Trend of The Utilization of COVID-19 Hotline as a Service Provider on Information Regarding COVID-19 in the Special Region of Yogyakarta

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Abstract. The number of positive cases of COVID-19 in the Special Region of Yogyakarta (DIY) is still increasing every single day. One of the measures which can be taken to reduce the number of positive cases of COVID-19 is to provide credible and valid information services regarding the disease. The information provider service is in the form of an interactive hotline so that people can ask for more detailed information related to COVID-19. The purpose of this study is to identify the provision of information about COVID-19 through the COVID-19 Hotline in DIY and analyze its trend of the utility. The research method used is qualitative with descriptive analysis techniques. There are two types of COVID-19 hotlines operating in DIY managed by the Regional Disaster Relief Agency (BPBD) and the Health Office of DIY. The results obtained from this study are the trend of the number of COVID-19 Hotline users in DIY is fluctuative according to the situation and conditions of the COVID-19 pandemic in DIY. The information submitted to the BPBD DIY COVID-19 Hotline is general information related to the way of handling COVID-19. Meanwhile, more detailed health information and mechanisms for handling COVID-19 can be obtained through the COVID-19 Hotline of the DIY Health Office. Through this research, it can be concluded that the COVID-19 Hotline in DIY can provide the information that the community needs. The most asked category of information was related to health services regarding COVID-19. The trend of the utility of the COVID-19 Hotline can be seen through the spread of incoming calls. The largest number of users is in the city of Yogyakarta. This is due to the highest positive cases of COVID-19 in DIY are in the city of Yogyakarta, so the need for information related to the development of COVID-19 also increases. The difference in the number of COVID-19 calls in DIY in each regency can be caused by the COVID-19 Hotline service at the city and district levels as well.

Keywords: COVID-19, information services, utilization, ICT

1. Introduction

COVID-19 (Coronavirus Disease 2019) is a problem that is currently being dealt with by countries in the world. The global COVID-19 pandemic has been declared on March 11, 2020. The effect is unprecedented and expected to take more than a decade to recover both socially and economically [1]. The spokesman for the COVID-19 Handling Task Force (Gugus Tugas Penanganan COVID-19) Wiku Adisasmito stated the increase in the number of positive COVID-19 cases in Indonesia was caused by 4 things [2]. First, the community is still lacking in the discipline in implementing the health protocols...
that have been set by the government. Second, there is still low awareness and empathy level for the community to comply with health protocols, even though positive cases in Indonesia are still increasing.

Third, most people still don't want to do testing when they have COVID-19 symptoms. The reason is due to the negative stigma from society towards people contracted to COVID-19. In addition, people do not want to do the test because of the potentially high costs for rapid and/or swab tests, or the treatment later. Fourth, there is information that is spread and widely believed by the public community regarding various COVID-19 conspiracy theories and other hoax news that do not refer to valid facts or data. Misinformation about health can make the outbreak of disease worsened, this is because people who believe in this false information do not want to protect themselves so that it will be perplexed to deal with the outbreak [3].

One way to suppress misinformation is to provide credible and valid information services. The central and local governments as policymakers play a role in providing information related to COVID-19. The application of ICT is used by the government in disseminating information, one of which is the provision of a COVID-19 Hotline in each region. ICT is defined as a collection of technologies and their applications related to the electronic processing, storage and transfer of various information [4]. That is also a form of Smart City implementation, especially in the Smart Governance dimension, namely the existence of ICT-based services and strengthening public information. Smart Governance is one of the six dimensions of Smart City, which is defined as the activity of using emerging technologies and innovative strategies to achieve smarter and stronger governance structures and governance infrastructure [5].

The Special Region of Yogyakarta (DIY), one of the provinces affected by the COVID-19 pandemic, uses various media to provide information related to the development of COVID-19. One of the media used is the COVID-19 Hotline. The existence of the hotline is expected as a credible and valid COVID-19 information service provider for the community. Based on the existing problems related to the importance of information regarding COVID-19 during this pandemic, this study seeks to examine how the trend of one form of information provider in the form of a hotline by the government. Therefore, the use of the COVID-19 Hotline service needs to be analyzed, to get an overview of the performance of the service in providing the information.

Reliable information about COVID-19 is important, for the community, since it can increase the success of the handling of the COVID-19 pandemic. The COVID-19 hotline is always open to people located in DIY. The public community can attain various information related to the spreading of COVID-19 in DIY. The COVID-19 hotline is expected to be useful in providing reliable information about COVID-19 in DIY. Therefore, there is a need for an assessment of the utility of the COVID-19 Hotline by the community itself. This study aims to identify the provision of information regarding COVID-19 and analyze its trend of the utility of the COVID-19 Hotline in the Special Region of Yogyakarta.

ICT (TIK) can be characterized by dynamic technological changes, as well as the rapid rate of technology adoption. ICT is also defined as a collection of technologies and their applications related to the various electronic processes, storage, and transfer of information [6]. The utilization of ICT can make services easier with information that can be accessed through call centers, websites, and applications provided by local governments.

Similar research related to the use of ICT in providing information about COVID-19 is used as a comparison with this research. The Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020 research study conducted by Koonin LM, et al is one of a kind. On the whole, this study aims to describe the use of telehealth during COVID-19 in the United States. Telehealth is a form of using ICT in the context of preventing the spread of COVID-19. The use of telehealth is usually used by patients who want to consult a doctor. This research focuses on the use of telehealth for COVID-19 cases [7]. People who are patients can get information about the diagnosis and symptoms of COVID-19 from doctors directly. Meanwhile, in the research study Trend of The Utilization of COVID-19 Hotline as a Service Provider on Information Regarding COVID-19 in the Special Region of Yogyakarta, the use of the hotline by the community is the main focus. The COVID-19 hotline provides general information about COVID-19. In addition, it also provides
information related to government policies in handling COVID-19. Therefore, the main contribution of this research is to provide analysis related to information services related to COVID-19 provided by the government, through the COVID-19 Hotline.

2. **Method**
The types of data used in the study include both qualitative and quantitative ones with primary and secondary data sources. The data that will be used are mostly secondary statistical data. The qualitative method was applied by conducting in-depth interviews with relevant informants for primary data collection. The primary data is in the form of in-depth information regarding the use of the COVID-19 hotline. Determination of informants for in-depth interviews using the purposive sampling method, namely the informants are selected with certain considerations and aims.
The selected informants were OPD (Regional Apparatus Organizations) who came from the management of the COVID-19 Hotline, namely BPBD DIY and the DIY Health Office. In this study, there were each 2 informants from BPBD DIY and DIY Health Office. Each informant from the agency is a supervisor and operator of the COVID-19 Hotline. The methods of analysis are deductive one well as specific research procedures. While the secondary data sought from the two agencies are policy documents, articles on the COVID-19 Hotline, and data recapitulation of the COVID-19 Hotline. The activity of data recapitulation contains data related to the questions from users and responses given by operators while utilizing the COVID-19 Hotline.

3. **Result and Discussion**
The results and discussion of the research "Trend of The Utilization of COVID-19 Hotline as a Service Provider on Information Regarding COVID-19 in the Special Region of Yogyakarta" explains according to the research objectives, namely identifying the provision of information and analyzing the utility of the COVID-19 Hotline in the Special Region of Yogyakarta. The data that has been collected and processed becomes a reference in the preparation of this research discussion. However, there are some obstacles, such as some data are not obtained. The data that was not obtained were data on recap questions from users, as well as data on the distribution of user locations for the Health Service COVID-19 Hotline. This is because the manager of the COVID-19 Hotline of the DIY Health Office does not record hotline activity information for every incoming call. The results and discussion were compiled using available data and processed optimally to obtain an analysis of the use of the COVID-19 Hotline in DIY.

3.1. **The purpose of the DIY COVID-19 Hotline**
The COVID-19 hotline in DIY, both managed by BPBD DIY and the Health Office, is a provider of information services related to COVID-19 in DIY. The existence of information services can help the community within and outside the region who want to get the latest information about COVID-19 in DIY. Information submitted through authorized agencies is considered more credible because the relevant agencies are policymakers as well. COVID-19 is a disease caused by a virus, therefore BPBD and the Health Service are agencies that have the authority to handle COVID-19.
The two types of COVID-19 Hotlines in DIY differ in terms of the type of information obtained. The BPBD COVID-19 Hotline in Yogyakarta handles information related to COVID-19 in general and in the context of disasters. They cannot answer questions or complaints of technical issues related to personal health. In regards to the unwritten technical questions of personal health, it is the authority of the COVID-19 Hotline of the Yogyakarta’s Health Office.
The implementation of Smart City in dealing with COVID-19 in terms of strengthening smart governance is by providing ICT-based services and strengthening public information [8]. The provision of information services regarding COVID-19 using a hotline as a medium for delivering information is one of the implementations of a smart city. The application of smart cities aims to increase efficiency and promote the principles of Good Governance in service delivery [9]. This happens because the Smart
City concept uses communication and information technology that makes all activities can be done online, and will increase the role of virtual space and eliminate barriers related to space and time [10].

The use of ICT during the current pandemic plays an important role in keeping community activities functioning during the Large-Scale Social Restrictions (PSBB). In government agencies, public services can still be carried out by complying with health protocols in the form of physical distancing. The information services can be used anytime and anywhere. The COVID-19 Hotline Manager, both BPBD and the Health Office will always try to receive, answer, and deal with the questions or complaints submitted by the public.[11]

3.2. **DIY COVID-19 Hotline Management**

The DIY COVID-19 hotline is managed by the BPBD and the Health Office of DIY. Two COVID Hotline numbers can be contacted to obtain various information regarding COVID-19. The COVID-19 hotline can be contacted via the number 0274555585 for the Hotline managed by BPBD and 08112764800 for the COVID-19 Hotline managed by the Health Office. Through the BPBD COVID-19 Hotline, people can ask about the spreading of COVID-19 in DIY at any time, because the hotline operates 24 hours. Pusdalops-PB has 4 supervisors and 14 operators who manage the hotline. The supervisor is in charge of coordinating the practice of the hotline. Meanwhile, the operator is in charge of answering calls from the public. Each work shift must have at least 1 supervisor and 3 operators. The COVID-19 hotline managed by BPBD has a call center system. There are 3 telephone devices used by operators to serve public calls simultaneously.

Meanwhile, the COVID-19 Hotline managed by the Health Service uses only a smartphone device with the WhatsApp application. Every part of the Health Office in the DIY has a turn to manage the COVID-19 Hotline. The determination of the operator officer is all based on their department. There are 5 areas in the Health Office, namely the Secretariat, Public Health, Disease Control, Health Services, and Health Resources. The operator is determined by each department on duty each week.

3.3. **Utilization of the COVID-19 Hotline**

Discussion about the use of the COVID-19 Hotline in DIY is based on the calculation of data on the activities of the BPBD COVID-19 Hotline, and several statements from informants from the BPBD and the Health Office obtained through in-depth interviews. COVID-19 hotline is one of the information service media regarding COVID-19 in DIY. The COVID-19 hotline is an interactive information service. People can interact directly by telephone to get information about COVID-19. General informations regarding COVID-19, such as the number of positive cases, distribution areas, applicable handling policies, have been presented through the website and social media. But for some groups of people who cannot access or use the internet or smartphones, using a hotline number is the only option to ask for information about COVID-19 cases in DIY. People can also ask questions and complaints that are more specific because not all information can be presented through media such as websites and social media. The use of the COVID-19 Hotline can also be an option for the public to get information quicker because operators will immediately respond to incoming calls.

The number of incoming calls from the community can illustrate the use of the COVID-19 Hotline, especially those managed by BPBD due to the availability of data. The number of calls can be seen from the data calculation of the BPBD COVID-19 Hotline activity. The number of calls that entered from March 14, 2020, to March 29, 2021, was 2769 users in need.
The number of incoming calls on the DIY BPBD COVID-19 Hotline is fluctuating as shown in Figure 1. The high number of calls were caused by several things, such as public panic at the beginning of COVID-19 spreading in DIY, as well as the positive cases which began to increase drastically. One of the officers BPBD DIY is quoted as saying:

“In March 2020, at the start of COVID-19, a very high number of hotline users emerged. Even at that time there were at the same time 4 to 5 incoming calls, many people panic, because this is the first time there has been a case in DIY.” (Informant: Regional Disaster Relief Agency (BPBD) DIY, 3 May 2021).

In September 2020 the number of incoming calls was very small, there were only 4 calls. According to the informant, this was because the COVID-19 Hotline was diverted to the Yogyakarta’s Health Office COVID-19 Hotline only, by the head of the provincial task force. The informant did not know the exact reason why during the month the activity was only for the DIY Health Office. However, the COVID-19 Hotline remains active even though the number of incoming calls is only remaining small.

There is no data on the number of incoming calls on the COVID-19 Hotline managed by the Health Office of DIY. This is because there is no recapitulation of hotline activity data. The informant conveyed a big picture of the intensity of calls that came to the Health Service Hotline. When the hotline first started operating, which is also the beginning of COVID-19, the number of incoming calls and messages was very large. Many of the hotline users asked about general information about COVID-19 such as symptoms, as well as the actions that must be taken to prevent contracting the virus.

Incoming calls on the hotline can be distinguished according to the types of need. On the COVID-19 hotline, several needs are served, namely complaints, requests for information, and applications for assistance.

**Figure 1** Diagram of the Number of Calls for the DIY BPBD COVID-19 Hotline March 2020-March 2021

(Source: Results of data processing for the calculation of the COVID-19 BPBD DIY Hotline activity)
Figure 2 Diagram of percentage of the Need for COVID-19 BPBD DIY Hotline March 2020-March 2021
(Source: Results of data processing for the recapitulation of the COVID-19 BPBD DIY Hotline activity)

In Figure 2, more users use the BPBD DIY COVID-19 Hotline to get information related to COVID-19, there are 52% of the number of calls in the period March 2020 to March 2021. Furthermore, there is a fairly high percentage, namely 41% for the form of assistance requests. This is because BPBD does have the authority to provide services in the form of assistance related to decontamination and the management of remains and funerals under the COVID-19 health protocol. Others, about 7% of requests from users are complaints. A small percentage compared to the other two forms of necessities.

All incoming calls to the DIY BPBD COVID-19 Hotline have been grouped into information categories. Researchers, with approval from the BPBD COVID-19 Hotline supervisor, made information categories from incoming calls. The Information category is made concerning the Central Information Commission Circular Number 2 of 2020 concerning Public Information Services in the Public Health Emergency Due to COVID-19 (Surat Edaran Komisi Informasi Pusat Nomor 2 Tahun 2020 tentang Pelayanan Informasi Publik di Masa Darurat Kesehatan Masyarakat Akibat COVID-19).

Figure 3 Diagram of the percentage of the Number of Hotline Calls for COVID-19 BPBD DIY per Information Category March 2020 - March 2021.
(Source: Results of data processing for the recapitulation of the COVID-19 BPBD DIY Hotline activity)

From Figure 3, the most information category on the DIY COVID-19 Hotline is health services with a percentage of 27%. The questions asked by the public are dominated by the effects of COVID-19 on human health. The public can consult directly with the operator regarding what steps should be taken.
A large number of categories of incoming information in the form of health services is caused by people who are still unsure and prefer to ensure their needs by using the COVID-19 Hotline. The decontamination information category has a call percentage of 26%. Meanwhile, the information category for handling remains and funerals has a call percentage of 15%. Both categories of information have a fairly high percentage because those are the tasks of BPBD DIY. In the information category about inspection and maintenance, the percentage is 12% of the total calls for approximately 13 months. The public asked about the mechanism for rapid tests, swab tests, and other COVID-19 examinations. The public can ask for policies related to handling COVID-19 applied in DIY. The percentage of calls for people asking about the policy is 10% of the total number of calls. Examples of the handling policies that were asked were the lockdown, the ban on going home, and the enforcement of restrictions on community activities.

There are categories of information that have a fairly small percentage, namely the spread of positive cases by 5%, health protocols by 2%, vaccines by 1%, and others by 1%. In the category of information on the spread of positive cases and health protocols, it is a category of information whose needs are in the form of complaints or reports that are more suitable for other parties. For information on the spread of positive cases, it has been conveyed more clearly through other media such as websites, while when you want to report related to the spread of positive cases of COVID-19, it is more appropriate to contact PSC (Public Safety Center) 119 for further action, while for health protocol complaints you can use e-Lapor service or contact the DIY’s Municipal Police (Satpol PP) when there is a violation of health protocols in public places.

3.4. DIY COVID-19 Call Distribution

Technology is the most important dimension in breaking the physical geographic limit [12]. The DIY COVID-19 Hotline is intended to provide information about COVID-19 that occurred in DIY. But it is possible that incoming calls only come from the DIY community, but can come from outside DIY. A total of 2513 calls were recorded for their needs for approximately 13 months of the operating period. Some users outside DIY who use the BPBD COVID-19 Hotline service include from the provinces of Bali, Banten, DKI Jakarta, West Java, Central Java, East Java, Central Kalimantan, East Kalimantan, Riau Islands, Lampung, North Maluku, West Papua, Riau, South Sumatra, and North Sumatra. There were 146 calls from outside DIY or 5.8% of the total number of calls to the DIY BPBD COVID-19 Hotline.
Figure 4 The number of calls map for the DIY BPBD COVID-19 Hotline for the DIY Region from March 2020 to March 2021.

(Source: Results of data processing for the recapitulation of the COVID-19 BPBD DIY Hotline activity)

Calls originating from DIY amounted to 2367 calls or 94.2% of the total number of calls. The distribution of calls for the DIY region can be seen in Figure 4. As of March 31, 2021, according to data from the DIY Health Office, there were 33,472 positive cases of COVID-19 in DIY. From Figure 4, calls originating from the city of Yogyakarta is the largest number of calls with a total of 1098 in 13 months. The high number of calls in the city of Yogyakarta can be caused by the high number of positive cases in the city of Yogyakarta. As of May 30, 2021, 7,498 people have been confirmed positive for COVID-19. In addition, Yogyakarta is the capital city of DIY, it becomes the center of governance and the center of activities. Many people and agencies are looking for information about the impact and handling of COVID-19 on the activities that will be carried out. This shows that the public is more responsive, alert, and trying to follow the spread of COVID-19 cases in the city of Yogyakarta.

Incoming calls from Sleman Regency totaled 882. This number is relatively high when compared to other regencies. Sleman Regency is the area with the largest population in DIY. The existence of educational centers, in the form of universities, causes the growth of activities and increases the population in Sleman Regency, this can lead to a high number of calls, which is also in line with the high number of positive COVID-19 cases. Positive cases recorded in Sleman Regency as of May 31, 2021, totaled 15,885 people. The most frequently asked category of information is health services.

The number of incoming calls for the Bantul Regency area is 350 calls, which are relatively moderate in number. Positive cases recorded in Bantul Regency as of May 31, 2021, totaled 12,882 people. The most dominant category of information asked by the public is health services. In addition, the category respective of decontamination and handling of remains and funerals is also quite widely accepted by BPBD DIY.

Meanwhile, Kulonprogo Regency and Gunungkidul Regency have very few calls compared to the other three regions. Calls originating from Kulonprogo Regency only amounted to 24, while calls from
Gunungkidul Regency only amounted to 14. This shows the low utilization of the COVID-19 Hotline at the provincial level. The areas of Kulonprogo and Gunungkidul Regency are relatively far from the BPBD DIY office in Yogyakarta City. Some villages also have locations that still lack mobility and access, as well as telephone signal problems. Therefore, local people prefer to contact the hotline provided at the district level or directly contact the task force at the district or sub-district level first when they need immediate assistance. There is a distribution pattern and the difference in the number of calls from each region is because each region has its own characteristics. One of the officers BPBD DIY is quoted as saying:

"The difference in the number of hotline calls in each region can be affected by the number of positive cases of COVID-19 in that area" (Informant: Regional Disaster Relief Agency (BPBD) DIY, 3 May 2021).

3.5. Impact, Obstacles, and Suggestions for Developing a COVID-19 Hotline

DIY COVID-19 Hotline is a service provided by the government for the community in DIY, in obtaining information or getting assistance about COVID-19. The existence of the COVID-19 Hotline also has a positive impact in supporting the government's efforts to suppress the spread of COVID-19 in DIY. People gain knowledge about the procedure that can be done regarding COVID-19, as well as obtains a variety of the latest information about the development of COVID-19 cases, especially in DIY. This helps people more aware of COVID-19. Participation is one of the principles to establish good governance [13]. The smart city concept is realized through the implementation of E-government. E-government is the application of ICT to serve citizens including businesses better, faster and cheaper accompanied by using business principles, efficiency and effectiveness oriented to the satisfaction of citizens [14]. In addition to increasing efficiency and effectiveness, E-Government also increases government transparency and accountability in providing better public services [15].

People can also submit complaints, reports, or aspirations regarding the handling of COVID-19 in DIY. Through this, the community has participated in establishing the handling of COVID-19 in DIY. Any critic and suggestion input received by the COVID-19 Hotline will be followed up immediately. It is expected that the spread of COVID-19 in DIY can continue to be suppressed. One of the officers from the respective agency is quoted as saying:

“The impact is that the community can be helped by the answers given. Information about COVID-19 that is sometimes not understood by the public, can be explained in more detail with the COVID-19 Hotline” (Informant: officer at DIY Health Office, 14 April 2021). Public service can be assisted by the existence of ICT. Information technology can be used as a suitable tool to improve the delivery of government services [16].

Different obstacles occur in the management of the BPBD COVID-19 Hotline and the Health Services’ COVID-19 Hotline. Obstacles faced in managing the BPBD COVID-19 Hotline, namely the distribution of information updates from the center or the related agency are often slow. The information which should always be updated is information on applying COVID-19 handling policies, both at the national and regional levels. Meanwhile, the obstacles experienced in managing the COVID-19 Hotline of the DIY Health Office were the limited human resources (HR) for hotline management and the lack of adequate equipment. This causes the services provided to be suboptimal. The workers who serve as operators must be taken from each department in the DIY Health Office, which previously had duties. So when the operator is doing their department’s tasks, some calls and messages cannot be served immediately. Calls and messages often pile up because due to only one smartphone device to serve various community questions regarding COVID-19 in DIY. People also several times complained about the slow response from the operator.

The BPBD COVID-19 Hotline, in general, the internal management has been structured, it only needs consistency in its establishment. However, there is still a need for cooperation with other agencies related to handling COVID-19. The synergy with other authorized agencies aims to ensure that the manager of the COVID-19 Hotline, namely Pusdalop PB BPBD DIY, always gets the latest information which can later be presented to the public using the hotline.
Meanwhile, suggestions for development for the DIY Health Office COVID-19 Hotline, is the addition of devices or the procurement of a call center that can be integrated with parts of the DIY’s Health Office, hospitals, and other agencies. The availability of an integrated call center, services to the community will be more effective and efficient. In addition, it is necessary to establish a permanent management structure for hotlines, so that in practice the hotline officers can focus more on managing hotlines.

Innovation can be shown by the use of ICT-based applications in several public services as part of smart city implementation [17]. There is still a need for innovation in the use of ICT, for example by integrating hotlines with existing smart city applications. The use of smart city applications in one area can increase the effectiveness of government services for the community, where these activities can encourage the level of productivity, security, and welfare of the community [18]. During the COVID-19 pandemic, the use of ICT greatly supports work from home, both for work and in accessing public and economic services [19].

4. Conclusion

The COVID-19 hotline in DIY has two types of hotlines or telephone numbers, namely the COVID-19 Hotline managed by BPBD DIY and the one managed by the Health Office. Those two hotlines have the same goal, namely as a service provider of information regarding COVID-19 spread in DIY. BPBD COVID-19 Hotline uses a call center system with 3 telephone devices. Meanwhile, the DIY Health Service COVID-19 Hotline uses 1 smartphone device. The information submitted to the BPBD DIY COVID-19 Hotline is general information related to the handling of COVID-19. Meanwhile, more detailed personal health information and mechanisms for handling COVID-19 can be obtained through the COVID-19 Hotline of the Health Office.

The highest number of incoming calls for the DIY BPBD COVID-19 Hotline was in March 2020, with a total of 868 calls. This was due to March 2020 was the first positive case to appear in DIY, so many people needed information about COVID-19. Furthermore, the number of incoming calls for the DIY BPBD COVID-19 Hotline is fluctuative, depending on the situation and conditions of the COVID-19 pandemic in DIY.

Based on data obtained by the COVID-19 Hotline, specifically those managed by BPBD DIY, 52% of users used the hotline to obtain information related to COVID-19 in DIY. Meanwhile, the COVID-19 hotline managed by the DIY Health Service as a whole serves users who need information related to COVID-19 in DIY. It can be concluded that the COVID-19 Hotline in DIY is a COVID-19 information provider service.

The category of information sought by users of the COVID-19 Hotline in DIY is information about health services. Around 27% of the information categories sought by the BPBD DIY COVID-19 Hotline were health services. A large number of categories of incoming information in the form of health services is caused by people who are still unsure and prefer to ensure their needs by using the COVID-19 Hotline.

The spread of COVID-19 Hotline users based on data from BPBD DIY is concentrated in the city of Yogyakarta. This is because the highest positive cases of COVID-19 in DIY are in the city of Yogyakarta, so the need for information related to the development of COVID-19 increases as well. The differences in the number of COVID-19 calls in each region in DIY can also be due to the COVID-19 Hotline service at the city and district levels.

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