



DUPLICATE

SUKOHARJO REGENT  
PROVINCE OF CENTRAL JAVA  
REGULATION OF THE REGENT OF SUKOHARJO  
NUMBER 33 YEARS 2021

ABOUT  
PROVISION OF INCENTIVES TO HEALTH PERSONNEL THAT HANDLE CORONA  
*VIRUS DISEASE-2019* FINANCIAL YEAR 2021

BY THE GRACE OF GOD ALMIGHTY  
SUKOHARJO REGENT,

- Weigh : a. that in order to give appreciation and appreciation to health workers who handle *Corona Virus Disease-2019* in Sukoharjo Regency, the Regional Government needs to provide incentives;
- b. that based on the Decree of the Minister of Health Number Hk.01.07/Menkes/4239/2021 concerning Provision of Incentives and Death Compensation for Health Workers who handle *Corona Virus Disease-2019 (Covid-19)* stated that health workers who handle *Covid-19* need to be given incentives and death benefits;
- c. that based on the considerations as referred to in letters a and b , it is necessary to stipulate a Regent Regulation concerning the Provision of Incentives to Health Workers who handle *Corona Virus Disease-2019* Fiscal Year 2021 ;
- Remember : 1. Law Number 13 of 1950 concerning the Establishment of Regency Areas within the Province of Central Java;
2. Law Number 4 of 1984 concerning Outbreaks of Infectious Diseases (State Gazette of the Republic of Indonesia of 1984 Number 20, Supplement to the State Gazette of the Republic of Indonesia of 1984 Number 3273);
3. Law Number 17 of 2003 concerning State Finances (State Gazette of the Republic of Indonesia of 2003 Number 47, Supplement to the State Gazette of the Republic of Indonesia Number 4286);
4. Law Number 1 of 2004 concerning the State Treasury (State Gazette of the Republic of Indonesia of 2004 Number 5, Supplement to the State Gazette of the Republic of Indonesia Number 4335);
5. Law Number 15 of 2004 concerning Audit of State Finance

- Management and Accountability (State Gazette of the Republic of Indonesia of 2004 Number 66, Supplement to the State Gazette of the Republic of Indonesia Number 4400);
6. Law Number 29 of 2004 concerning Medical Practice (State Gazette of the Republic of Indonesia of 2004 Number 116, Supplement to the State Gazette of the Republic of Indonesia Number 4431);
  7. Law Number 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Supplement to the State Gazette of the Republic of Indonesia Number 5063) as amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia of 2020 Number 245 , Supplement to the State Gazette of the Republic of Indonesia 6573);
  8. Law Number 44 of 2009 concerning Hospitals (State Gazette of the Republic of Indonesia of 2009 Number 153, Supplement to the State Gazette of the Republic of Indonesia Number 5072) as amended by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia of 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia 6573);
  9. Law Number 23 of 2014 concerning Regional Government (State Gazette of the Republic of Indonesia of 2014 Number 244, Supplement to the State Gazette of the Republic of Indonesia Number 5587) as amended several times, most recently by Law Number 11 of 2020 concerning Job Creation (State Gazette of the Republic of Indonesia Year 2020 Number 245, Supplement to the State Gazette of the Republic of Indonesia 6573) ;
  10. Law Number 36 of 2014 concerning Health Workers (State Gazette of the Republic of Indonesia of 2014 Number 298, Supplement to the State Gazette of the Republic of Indonesia Number 5607);
  11. Law Number 6 of 2018 concerning Health Quarantine (State Gazette of the Republic of Indonesia of 2018 Number 128, Supplement to the State Gazette of the Republic of Indonesia Number 6236);
  12. Government Regulation Number 12 of 2019 concerning Regional Financial Management (State Gazette of the Republic of Indonesia of 2019 Number 42, Supplement to the State Gazette of the Republic of Indonesia Number 6322);
  13. Regulation of the Minister of Health Number 9 of 2014 concerning Clinics (State Gazette of the Republic of Indonesia of 2014 Number 232);
  14. Regulation of the Minister of Health Number 43 of 2019 concerning Public Health Centers (State Gazette of the Republic of Indonesia of 2019 Number 1335);
  15. Regulation of the Minister of Health Number 75 of 2019

- concerning Health Crisis Management (State Gazette of the Republic of Indonesia of 2019 Number 1781);
16. Minister of Home Affairs Regulation Number 77 of 2020 concerning Technical Guidelines for Regional Financial Management (State Gazette of the Republic of Indonesia of 2020 Number 1781);
  17. Regulation of the Minister of Finance Number 17/PMK.07/2021 concerning Management of Transfers to Regions and Village Funds for Fiscal Year 2021 in order to support the handling of the *2019 Corona Virus Disease Pandemic* and its impacts (State Gazette of the Republic of Indonesia of 2021 Number 149);
  18. Sukoharjo Regency Regulation Number 1 of 2010 concerning Principles of Regional Financial Management (Sukoharjo Regency Gazette of 2010 Number 1, Supplement to Sukoharjo Regency's Regional Gazette Number 172);
  19. Sukoharjo Regency Regulation Number 6 of 2014 concerning the Implementation of Disaster Management (Sukoharjo Regency Regional Gazette of 2010 Number 6, Supplement to Sukoharjo Regency's Regional Gazette Number 213);
  20. Sukoharjo Regency Regional Regulation Number 10 of 2020 concerning Disease Prevention and Management (Sukoharjo Regency Regional Gazette of 2020 Number 10, Supplement to Sukoharjo Regency Regional Gazette Number 294);

DECIDE :

Set : REGULATION OF THE REGENT CONCERNING PROVISION OF INCENTIVES TO HEALTH PERSONNEL THAT HANDLE *CORONA VIRUS DISEASE-2019* FINANCIAL YEAR 2021.

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## GENERAL REQUIREMENTS

### article 1

In this Regent Regulation, what is meant by:

1. The area is Sukoharjo Regency.
2. Regional Government is the Regent as an element of the Regional Government organizer who leads the implementation of government affairs which are the authority of the autonomous region .
3. The Regent is the Regent of Sukoharjo .
4. Regional apparatus is the supporting element of the Regent and the Regional People's Representative Council in the administration of Government Affairs which are the authority of the Region .
5. Health Service Facility, hereinafter referred to as Fasyankes, is a place used to organize health service efforts, whether

promotive, preventive, curative or rehabilitative carried out by the government, local government and/or the community.

6. Regional General Hospital, hereinafter abbreviated as RSUD , is the Regional General Hospital of Sukoharjo Regency which is a functional organizational unit that provides professional services.
7. Community Health Center, hereinafter referred to as Puskesmas, is a health service facility that organizes public health efforts and first-level individual health efforts, by prioritizing promotive and preventive efforts, to achieve the highest degree of public health in its working area.
8. Regional Health Laboratory, hereinafter referred to as Labkesda, is a health facility that performs measurement, determination, and testing of materials derived from humans or materials that are not derived from humans to determine the type of disease, causes of disease, health conditions and factors that can affect individual health.
9. Intensive Care Room is a room designated for patients in critical/unstable conditions that require special and continuous (intensive) monitoring.
10. Emergency Installation , hereinafter abbreviated as IGD , is a service unit in a hospital that provides initial (for patients who come directly to the hospital)/advanced (for patients who are referred from other Health Service Facilities or PSC 119), suffer from illness or injury. which could threaten their survival.
11. Triage is a special process of sorting patients based on the severity of the injury or disease to determine the type of emergency treatment/intervention.
12. Isolation Treatment Room is a room designated for patients suffering from infectious diseases, patients who are susceptible to transmission from other people, patients suffering from diseases that cause odors (such as tumors, gangrene, diabetes) and for patients suffering from diseases that make noises in the room.
13. Health worker is every person who devotes himself to the health sector and has knowledge and or skills through education in the health sector which for certain types requires the authority to carry out health efforts.
14. The Specialist Doctor Education Program, hereinafter abbreviated as PPDS, is a professional education program for the advanced phase of the medical profession program with independent and in-house learning methods. under supervision to become a specialist.
15. *Corona Virus Disease - 2019* hereinafter referred to as *Covid-19* is an infectious disease caused by *Severe Acute Respiratory Syndrome-Corona Virus-2* .
16. Health Worker Incentives are additional income given to Health Workers A State Civil Apparatus and Non A State Civil Apparatus as a reward for certain performance in carrying out the handling of *Covid-19* .

17. An epidemic is an outbreak of an infectious disease in a community where the number of sufferers has significantly increased beyond the usual situation at a certain time and area and can cause havoc.

## Section 2

The provision of incentives to Health Workers who handle *Covid-19* aims to :

- a. give appreciation and appreciation to Health Workers who handle confirmed cases/patients/specimens of *Covid-19* ;
- b. provide motivation in order to increase morale and work ethic, as well as provide the best service to accelerate the handling of *Covid-19* .

## Article 3

The scope of regulation in this Regent Regulation includes:

- a. status and type Health Workers ;
- b. type of health service;
- c. health service facilities;
- d. calculation of the need for nomination of Health Workers;
- e. health worker incentive ceiling;
- f. the formula for calculating the amount of incentives ;
- g. financing;
- h. budgeting, implementation and financial administration
- i. recording and reporting; and
- j. monitoring and evaluation.

## CHAPTER II

### STATUS AND TYPES OF HEALTH PERSONNEL

## Article 4

- (1) Health workers who receive incentives who handle confirmed *Covid-19* patients/cases/specimens have the status of a State Civil Apparatus or Non State Civil Apparatus .
- (2) Types of Health Workers as referred to in paragraph (1) include:
  - a. medical specialist;
  - b. PPDS doctor ;
  - c. general practitioners and dentists;
  - d. midwife;
  - e. nurse;
  - f. internship doctor ;

- g. program participants who take part in the special assignment of Health Workers in supporting the Healthy Nusantara program ;
  - h. Medical Laboratory Technologist;
  - i. Volunteer Health Workers appointed by the Regional Government in handling Covid -19 ;
  - j. radiographer;
  - k. clinical pharmacy;
  - l. nutritionist; and
  - m. physiotherapist .
- (3) The Health Personnel as referred to in paragraph (2) shall be proposed by the Head of Health Facilities .

#### Article 5

- (1) types of Health Workers as referred to in Article 4 paragraph (2) who handle confirmed *Covid-19* patients/cases/specimens in hospitals are: who perform services directly or in direct contact with patients .
- (2) types of Health Workers as referred to in paragraph (1) are:
- a. specialist doctor ;
  - b. PPDS doctor;
  - c. general practitioners and dentists;
  - d. midwife;
  - e. nurse;
  - f. internship doctor ;
  - g. program participants who take part in the special assignment of Health Workers in supporting the healthy archipelago program ;
  - h. Laboratory Technologist;
  - i. Volunteer Health Workers appointed by the regional government in handling Covid -19 ;
  - j. radiographer;
  - k. clinical pharmacy;
  - l. nutritionist; and
  - m. physiotherapist .
- (3) The direct service or direct contact as referred to in paragraph ( 1 ) is proven by : medical records.
- (4) Types of Health Workers at the Puskesmas are:
- a. general practitioners and dentists;
  - b. midwife;
  - c. nurse;
  - d. internship doctor ;

- e. program participants who take part in the special assignment of Health Workers in supporting the healthy archipelago program ;
  - f. Medical Laboratory Technologist; and
  - g. Volunteer Health Workers assigned by the local government in handling Covid -19 .
- (5) The types of Health Workers as referred to in paragraph (4) at the Puskesmas are: which monitors :
- a. patients or cases who are self-isolating; and/or
  - b. collection and examination of confirmed *Covid-19 swab specimens* .
- (6) Types of Health Workers in Labkesda are:
- a. general practitioners;
  - b. Medical Laboratory Technologist; and
  - c. Volunteer Health Workers appointed by the Regional Government in handling *Covid-19* .
- (7) Types of Health Workers as referred to in paragraph ( 6 ) at Labkesda are Health Workers who are involved in carrying out examinations of confirmed Covid -19 *specimens*. directly at the Labkesda.

### CHAPTER III

#### TYPES OF HEALTH SERVICES

##### Article 6

- (1) Types of health services in handling *Covid-19* Incentives that can be given are health services for confirmed *Covid-19* patients/cases/specimens .
- (2) Patients/cases/specimens as referred to in paragraph (1) include:
- a. patient/case the specimen results from the *Reverse Transcription-Polymerase Chain Reaction examination* showed a positive result ; and / or
  - b. patients/ cases whose specimen results from the *Rapid Diagnostic Antigen Test* show a positive result, provided that access to the *Reverse Transcription-Polymerase Chain Reaction examination* cannot be carried out quickly ( (delivery time is less than or equal to 24 (twenty four) hours and waiting time is more than or equal to 24 (twenty four) hours) ) .
- (3) Patients /cases as referred to in paragraph (2) for confirmed cases without symptoms ( *asymptomatic* ) that do not undergo a *follow-up examination Reverse Transcription- Polymerase Chain Reaction* plus 10 (ten) days of self-isolation since the confirmation of diagnosis specimen was taken.
- (4) Patients /cases as referred to in paragraph (2) for confirmed cases with mild symptoms that do not undergo a *follow-up*

*examination Reverse Transcription- Polymerase Chain Reaction plus 10 (ten) days of self-isolation plus 3 (three) days free of symptoms of fever and respiratory problems since the confirmation of diagnosis specimen was taken.*

## CHAPTER I V

### HEALTH SERVICE FACILITIES

#### Article 7

- (1) service facilities where Health Workers Handling confirmed Covid -19 patients/cases/specimens include:
  - a. HOSPITAL;
  - b. Health Center ; and
  - c. Labkesda.
- (2) *Handling of Covid-19* as referred to in paragraph (1) in RSUD by PPDS at high risk of exposure, namely:
  - a. outpatient special for *Covid-19* ;
  - b. a special inpatient area for *Covid-19 cases* ;
  - c. *Covid-19* special isolation area ;
  - d. intensive care unit ( *Intensive Care Unit/High Care Unit/Intensive Cardiac Care Unit* ) specifically for *Covid-19* ;
  - e. *Covid-19* special radiology installation ;
  - f. infectious polyclinic; and
  - g. the operating room area for the intestine of Covid -19 .
- (3) The *handling of Covid-19* as referred to in paragraph (1) at the Regional Hospital by PPDS in a place with a low risk of exposure is a room with a low level of risk of *Covid-19 transmission* because it is not related to the service of *Covid-19 patients* .
- (4) The place of low exposure risk as referred to in paragraph ( 3 ) is determined by the Director of the RSUD .
- (5) PPDS who work in places with low risk of exposure, are involved in the *Covid-19 vaccination* and/or taking swab specimens.
- (6) *Handling of Covid-19* as referred to in paragraph (1) at the Hospital by Internship Doctors includes :
  - a. outpatient k h intestine *Covid-19* ;
  - b. ER area k h intestine for *Covid-19 cases* ;
  - c. r *Covid-19* special triage money ;
  - d. the intensive care unit area ( *Intensive Care Unit/High Care Unit/Intensive Cardiac Care Unit* ) specifically for *Covid-19* ;
  - e. *Covid-19* special inpatient room ;
  - f. *Covid-19* special isolation area ;
  - g. *Covid-19* special delivery room area ;
  - h. *Covid-19* special radiology installation ;
  - i. infectious polyclinic; and



- j. operating room area k h intestine *Covid-19* .
- (7) Handling of *Covid-19* as referred to in paragraph (1) in the Regional Hospital by Health Workers other than PPDS doctors and Internship doctors in the hospital room *Covid-19* special isolation treatment, *Covid-19 special* intensive care , Emergency Room /Triage , *Covid-19* special hemodialysis room , *Covid-19* special operating room, *Covid-19* special delivery room, *Covid -19 special* radiology installation and clinical pathology laboratory installation and the *Reverse Transcription-Polymerase Chain Reaction* laboratory .
- (8) Handling of *Covid-19* as referred to in paragraph (1) at the Puskesmas by Internship Doctors includes :
  - a. monitoring of self-isolation of confirmed cases of *Covid-19* ; and
  - b. *confirmed* specimen collection and examination *Covid-19* ;
- (9) The handling of *Covid-19* as referred to in paragraph ( 1 ) at the Puskesmas is limited to :
  - a. monitoring of self-isolation of confirmed cases of *Covid-19* ; and
  - b. Collecting and examining specimens ( *swabs* ) confirmed for *Covid -19* .
- (10) The handling of *Covid-19* as referred to in paragraph (1) at Labkesd a is the collection and examination of confirmed *COVID-19* specimens ( *swabs* ) .

## CHAPTER V

### CALCULATION OF NEEDS PROPOSED HEALTH PERSONNEL

#### Article 8

Calculation of the need for proposing health workers who receive incentives to handle *Covid -19* at the Health Facilities as listed in Appendix I which is an integral part of this Regent's Regulation .

## CHAPTER V I

### HEALTH PERSONNEL INCENTIVE CEREMONY

#### Article 9

- (1) Incentive Ceiling for Health Workers who handle confirmed *Covid-19* patients/cases/specimens in 2021 at the RSUD, with the following details:
  - a. specialist doctors receive incentives of a maximum of Rp . 15,000,000.00 (fifteen million rupiah) per Health Personnel per month ;

- b. The PPDS doctor on duty in the high exposure risk area shall receive an incentive of a maximum of Rp . 12,500,000.00 (twelve million five hundred thousand rupiah) per Health Personnel per month ;
  - c. a general practitioner or dentist receives an incentive of a maximum of Rp . 10,000,000.00 (ten million rupiah) per health worker per month ;
  - d. PPDS doctor on duty in low exposure risk areas receive an incentive of a maximum of Rp . 7,500,000.00 ( seven million five hundred thousand rupiah) per Health Personnel per month ;
  - e. midwives or nurses receive incentives of a maximum of Rp . 7,500,000.00 (seven million five hundred thousand rupiah) per health worker per month ;
  - f. the doctor of internship receives an incentive of a maximum of Rp . 5,000,000.00 (five million rupiah) per health worker per month ;
  - g. r adiographers receive an incentive of a maximum of Rp. 5,000,000.00 (five million rupiah) per Health Personnel per month ;
  - h. Medical Laboratory Technologists receive an incentive of a maximum of Rp. 5,000,000.00 (five million rupiah) per Health Personnel per month ;
  - i. clinical pharmacists receive an incentive of a maximum of Rp. 5,000,000.00 (five million rupiah) per Health Personnel per month ;
  - j. nutritionist receives an incentive of a maximum of Rp. 5,000,000.00 (five million rupiah) per health worker per month ;
  - k. physiotherapy receives an incentive of a maximum of IDR 5,000,000 (five million rupiah) per Health Personnel per month ;
  - l. Volunteer for Health Workers assigned by the Regional Government in handling Covid -19 receive an incentive of a maximum of Rp.5,000,000.00 (five million rupiah) per Health Personnel per month ; and
  - m. program participants who take part in the special assignment of health workers in supporting the Healthy Nusantara program are given incentives in accordance with the amount of incentives for each type of health worker with details as referred to in letters a to k.
- (2) Incentive ceiling for health workers who handle confirmed *Covid-19* patients/cases/specimens in 2021 at the Puskesmas with the following details:
- a. a general practitioner or dentist receives an incentive of a maximum of Rp. 5,000,000.00 (five million rupiah) per Health Personnel per month ;
  - b. the midwife or nurse receives an incentive of a maximum of Rp. 5,000,000.00 (five million rupiah) per health worker per month ;

- c. Medical Laboratory Technologists receive an incentive of a maximum of Rp. 5,000,000.00 (five million rupiah) per Health Personnel per month ;
  - d. program participants who take part in the special assignment of health workers to support the Nusantara Sehat program receive the most incentives IDR 5,000,000.00 (five million rupiah) per health worker per month ;
  - e. Volunteer health workers assigned by the Regional Government in handling Covid -19 receive an incentive of a maximum of Rp.5,000,000.00 (five million rupiah) per health worker per month ; and
  - f. Internship doctors receive a maximum incentive of IDR 2,500,000 (two million five hundred thousand rupiah) per health worker per month .
- (3) Incentive ceiling for health workers who handle confirmed *Covid-19* patients/cases/specimens in 2021 at Labkesda with the following details:
- a. general practitioners receive an incentive of a maximum of Rp. 5,000,000.00 (five million rupiah) per health worker per month ;
  - b. Medical Laboratory Technologist shall receive an incentive of a maximum of Rp. 5,000,000.00 (five million rupiah) per health worker per month ; and
  - c. volunteer health workers appointed by the Regional Government in handling *Covid-19* receive an incentive of a maximum of IDR 5,000,000.00 (five million rupiah) per health worker per month .

#### Article 10

- (1) The amount of fees as referred to in Article 9 takes into account the following matters:
  - a. is the highest limit that cannot be exceeded; and
  - b. paying attention to the principles of regional financial management, namely accountability, effectiveness, efficiency by paying attention to a sense of justice and propriety.
- (2) Accountability as referred to in paragraph (1) means being accountable .
- (3) Effectiveness as referred to in paragraph (1) is the achievement of program results with predetermined targets, namely by comparing outputs with results.
- (4) Efficient as referred to in paragraph (1) is the ability to do something by minimizing the loss or waste of existing resources .

### CHAPTER VII

#### INCENTIVE CALCULATION FORMULA

## Article 11

The formula for calculating the amount of incentives for health workers Incentive recipients who deal with *Covid-19* at the Health Facilities as listed in Appendix I I which is an integral part of this Regent's Regulation .

## CHAPTER VIII

## FINANCING

## Article 1 2

Financing the provision of incentives for health workers who handle *Covid-19* in Sukoharjo Regency, the source is from the Regional Revenue and Expenditure Budget for the 2021 Fiscal Year.

## CHAPTER IX

## BUDGETING, FINANCIAL IMPLEMENTATION AND ADMINISTRATION

## Article 13

Budgeting for incentives for health workers can be carried out by directing expenses for operations at the Health Office and RSUD.

## Article 14

- (1) The implementation of the health worker incentive budget is based on the Budget Implementation Document of the Regional Apparatus Work Unit and/or the Implementation Document of the Amendment to the Regional Apparatus Work Unit's Budget.
- (2) In order to verify the proposed incentives for health workers, the Health Office, RSUD, Puskesmas and Labkesda formed a Verification Team.
- (3) The verification team as referred to in paragraph ( 2 ) consists of :
  - a. The verification team at the Health Office verifies the proposals for the Puskesmas and Labkesda;
  - b. The verification team at the RSUD verifies the internal proposal of the RSUD;
  - c. The verification team at the Puskesmas verifies the internal proposal of the Puskesmas; and
  - d. The verification team at Labkesda verifies Labkesda's internal proposal.
- (4) The verification team as referred to in paragraph (3) letter a consists of:
  - a. elements of the field of health resources;
  - b. elements of the health service sector;
  - c. secretarial elements; and
  - d. elements of the Internal Supervisory Unit.
- (5) The verification team as referred to in paragraph (3) letter b, letter c and letter d consists of:

- a. Internal Supervisory Unit;
  - b. elements of service in Health Facilities;
  - c. elements of management in Health Facilities ; and
  - d. PPDS or internship coordinator .
- (6) The verification team as referred to in paragraph (2) at the Health Service has the following duties:
- a. verify and validate the substance and validity of the incentive proposal document submitted by the Head of the Puskesmas and Labkesda and make notes on the results of verification and validation of the incentive proposal document for the Puskesmas and Labkesda;
  - b. submit recommendations on the results of verification and validation to the Regional Finance Agency which will then be processed for the disbursement of incentive payments if the verification results are appropriate ;
  - c. submit recommendations for verification and validation results to The head of the Puskesmas and Labkesda suggesting that if the results are not suitable, then the proposal is revised , then h the results of the repairs are submitted back to the verifier for verification and if the results are appropriate, then the incentive payment disbursement is processed; and
  - d. report health workers who died due to *Covid-19* to the Ministry of Health through the Health Human Resources Development and Empowerment Agency to receive death compensation.
- (7) The verification team as referred to in paragraph (2) at the RSUD has the following duties :
- a. verify and validate the substance and validity of the incentive proposal document submitted by the head of the health service facility and make notes on the results of verification and validation of the hospital incentive proposal document;
  - b. submit recommendations on the results of verification and validation to the Director of the Regional Hospital and the Regional Finance Agency which will then be processed for the disbursement of incentive payments if the verification results are appropriate ; and
  - c. submit recommendations on the results of verification and validation to the Director of the proposing Regional Hospital if the results are not suitable for then the proposed improvement will be carried out, then the results of the improvements will be submitted back to the verifier for verification and if the results are appropriate then the incentive payment disbursement will be processed.
- (8) The verification team as referred to in paragraph (2) at the Puskesmas has the following duties :

- a. verify and validate the substance and validity of the incentive proposal document submitted by the head of the health service facility and make notes on the results of verification and validation of the Puskesmas incentive proposal document;
  - b. submit recommendations for verification and validation results to the Health Office and the Head of the Puskesmas, then the Health Office will process the disbursement of incentive payments if the verification results are appropriate; and
  - c. submit a recommendation on the results of verification and validation to the Head of the Proposing Health Center if the results are not appropriate, then the proposal is corrected, then the results of the improvements are submitted back to the verifier for verification and if the results are appropriate, the incentive payment disbursement will be processed.
- (9) The verification team as referred to in paragraph (2) at Labkesda has the following duties:
- a. verify and validate the substance and validity of the incentive proposal document submitted by the head of the health service facility and make notes on the results of verification and validation of the Labkesda incentive proposal document;
  - b. submit recommendations for verification and validation results to the Department of Health and the Head of Labkesda; and
  - c. submit recommendations on the results of verification and validation to the head of the proposing Labkesda if the results are not suitable for then the proposed improvement will be carried out, then the results of the improvements will be submitted back to the verifier for verification and if the results are appropriate for further processing the disbursement of incentive payments.

#### Article 15

- (1) Financial administration through the Expenditure Treasurer by submitting a Request for Direct Payment to the Budget User or the Budget User Proxy through the Financial Administration Officer by attaching:
- a. summary of the incentive proposal in print from the application that has been signed by the head of the health care facility;
  - b. Assignment letter for health workers who are proposed to receive incentives shall be determined by the head of the health service facility;
  - c. Order to carry out duties from the head of health service facilities regarding health workers and/or other personnel who provide Covid -19 services ,
  - d. Letter of Absolute Liability from the head of the health service facility which is signed and affixed with a stamp;

- e. decision of the head of health service facilities regarding the verification team of health service facilities; and
  - f. Documents of verification of health service facilities signed by at least 3 (three) verification teams at health service facilities.
- (2) The Financial Administration Officer examines the completeness of the Direct Payment Request Letter as well as the administrative requirements in accordance with the applicable provisions, and after being declared complete and correct, prepares the Direct Payment Order to be submitted to the Budget User for signature;
  - (3) Payment Orders are submitted to the Proxy of the Regional General Treasurer for the issuance of an Order for Disbursement of Funds;
  - (4) The Proxy of the Regional General Treasurer sent a Disbursement Order and an attachment to the list of incentive recipients to PT. Central Java Regional Development Bank Sukoharjo Branch .
  - (5) PT. Central Java Regional Development Bank Sukoharjo Branch transfers books from the Regional General Treasury Account to each incentive recipient according to the list contained in the attachment to the Disbursement Order.

## CHAPTER X

### RECORDING AND REPORTING

#### Article 16

- (1) The Health Facilities Leader must record and submit reports on the results of *Covid-19 handling services* to the Head of the Health Service .
- (2) The Head of the Health Service must submit a report on the realization of the provision of incentives for handling *Covid-19* to the Regent through the Regional Finance Agency .
- (3) The Director of the RSUD must submit a report on the realization of the provision of incentives for handling *Covid-19* to the Regent through the Regional Finance Agency .

## CHAPTER X I

### MONITORING AND EVALUATION

#### Article 1 7

- (1) Monitoring and evaluation of the provision of incentives to health workers who handle *Covid-19* In Sukoharjo Regency it is coordinated by the Health Office .
- (2) To carry out the monitoring and evaluation as referred to in paragraph (1), a Team may be formed.

## CHAPTER XI I

### CLOSING

Article 18

- (1) Provision of incentives as referred to in Article 10 valid from January 2021 to December 2021 .
- (2) The provision of incentives as referred to in paragraph (1) may be terminated and extended in accordance with the conditions for handling the *Covid-19 pandemic* .

Article 19

This Regent Regulation comes into force on the date of promulgation.

In order for everyone to know, ordering the promulgation of this Regent Regulation by placing it in the Sukoharjo Regency Regional Gazette.

Set in Sukoharjo  
on 15 July 2021  
SUKOHARJO REGENT,

signed.

ETIK SURYANI

Promulgated in Sukoharjo  
on 15 July 2021

REGIONAL SECRETARY  
SUKOHARJO DISTRICT ,

signed.

WIDODO

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