central Java”, *Management and entrepreneurship: trends of development*, 2(16), pp. 55-67. Available at: https://doi.org/10.26661/2522-1566/2021-3/17-05.

PUBLIC ADMINISTRATION

RECEIVED:
11 August 2021
ACCEPTED:
12 September 2021
RELEASED:
20 October 2021

UDC : 005.35:[364.692:616-002.73](594.5)

DOI 10.26661/2522-1566/2021-3/17-05

THE PARADOX OF COLLABORATIVE GOVERNANCE IN LEPROSY REHABILITATION IN CENTRAL JAVA

Raden Imam Al Hafis*
Universitas Islam Riau
Universitas Diponegoro
Semarang, Central Java, Indonesia
ORCID ID: 0000-0002-4122-7602

Hardi Warsono
Universitas Diponegoro
Semarang, Central Java, Indonesia
ORCID ID: 0000-0002-1370-415X

Endang Larasati
Universitas Diponegoro
Semarang, Central Java, Indonesia
ORCID ID:0000-0001-8412-1827

Hartuti Purnaweni
Universitas Diponegoro
Semarang, Central Java, Indonesia
ORCID ID: 0000-0003-3294-7410

Corresponding author email: imamalhafis@soc.uir.ac.id

Abstract. This research aims to observe and compare the ideal concept of collaborative governance and the implementation in the field related to the rehabilitation of leprosy patients in Central Java. For citizens who have physical limitations caused by an illness, the burden will be the responsibility of the government in meeting their needs. Solving these problems requires the government's political will and the involvement of cross-actor to be able to provide a more complex problem-solving color according to the collaborative governance model presented by Ansell & Gash. Methodology used in this research is qualitative. An in-depth interview approach was carried out in collecting data and information related to the paradox of the rehabilitation of leprosy patients in Jepara Regency, Central Java. The findings in this study indicate that there is no good collaboration between actors in the rehabilitation of leprosy patients and the throwing of responsibilities on institutions that should carry out rehabilitation. The recommendation suggested in this paper is that clear rules are needed and anyone who is involved in the rehabilitation program is needed, of course, by involving many institutions that are not only the hospital as the sole implementer in the rehabilitation of leprosy patients in Central Java. In addition, it is necessary to support adequate resources for the achievement of this program if it has been established and clear rules are made so that it does not interfere with the allocation of funds from each of the institutions involved.

Keywords: paradox, collaborative governance, clarity of rules, rehabilitation.
JEL Classification: D73, I120, I180.

INTRODUCTION

Health is one of the human rights for every individual and all citizens without exception so that health services are an obligation that is an important spotlight from the government to the community. This is in line with the vision and mission of the World Health Organization where everyone achieves the highest possible health by adhering to the values of integrity, professionalism, and respect for diversity (WHO, 2001). In Pancasila and the 1945 Constitution and Health Law No. 36 of 2009 concerning health, it is stated that health is part of human rights and one of the elements of welfare that must be resolved by the government.

One area of health that must be a concern is leprosy. Indonesia has the third-largest leprosy sufferer in the world with 17,202 sufferers in 2015, 16,826 in 2016, and 15,910 people in 2017 (see the picture of the world's leprosy case, Indonesian Ministry of Health, 2018). Good and appropriate handling will reduce the risk of physical disability level II of leprosy patients. The impact on leprosy is not only on physical disability but it also has an impact on decreasing the confidence of leprosy sufferers due to the negative stigma that exists in society towards leprosy sufferers. Therefore, it is necessary to rehabilitate people with leprosy both to restore the ability to do activities due to disability and to strengthen the confidence of people with leprosy.

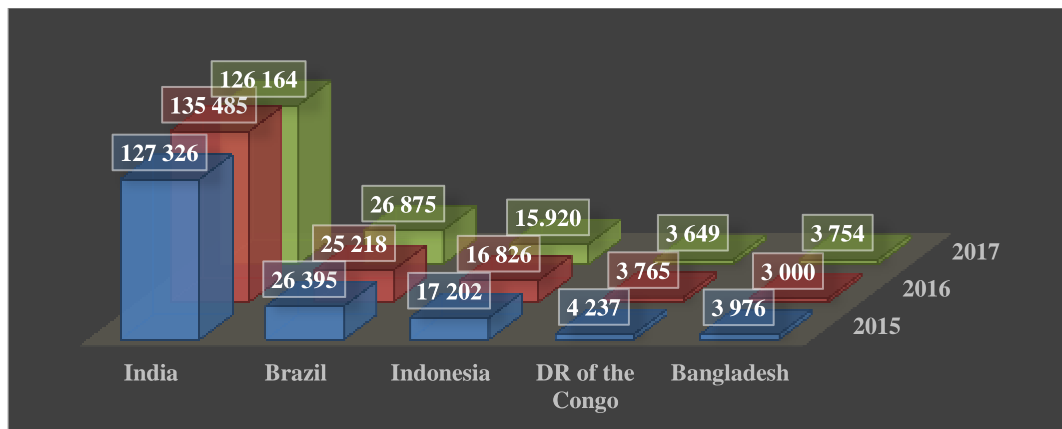

Figure 1. The World's Leprosy Case

Source: Indonesian Ministry of Health, 2018

Central Java is ranked third in Indonesia which has a high number of people with leprosy. In 2017 in Central Java, leprosy patients who were hospitalized at the Kelet Regional General Hospital in Jepara Regency were around 467 with a distribution of 10 districts. In 2018 there were 356 patients who were hospitalized in 10 districts. In 2019 there were 272 leprosy patients who were hospitalized but with a total distribution in 17 districts or an increase of about 70% in the number of regional/district distributions but the number of patients receiving hospitalization decreased (see the picture of coverage of leprosy hospitalized area 2019). (Report of Donorojo Leprosy Hospital, 2020).

Handling in the rehabilitation of leprosy patients requires support from various stakeholders, this is in accordance with what was conveyed by Lightfoot (2004) who said that the handling and rehabilitation process requires community-based rehabilitation or Community-Based Rehabilitation (CBR) (WHO, 2007). The implementation of CBR by cooperating with not only patients but also families, communities of people with leprosy, health services, education sector as well as government and non-governmental organizations involved in the study of leprosy problems. One form of the implementation of good leprosy rehabilitation is marked by the collaborative governance process in its implementation. The standards of handling rehabilitation and the stages

to be carried out are stipulated in the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 7 of 2017 concerning Standards for the Habilitation and Social Rehabilitation of Persons with Disabilities.

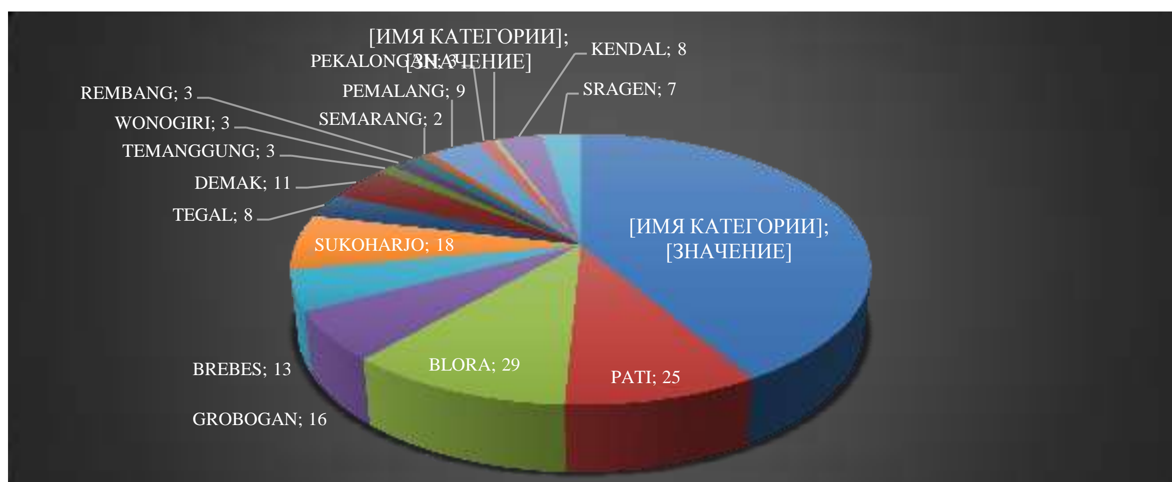

Figure 2. Coverage of Leprosy Hospitalized Area 2019

Source: Donorojo Leprosy Hospital Report, 2020

The following researches have been carried out: collaborative governance activities in rehabilitation Friedman (1987), transactive planning (Healey, 2006) collaborative planning (Sager, 1994; Innes, 1996), communicative planning (Forester, 2000; Woltjer, 2000), participatory deliberative planning and consensus planning (Al Hafis et.al, 2013; Yogia et.al, 2020; Lestari et.al, 2020) regarding actor interactions. Some of the arguments have almost the same characteristics, namely the emphasis on the importance of cooperation based on the principle of communication between stakeholders. The cooperation process will be carried out properly if there is the dialogue performed (Ansell & Gash, 2007).

As previously explained, implementing collaborative governance in the rehabilitation of leprosy patients in Central Java will lead to the optimal results of rehabilitation, more complex treatment, and collaborative process (Ansell & Gash, 2007). However, there was implementation as previously stated in accordance with the ideal concept of collaborative governance (Donorojo Leprosy Hospital Report, 2020). Furthermore, there is no deep intervention from parties or actors who should play a major role in the rehabilitation of leprosy patients in accordance with the regulation of the Minister of Health of the Republic of Indonesia Number 7 of 2017 concerning Standards for Habilitation and Social Rehabilitation of Persons with Disabilities. Therefore, this paper aims to conduct a more in-depth discussion of these problems and seek to provide recommendations that should be carried out for the rehabilitation stage to run properly and people with leprosy to receive their rights from the government.

LITERATURE REVIEW

Collaborative governance began to be considered in the 1990s. The main principle of collaborative governance is equal rights and relations between public officials (stakeholders), the private sector, and the community on the basis of consensus. (Cullen, 2000; Innes & Boher, 2004; Ansell & Gash, 2007). Consensus is based on negotiations between actors in resolving issues that continue to develop into a representative unit in collaborative governance discussions (Innes & Boher, 2004). Ansell & Gash (2007) define Collaborative Governance as a government arrangement in which one or more public bodies directly involve actors outside the government in

the stages of formal collective decision-making, oriented to consensus and deliberation and aimed at making, implementing public policies, managing programs or assets. public. The definition presented has six important points that are emphasized, including:

1. Initiation from public institutions;
2. Actors outside the government;
3. The involvement of actors from outside the government is not only limited to asking for opinions but also being involved in the policy-making process;
4. Dialogue is carried out jointly and is formal;
5. The aim is to acieve consensus for the sake of the decision;
6. The focus of the end result is in the form of public policy or public management.

The six points in the explanation of the definition of collaborative governance above are the systems that involve the public and private sectors working collectively in different ways, using certain processes, to establish laws and policies to be implemented. Although there are many forms of collaboration that only involve actors outside the government, Ansell & Gash (2007) define the specific role of “public bodies”. By using the term 'public body', with the intention to include public institutions such as the bureaucracy, courts, legislatures, and other government bodies.

In line with the above view, the definition of collaborative governance as conveyed by (Hartman et.al, 2002; Cordery, 2004) is that the process involves various stakeholders carrying out the interests of each agency in achieving common goals. If you look at it, the definition presented does not provide the details of the organizations involved in the process. Almost the same statement was conveyed by Wanna (2008) that collaborative governance requires an intensity that indicates the extent to which the equality of relationships occurs between collaborating parties. Strengthening the views of Ansell & Gash (2007), (Agrawal & Lemos, 2007; Rasche 2010) added an explanation that collaborative governance is not limited to stakeholders consisting of government or institutions outside the government, but is formed on the basis of "multi-partner governance" consisting of the government, the private sector, and civil society or those affiliated with social institutions that are built on the synergy of stakeholder roles and the preparation of hybrid plans such as public-private & private-social cooperation. Almost the same definition is conveyed by (Zadek, 2008; Emerson et.al, 2011; Wang, 2014) that collaborative governance is a process and structure in the management and making public policy decisions that involve constructive actors from various levels, both at the levels of government, public agencies, private institutions, and the community in order to achieve public goals that cannot be achieved if implemented by one party alone. The substance of collaborative governance is not only an arrangement in which several institutions have an interest but in a process that is transformative and applies in the long term.

Reinforcing the above view, Robertson & Choi (2010) define collaborative governance as an egalitarian collective process, in which each participant has substantial authority in decision-making and each stakeholder has equal opportunities to promote their interests in the process. A different view is conveyed by Shergold and Eppel (Shergold, 2008; Eppel, 2013) which state that collaborative governance is a transformative process ranging from command relationships to interactions characterized by collaboration between the branches of governance that will form a continuum from informal relationships to the formal ones. Different from some of the previous views, Sun (2017) defines the concept of collaborative governance, theoretical characteristics, and operational mechanisms through a systematic analysis of collaborative governance theory research. On the basis of three dimensions, the theory of collaborative governance itself, the relationship between collaborative governance and other elements, and the specific application of collaborative governance theory, this paper puts forward the research prospects of collaborative governance theory to promote the integration and further development of collaborative governance theory.

With existing explanations (Cullen, 2000; Hartman et.al, 2002; Cordery, 2004; Innes & Boher, 2004; Ansell & Gash, 2007; Agrawal & Lemos, 2007; Zadek, 2008; Wanna, 2008;

Al Hafis, R., Warsono, H., Larasati, E. and Purnaweni, H. (2021), "The paradox of collaborative governance in leprosy rehabilitation in Central Java", *Management and entrepreneurship: trends of development*, 2(16), pp. 55-67. Available at: https://doi.org/10.26661/2522-1566/2021-3/17-05.

Shergold, 2008; Robertson & Choi, 2010; Rasche, 2010; Emerson et.al, 2011; Eppel, 2013; Wang, 2014; Sun, 2017) the definition can be as following: collaborative governance is a characteristic of collaboration between actors from the government, institutions outside the government and the community, civil society or those affiliated with society institutions related to policies that will be implemented and decided by consensus so that the policy achievement process can be carried out in a transformative and innovative manner with the hope of obtaining sustainable results.

Collaborative governance has several frameworks/models that are used to analyze interactions in the stakeholder collaboration process. The scholars that consider the issues of collaborative governance are Ansell and Gash (2007), Shergold (2008) & Emerson et.al (2011). As stated by Ansell & Gash (2007) that collaborative governance is an arrangement that regulates more than one institution, both public, private and public, both public and affiliated with social institutions in the collective decision-making process that is formal, consensus, and deliberation with the purpose of making or implementing public policy or the management of public programs or assets. See figure 3.

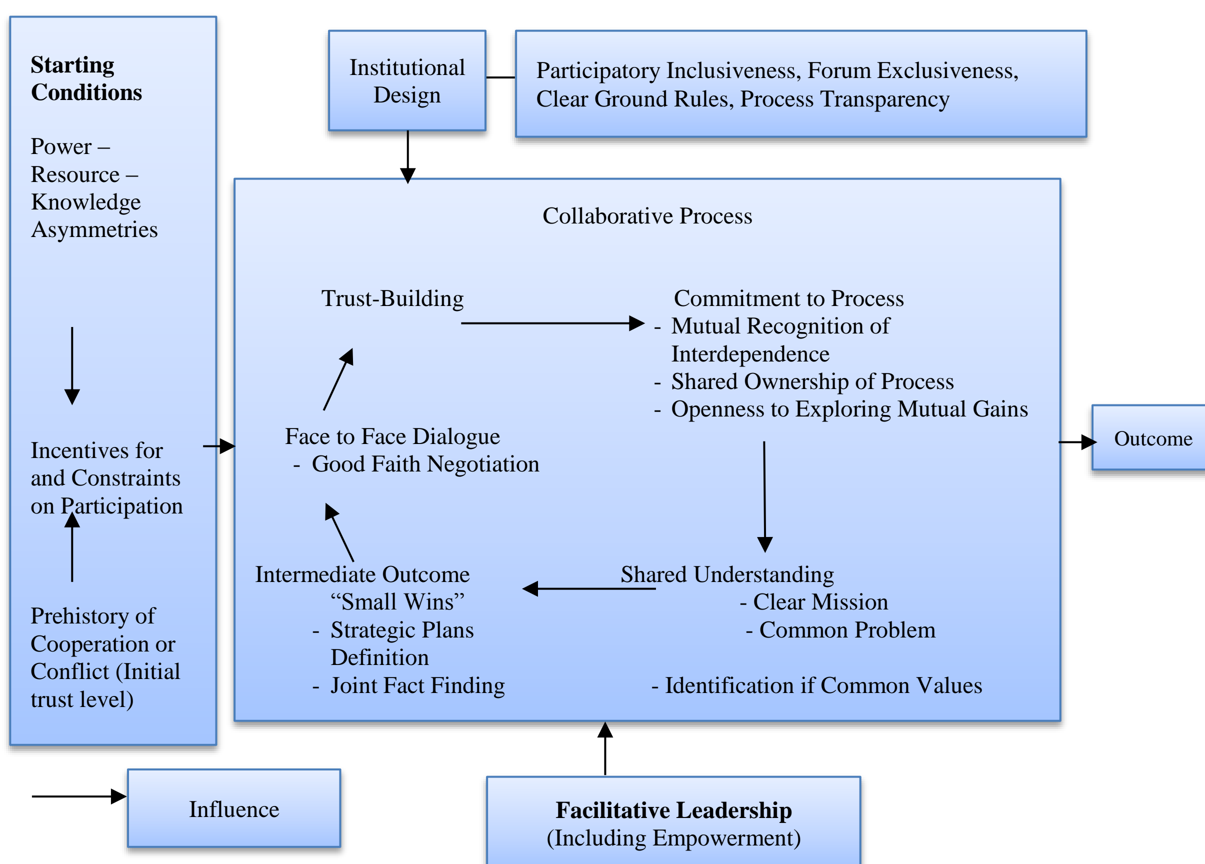

Figure 3. Ansell and Gash Collaborative Governance Model

Source: Ansell and Gash, 2007.

The figure above describes the four stages in the collaborative governance process. Starting conditions are the beginning of several institutions collaborating. Among them are the gaps in power, resources, knowledge, incentives, and restrictions on participation. Facilitative leadership aims to mediate and facilitate the collaboration process that will be carried out. Furthermore, the institutional design determines the policies that become the basis for the implementation of collaboration between the various institutions that will be involved. Meanwhile, at the implementation stage, there is a collaborative process that consists of face-to-face dialogue between the institutions involved, trust-building between institutions, must have a commitment to the

process in its implementation, shared understanding, and intermediate outcomes from the collaborative results that have been implemented.

METHODOLOGY

Paradox Research on Collaborative Governance in the Rehabilitation of Leprosy Patients in Central Java uses qualitative methods to collect data. The aim of qualitative research is to understand concrete and real situations or describe the state of the world in certain contexts through the words and thoughts of "humans" who are the object of research (Flick et.al, 2004; Given, 2008; Sarwono, 2011; Coreplay, 2021). The research starts from the description of the symptoms or phenomena that occur holistically and contextually (Moleong, 2002; Alwasiah, 2002). There are several arguments that become fundamental considerations for researchers to choose and use qualitative methods in the Collaborative Governance Paradox research in the Rehabilitation of Leprosy Patients in Central Java, namely, with a qualitative approach, researchers are expected to be able preserve the focus and be able to describe the overall form when analyzing the phenomenon that occurs (Creswell, 2009).

RESULT AND DISCUSSION

The implementation of the collaborative governance concept will have a holistic impact on the results to be achieved through consensus (Cullen, 2000; Hartman et.al, 2002; Cordery, 2004; Innes & Boher, 2004; Ansell & Gash, 2007; Agrawal & Lemos, 2007; Wanna, 2008; Shergold, 2008; Emerson et.al, 2011; Robertson & Choi, 2010; Eppel, 2013; Warsono et.al, 2020; Al Hafis et.al, 2020). Various views are related to the ideal concept of collaborative governance, but in this paper, the author tries to focus on the ideal concept presented by Ansell & Gash (2007). This selection based on the reasons including this view tends to be more comprehensive starting from the initial conditions, the institutions involved, the process, and the results achieved. Among the highlights Ansell & Gash (2007) include initial conditions, institutional design, facilitative leadership, and collaborative governance processes. With the purpose of better description of each stage, the author provides the explanations below.

Ideal Level of Collaborative Governance

On the ideal conditions, there are at least four important aspects that become an important spotlight in the collaborative governance stage as stated by Ansell & Gash (2007). Among them are the initial conditions that trigger the emergence of political will from the institution that implements a program or a policy. This is indicated by the existence of the most dominant power to implement the program and does not provide space for other institutions to contribute suggestions and different views in implementing the program that was proclaimed so that the dominance of one institution in the process can be seen. In addition, there are limited human resources suitable for a certain program and limited sources of funds to run the program. Another thing that triggers this initial condition is an asymmetric understanding (not inline or conflict).

Furthermore, there is a history of cooperation that does not influence the program implementation process or conflicts occur during the implementation of cooperation in a program that is at the initial level of the cooperation process. So it seems that the various problems have led to the stages of searching for new ideas that are encouraging and looking for the ways to overcome obstacles caused by low participation of various institutions, both formal and informal. With the impetus and political will of the institution that will carry out a program to find the way out of the existing problems, the institutional design is inclusive participation, in other words, there is space both from within and from outside the institution to provide input and views related to programs or

policies, exclusive forums, clear ground rules, and transparent processes. Facilitative leadership provides empowerment. Brome (2006) states that there are three things related to facilitative leadership: openness, courage, and accepting advice. Meanwhile, Ansell & Gash (2007) added that there is empowerment in it. Openness is certainly very necessary in order to accommodate all the different opinions, to enrich alternatives in making a decision and even to decide in making policies. In addition, it requires leaders are ready to make decisions and to take responsibility for the decisions. In addition, they are ready to receive advice from various parties. Facilitative leader demonstrates empowerment, in other words, the leader must be able to empower different resources to take advantage of program implementation.

With the various aspects described above, the final stage is the existence of a collaborative governance process that consists of face-to-face dialogue which will involve many institutions, both formal and informal; commitment to the implementation process so that the program to be implemented is able to contribute in accordance with the expectations and objectives of the program. After the creation of commitments in implementing programs from various institutions, it is no less important to implement, namely the existence of a mutual understanding so that the goals and implementation can run according to the objectives; so if the above can be done the results obtained will be in line with expectations.

The Paradox of Collaborative Governance in Leprosy Rehabilitation in Central Java

Currently, intensive collaborative governance results in the implementation of various government programs in order to get maximum results from the participation of various stakeholders in decision making. was conveyed by Suryanto in the Focus Group Discussion (FGD) activity with the theme "Strategic Collaborative Governance to encourage the acceleration of National Bureaucratic Reform" (LAN RI, 2021). The collaborative governance program that has been launched is an ideal form of government governance in the implementation of a program or policy, with various institutions, both governmental and non-governmental, are to make decisions. This will be able to provide complex results. The interaction of these actors is not only carried out by some parties but is also collective and formal so that many will highlight the decisions that will be offered and the final decisions that will be made by consensus (Ansell & Gash, 2007).

As previously explained, researchers seek to draw the ideal concept of collaborative governance presented by Ansell & Gash (2007) to the implementation of leprosy rehabilitation which should be able to get maximum results and can provide a more comprehensive contribution related to the rehabilitation of existing leprosy patients in Central Java. The results of the conducted research showed that of the four main indicators that were highlighted in the implementation of collaborative governance above, only a few indicators and sub-indicators were implemented. In fact, the overall implementation of the rehabilitation of leprosy patients in Central Java cannot be considered as implementing collaborative governance.

Starting Condition

Regarding the starting condition indicator, there is already a power that should be able to give directions and orders. Furthermore, there are resources, although they are not sufficient. The existence of a special hospital that handles leprosy problems, namely the Donojo Leprosy Hospital, Jepara as a leprosy referral center in Central Java. However, there is not enough electricity supply. So if there is an operation process on leprosy patients, the hospital must provide its own diesel power. If the electricity is used, problems can occur resulting in damage to operating equipment which is expensive. In addition, not all medical personnel or doctors are unanimous about the benefits to patients and are concerned about the stigma that is not good for people with leprosy.

In addition to the above mentioned, another starting condition is the existence of prehistory of cooperation which is only carried out by government institutions. If there is involvement from other institutions, especially from outside the government or non-government organizations from other countries, there is no cooperation in handling patients, only general care for sufferers is provided.

Researchers did not find cooperation with NGOs from within the country. When the authors studied further data related to the collaboration between hospitals and social services specifically dealing with this problem, they found statements that were very contradictory to the names and functions of the institutions. As for the statement submitted by the provincial social service, namely, "it should be part of the task of the social service in the administrative area, we do carry out and provide minimal assistance but it is not a priority". Furthermore, the researchers tried to clarify the social institutions in the administrative area and even said "this should be the responsibility of the provincial government because the existence of the leprosy rehabilitation village is on land owned by the provincial government. We continue to do and provide assistance to the rehabilitation community who are under the auspices of the Social Service but not all of them receive it. Because there are those who are shaded by the Social Service, some are handled by hospitals."

To triangulate the above problems, the researchers tried to re-check the health workers who were carrying out their functions from the hospital as mentors in this rehabilitation village. He stated that there was no synchronization between institutions related to the rehabilitation of leprosy patients. Especially social services from both the province and the district. Indeed, they provide minimal assistance for the needs of the rehabilitation community, but not all rehabilitation communities are here. From these results, the researcher can conclude that there is a lack of clarity in regulations and responsibilities in handling the rehabilitation of people with leprosy from government vertical institutions and the existence of hurling of responsibility for this task.

Institutional Design

Regarding institutional design, according to the results of the research conducted, there was no inclusive participation in the rehabilitation of leprosy patients in Central Java. The only participation that exists is the involvement of institutions that are responsible for this problem, for example a hospital which is controlled by the health department through the health sector. Apart from the institutions above, the existing participation is only limited to ordinary involvement, not inclusive. Likewise with the exclusive forum presented by Ansell & Gash (2007). Researchers did not find an exclusive forum in handling the rehabilitation of leprosy patients in Central Java. The researcher did not manage to find the regulations from the province for the involvement of various institutions in handling the rehabilitation of leprosy patients in Central Java. The lack of transparency in the rehabilitation process for leprosy patients from the province to lower vertical levels has been observed. The transparency that exists is only found and shown by the hospital which plays the role of an institution that carries out rehabilitation tasks for leprosy patients in Central Java.

Facilitative Leadership

Departing from the view of Ansell & Gash (2007), facilitative leadership ensures space for external and internal parties to provide views on a program to be implemented. This includes empowerment, both for parties who have the competence and ability in implementing the program. In line with Ansell & Gash (2007), Brome (2006) states that there are three things related to facilitative leadership including openness, courage, and accepting advice. As far as openness, it is hoped that bright ideas in program implementation will be obtained. In addition, the courage of a leader in making decisions is also important without having to bring down other parties and being ready to accept advice from various parties if this is needed for the smooth implementation of the program.

The results of the study indicate that the institution that has become a pilot project in the rehabilitation of leprosy patients in Central Java, namely the Donorojo Hospital, has implemented this. This is shown by the existence of various programs implemented to empower people with leprosy to be actively involved in various social activities. Among them, the existence of training for the community in raising cattle, sheep, laying hens, or fish. In addition, the affected community

is also given land where they can perform agricultural activities, the results of which can be sold to earn income. In addition, in the tourist area, people with leprosy able to carry out activities are given the trust to look after and become parking attendants.

Collaborative Process

As far as the collaborative process, the sub-indicators of concern are face-to-face dialogue, trust-building, commitment to the process, shared understanding, and intermediate outcomes. Due to the absence of involvement from a wider range of actors, the face-to-face dialogue process only occurs between institutions that carry out rehabilitation activities for leprosy patients; between the hospital and the health department directly related to this. As for trust-building, the hospital provides full support to the community in improving the standard of living and tries to dissolve the negative stigma that has been accepted by the outside community towards the people with leprosy. Due to the absence of involvement of many institutions in the leprosy rehabilitation program in Central Java, the stages of building mutual trust are only carried out in a form of coordination with the health office which oversees health problems and the social service if needed in the rehabilitation of leprosy patients in Central Java. There is a commitment to the process that has been carried out by the hospital in carrying out rehabilitation for leprosy patients in Central Java. This is shown by many programs and great attention to the people with leprosy.

In addition, shared understanding or equal views on the objectives are to be implemented. If you refer to the views of Ansell & Gash (2007) related to this, you will find out that the involvement of more institutions is not only the appointed party in implementing this program. The results of the research show that sharing of understanding with various cross-institutions has not been carried out. This is evidenced by the differences in views among leprosy rehabilitation practitioners. Some health workers still have a bad stigma against people with leprosy. This can be an indication that there is no understanding between implementers even at the same institution.

The interim results related to collaborative governance show that the rehabilitation of leprosy patients is still being carried out, but the indicators of collaborative governance are not fulfilled in the rehabilitation of leprosy patients, especially in Central Java. There is dominance in the implementation of leprosy rehabilitation which only focuses on designated institutions. In fact, ideally, the concept of collaborative governance includes the involvement of various parties voluntarily and enthusiastically to solve existing problems so that the results to be achieved are also increasingly complex. With the explanation presented above, the researcher calls the problem in the rehabilitation of leprosy patients in Central Java a paradox of collaborative governance amidst the proliferation of collaborative governance.

CONCLUSION

The implementation of the leprosy rehabilitation program in Central Java shows that there is no comprehensive and ideal collaborative governance as the concept presented by Ansell & Gash (2007). This is corroborated by the results of research conducted using the indicators of starting conditions, institutional design, facilitative leadership, and collaborative processes that are not implemented according to the explanation given. There are several causes that make collaborative governance in the rehabilitation of leprosy patients unable to be carried out properly, as well as the existence of a shifting of responsibilities between institutions that should be involved in this process. Among them is the lack of clarity or the absence of specific rules for implementers and what institutions are involved in them. This causes the other stages of the collaborative governance process not to run in the leprosy rehabilitation process. Although in several sub-indicators there are things that have been carried out by the hospital to provide support for the implementation of the leprosy rehabilitation program in Central Java.

The domination in the rehabilitation of leprosy patients by the hospital is not the only desire of the institution. But because there are no other institutions that take the initiative in implementing existing programs, even vertical institutions from the provincial government which should be the main part in the rehabilitation of leprosy patients blame each other and throw responsibilities with various arguments. Therefore, the writer calls this problem the collaborative governance paradox in the rehabilitation of leprosy patients in Central Java. On the one hand, the government is aggressive with the concept of collaboration, on the other hand, in the case of leprosy, many institutions are reluctant to collaborate and even shift responsibility for it.

For this reason, clear rules are needed, and it is absolutely necessary to involve many institutions, not only the hospital as the only implementer in the rehabilitation of leprosy patients in Central Java. In addition, it is necessary to support adequate resources for the achievement of this program if it has been established and clear rules are made so that it does not interfere with the allocation of funds from each of the institutions involved.

REFERENCES

Agrawal, Arun & Lemos, CM. (2007). A Greener Revolution in the Making?: Environmental Governance in the 21st Century. Environment Science and Policy for Sustainable Development 49 (5): 36-45. Available at: https://doi.org/10.3200/ENVT.49.5.36-45 (accessed 7 Juli 2021).

Al Hafis, R. I., Hakim, A., & Haryono, B. S. (2013). Aktor Pelaksana Pengelolaan Transportasi Publik Perkotaan (Studi Kasus Bus Trans Metro Di Kota Pekanbaru). Wacana Journal of Social and Humanity Studies, 16(4), 171-178. Available at: https://wacana.ub.ac.id/index.php/wacana/article/view/295 (accessed 21 Juni 2021). (in Indonesian).

Al Hafis, R. I., Larasati, E., Warsono, H., & Purnaweni, H. (2020). Empowerment Based on Collaborative Governance in Leprosy Patients In Central Java. In 6th International Conference on Social and Political Sciences (ICOSAPS 2020) (pp. 324-333). Atlantis Press.

Ali, Z., & Al Hafis, R. I. (2015). Teori Kebijakan Publik. Pekanbaru, Marpoyan Tujuh. (in Indonesian).

Alwasiah, Chaedar A. (2002) Pokoknya Kualitatif: Dasar-dasar Merancang dan Melakukan Penelitian Kualitatif. Jakarta. Pustaka Jaya. (in Indonesian)

Ansell, C., & Gash, A. (2007). Collaborative Governance in Theory and Practice. Journal of Public Administration Research and Theory, 18(4), 543-571. Available at: https://www.researchgate.net/publication/31311629_Collaborative_Governance_in_Theory (accessed 13 December 2020). DOI:10.1093/jopart/mum032

Brome, Glenn. (2006). The Facilitative Leader. Second Edition. Outskirts Press Inc. Parker, Colorado.

Cordery, J. (2004). Another case of the Emperor's new clothes? Journal of occupational and organizational Psychology. 77, 481–484. Available at: https://doi.org/10.1348/0963179042596432 (accessed 13 December 2020).

Creswell. Jhon W. (2009). Research Design: Qualitative, Quantitative, and Mixed Methods Approach. Third Edition. Sage Publication. California.

Cropley, A. J. (2021, 3rd updated, revised, and enlarged edition). Qualitative research methods: A practice-oriented introduction for students of psychology and education. (open access – doi: 10.13140/RG.2.1.3095.6888).

Cullen, F. T., Fisher, B. S., & Applegate, B. K. (2000). Public opinion about punishment and corrections. Crime and justice, 27, 1-79. Available at: https://scholarcommons.sc.edu/cgi/viewcontent.cgi?article=1011&context=crim_facpub (accessed 12 Juli 2021)

Emerson, Kirk., Nabatchi, Tina., & Balogh, Stephen. (2011). An Integrative Framework for Collaborative Governance, *Journal of Public Administration Research and Theory*. 22, (1). 1-29. Available at : https://doi.org/10.1093/jopart/mur011 (accessed 13 December 2020).

Eppel, E. (2013). Collaborative Governance: Framing New Zealand practice. Victoria University of Wellington, Institute for Governance and Policy Studies.

Flick, Uwe., Kardorff, von Ernst., Steinke, Ines Translated by Jenner, Bryan. (2004). A Companion to Qualitative Research. Sage Publication. London.

Forester, John. (2000). The Deliberative Practitioner Encouraging Participatory Planning Processes, 2nd printing, Massachusetts Institute of Technology, London.

Friedmann, John. (1987). Planning in the Public Domain: From Knowledge to Action, Princeton Univ. Press, New Jersey.

Given, M. Lisa. (2008). The Sage encyclopedia of qualitative research methods. SAGE Publications, Inc. California.

Hartman, C., et al. (2002). Environmental collaboration: potential and limits. In T. de Bruijn & A. Tukker (Eds.), Partnership and Leadership: Building Alliances for a Sustainable Future (pp. 21-40).

Healey, Patsy. (2006). Collaborative Planning, Shaping Places in Fragmented Societies, 2nd ed. Palgrave Macmillan, New York.

INFODATIN (Pusat Data dan Informasi Kementrian Kesehatan RI). (2018). Kusta. (in Indonesian)

Innes, J. E. (1996). Planning Through Consensus Building, a New View of Comprehensive Planning Ideal, Journal of American Planning Association. 62 (4). Available at: https://doi.org/10.1080/01944369608975712.

Innes, J. E., & Booher, D. E. (2004). Reframing public participation: strategies for the 21st century. Planning theory & practice, 5(4), 419-436.

Lembaga Administrasi Negara. (2021). Pemerintahan Kolaboratif Solusi Wujudkan Tata Kelola Pemerintahan yang Baik. Disampaikan pada Kegiatan Focus Group Discussion (FGD) yang mengangkat tema "Strategic Collaborative Governance untuk mendorong percepatan Reformasi Birokrasi Nasional". Available at: https://lan.go.id/?p=4971 (in Indonesian).

Lestari, A. W., Suwitri, S., Larasati, E., & Warsono, H. (2020). Actor network in tourism management based on sustainable development (Case study of tourism development in Batu City, Indonesia). Management and entrepreneurship: trends of development, 3(13), 8-15. Available at: https://doi.org/10.26661/2522-1566/2020-3/13-01.

Lightfoot, E. (2004). Community Based Rehabilitation: A Rapidly Growing Method for Supporting People with Disabilities. International Social Work, 47(4), 455–468.

Moleong, J. Lexi. (2002). Metodologi Penelitian Kualitatif. Bandung. Remaja Karya. (in Indonesian).

Peraturan Menteri Kesehatan Republik Indonesia Nomor 7 Tahun 2017 Tentang Standar Habilitasi Dan Rehabilitasi Sosial Penyandang Disabilitas. Available at: https://peraturan.bpk.go.id/Home/Details/130333/permensos-no-7-tahun-2017 (in Indonesian).

Purwanti, Nurul. D. (2016). Collaborative Governance (Kebijakan Publik dan Pemerintahan Kolaboratif, Isu-Isu Kontemporer), Yogyakarta, Center for Policy & Management Studies, FISIPOL UGM. (in Indonesian).

Rasche, Andreas. (2010). Collaborative Governance 2.0. Corporate Governance: The international journal of business in society. 10, (4). 500 – 511. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=1684763 (accessed 13 December 2020).

Robertson, P. J., & Choi, T. (2010). Ecological governance: Organizing principles for an emerging era. Public administration review, 70, s89-s99. Available at: https://doi.org/10.1111/j.1540-6210.2010.02250.x (accessed 13 December 2020).

Rumah Sakit Kusta Donorojo. 2020. Donorojo Leprosy Hospital Year End Report, Jepara District. (in Indonesia).

Sager, T. (2005). Communicative Planners as Naïve Mandarins of Neo-liberal State?, European Journal of Spatial Development, ISSN 1650-9544. Diakses https://archive.nordregio.se/Global/Publications/Publications%202017/Debate_Sager(2005).pdf

Sarwono, Jonathan. (2011) Mixed Methods: Cara Menggabung Riset Kuantitatif dan Riset Kualitatif Secara Benar. Jakarta. Elex Media Komputindo. (in Indonesian).

Shergold, P. (2008). Governing through collaboration. Collaborative Governance: A new era of public policy in Australia, 13-22. Available at: https://press.anu.edu.au/publications/series/anzsog/collaborative-governance (accessed 13 December 2020) DOI: http://doi.org/10.22459/CG.12.2008

Sun, Xiaokun. (2017). Research and Prospect of Collaborative Governance Theory. Public Policy and Administration Research. 7 (7). 50 – 53. Available at: https://www.iiste.org/Journals/index.php/PPAR/article/view/38115 (accessed 20 December 2020).

Undang-Undang Nomor 36 Tahun 2009 Tentang Kesehatan. Available at: https://peraturan.bpk.go.id/Home/Details/38778/uu-no-36-tahun-2009 (in Indonesian).

Wang, Shilong. (2014). Research on the Collaborative Governance Model in the Charity Organization under Polycentric Perspective. Open Journal of Social Sciences, 2, 263-269.

Wanna, J., & O'Flynn, J. (2008). Collaborative Governance (p. 201). ANU Press.

Warsono, H., Hafis, A., Imam, R., & Putra, H. D. (2020). Collaborative Governance: Efforts to Improve the Quality of Public Transportation Services in Indonesia. Talent Development & Excellence, 12.

Woltjer, Johan. (2000). Consensus Planning, The relevance of Communicative Planning Theory in Dutch Infrastructure Development, Ashgate Publ. Limited., Hampshire.

World Health Organization. (2001). International classification of functioning, disability, and health. Geneva, World Health Organization.

World Health Organization. (2007). Technical guide on community-based rehabilitation and leprosy. Printed in the United Kingdom.

Yogia, M. A., & Devitasari, R. I. A. H. M. (2020). Policy Implementation of Green Open Space in Pekanbaru City. ICoSEEH 2019, 4, 41-44. DOI:https://doi.org/10.5220/0009058400410044

Zadek, Simon. (2008). Global collaborative governance: there is no alternative. Corporate Governance: The international journal of business in society, Vol. 8 Iss 4 pp. 374 – 388

Zamili, M., Suwitri, S., Dwimawanti, I. H., & Kismartini, K. (2020). Management of educational assessment in high school: transcendental factors. Management and Entrepreneurship: Trends of Development, 1(11), 81-97. DOI: https://doi.org/10.26661/2522-1566/2020-1/11-06

ПАРАДОКС СПІЛЬНОГО УПРАВЛІННЯ РЕАБІЛІТАЦІЄЮ В ЛЕПРОЗОРІЯХ У ЦЕНТРАЛЬНІЙ ЯВІ

Raden Imam Al Hafis
Universitas Islam Riau
Universitas Diponegoro
Semarang, Central Java, Indonesia

Hardi Warsono
Universitas Diponegoro
Semarang, Central Java, Indonesia

Endang Larasati
Universitas Diponegoro
Semarang, Central Java, Indonesia

Hartuti Purnaweni
Universitas Diponegoro
Semarang, Central Java, Indonesia

Дослідження спрямовано на аналіз концепції спільного управління в галузі реабілітації хворих на проказу в Центральній Яві. За задоволення потреб громадян, які мають фізичні обмеження, викликані хворобою, тягар відповідальності лягає на уряд. Вирішення таких

проблем вимагає політичної волі уряду і участі всіх сторін, для можливості забезпечення більшої ефективності рішень відповідно до моделі спільного управління, представленої Ansell & Gash. Методологія, використана в даному дослідженні, базується на якісному аналізі даних. При зборі даних і інформації про парадокс реабілітації хворих на проказу в регентстві Джепар, Центральна Ява, використовувався підхід поглибленого інтерв'ю. Результати цього дослідження доводять, що відсутня співпраця між учасниками реабілітації хворих на проказу. Результати, які отримано, свідчать про необхідність встановлення чітких правил із залученням до процесу управління реабілітацією хворих на проказу в лепрозоріях в Центральній Яві багатьох зацікавлених сторін, а не тільки лікарсько-профілактичні установи.

Ключові слова: парадокс, спільне управління, конкретність правил, реабілітація.

ПАРАДОКС СОВМЕСТНОГО УПРАВЛЕНИЯ РЕАБИЛИТАЦИЕЙ В ЛЕПРОЗОРИЯХ В ЦЕНТРАЛЬНОЙ ЯВЕ

Raden Imam Al Hafis
Universitas Islam Riau
Universitas Diponegoro
Semarang, Central Java, Indonesia

Hardi Warsono
Universitas Diponegoro
Semarang, Central Java, Indonesia

Endang Larasati
Universitas Diponegoro
Semarang, Central Java, Indonesia

Hartuti Purnaweni
Universitas Diponegoro
Semarang, Central Java, Indonesia

Исследование направлено на анализ концепции совместного управления в сфере реабилитации больных проказой в Центральной Яве. За удовлетворение потребностей граждан, которые имеют физические ограничения, вызванные болезнью, тяжесть ответственности ложится на правительство. Решение таких проблем требует политической воли правительства и участия всех стейкхолдеров, для возможности обеспечения большей эффективности решений в соответствии с моделью совместного управления, представленной Ansell & Gash. Методология, использованная в данном исследовании, базируется на качественном анализе данных. При сборе данных и информации о парадоксе реабилитации больных проказой в регентстве Джепар, Центральная Ява, использовался подход углубленного интервью. Результаты этого исследования доказывают, отсутствие взаимодействия и сотрудничества между участниками процесса реабилитации больных проказой. Полученніе результаты свидетельствуют о необходимости установления четких правил с привлечением к процессу управления реабилитацией больных проказой в лепрозориях в Центральной Яве других заинтересованных сторон, а не только лечебно-профилактические учреждения.

Ключевые слова: парадокс, совместное управление, ясность правил, реабилитация.