

Evaluation of Program Keluarga Harapan as Social Security Program in Metro City Lampung Province

Diego Kurniawan, Risna Resnawaty

Abstract: This article is the result of research on the evaluation of Program Keluarga Harapan (PKH) as social security program design by Ministry of Social Republic Indonesia. This program was implemented on all over Indonesia region, including the Metro City of Lampung Province. PKH is a social security program that aims to reduce poverty. This program has the aim of empowering the community so that poverty reduction is sustainable.

The study was conducted using a qualitative approach, this study sought to reveal the process of input, process and output to describe the summative evaluation of the program. The research informants consisted of the Metro City government, the PKH Assistant Program, the Head of the UPTD for Health and Education, the Lurah and RTSM (Very Poor Households).

The results of the study show that the implementation of the Hope Family Program in Metro City is based on input, process and output in general already on the right process and target, although there are still some aspects that are not appropriate.

Keywords: poverty, welfare, social security, PKH program

Introduction

Indonesia as a developing country continues to try to alleviate poverty which until now has not been resolved. Poverty is not only about economic conditions, but also influenced by social and cultural aspects of society. On this basis, poverty is often identified with social problems. According to the Central Bureau of Statistics, poverty is a condition of the inability of individuals to fulfill basic needs that are adequate including education, health and the economy (BPS, 2002). Based on these definitions poverty is a problem that becomes the biggest challenge for all parties so that all societies can reach their level of welfare.

Basically the poverty rate in Indonesia has decreased every year. This is measured based on the level of income per capita of the Indonesian population. Based on BPS data in March 2016, the number of poor people (population with per capita expenditure per month below the poverty line) in Indonesia reached 28.01 million people (10.86%), decreasing by 0.50 million people compared to the conditions in September 2015 which amounted to 28.51 million people (11.13%). Lampung Province is inseparable from various obstacles related to social problems. Poverty is still the main thing that must be addressed by the local government. This is based on the number of poor people in Lampung Province in the first semester of 2016 reaching 1,169.60 thousand people (BPS, 2016) and ranked second with the most poor population on the island of Sumatra. However, another phenomenon actually occurs in Metro City which is also located on the island of Sumatra. In Metro City there was a decrease in the number of poor people from 2008 to 2014.

In accordance with the provisions of the Ministry of Social Affairs in alleviating poverty, the Metro City government organized the Hope Family Program (PKH). Metro City with PKH program recipients or commonly called Very Poor Households (KTSM) at the beginning of the program (2013), which amounted to 2,117 participants and until 2016 the third quarter the number had decreased to 1,913 participants. Not only success in the economic sector but also touching the education and health sectors as well as the focus of the PKH program. PKH in Metro City is closely related to the implementation of the program itself in the community. However, the beneficiaries stated that several programs related to PKH had not yet felt significant benefits or in accordance with quality results. Therefore this study seeks to describe the impact felt by the community based on input, process and output indicators.

Method

This study uses a qualitative approach with descriptive methods. The qualitative approach is an evaluative research in which the evaluation process is carried out to describe and understand the internal dynamics of the running of a program. The evaluation process usually includes perceptions of people who are close to the program about how everything works. Research on the evaluation of the Program Keluarga Harapan in Metro City will illustrate the implementation of the program, which in the process saw the success of the program. Success will be seen from several indicators, namely Input, Process, and Output.

The location of the study was carried out in Metro City with informants taken, namely the Metro City government, PKH program companion, Head of Health and Education UPTD, Village Heads and RTSM (Very Poor Households) Results of data collection obtained through in-depth interviews, observation, documentation and later questionnaires analyzed using data reduction, data presentation and data verification. The data obtained were then validated using informant triangulation techniques and triangulation of data collection techniques.

Input of Program Keluarga Harapan

Policies issued by the government must always be based on problems and actions, because the issuance of policies in a public space is to overcome problems that arise and involve the public interest. Goggin, Brown, et al. (1990) implicitly requires 3 important things in policy implementation, namely: 1) message content, 2) message form, 3) perceptions of state leaders. Similarly, what was suggested by Kadji (2008, pp. 59-68) that the results of academic thought at the level of interest are developing theories or formulas for models of public policy implementation through mentality, systems, and networking approaches.

As social security program, PKH also requires *input* as a basis for implementing the program. Input in this case is the characteristics of the program including the resources or facilities owned by the program that supports the delivery of services and achieving program objectives (Sheafor, Horejsi and Horejsi, in Suharto, 2012: 187-188). The provisions of the PKH program have been regulated by the central government, while the regional government, namely the social service, prepares according to the procedure. Matters prepared by the government include matters such as regulations in the distribution of aid, supporting facilities for programs, facilities and human resources.

The central government prepares a fairly complete regulation, as seen from the regulations that regulate the implementation process such as the Standard operational Procedure; operational guidelines and technical guidelines to facilitate the implementation process. Government of Metro City responded by preparing the organizational management; namely the establishment of a city and sub-district coordination team in implementing a program called PKH Implementation Unit (UPPKH), the government also prepared education facilities and health facilities to be able to provide services to prospective PKH recipients. The government also ensures that PT. POS in the City of Metro is ready to provide services in the distribution process. In addition, the government has determined the criteria for prospective PKH program recipients. As well as good coordination has been built on the government to local community leader to assist the initial validation process. This is in line with one of the evaluation models that shows the Input Evaluation, structuring decision, this evaluation helps regulate decisions, determine the available sources, what alternatives are taken, what plans and strategies to achieve needs (Stufflebeam, Tayibnapi, 2000: 14)

The availability of educational facilities and health facilities in Metro City is also considered sufficient to implement program, this is seen from the number of educational facilities and health facilities available as program services, namely: Educational facilities consisting of 65 elementary schools, 36 junior high schools and 42 high schools / Vocational and health facilities consist of 145 Posyandu (community based child care center) and 9 public health centers. This makes it easier for prospective program recipients to access health facilities and educational facilities. Program recipients are also easy to access because of the condition of the Metro City region only has an area of 68.74 km².

Metro City consists of 5 sub-districts and 2 sub-districts. In addition to the physical facilities the government also prepares human resources who will run the program as a companion to the recipients of the PKH program. Metro City has 12 people who are members of UPPKH (the executing unit of PKH) consists of 1 coordinator, 1 escort operator and 10 accompanying people who are in charge of each sub-district. The companion recruitment process goes through the selection stage and has the requirements to be a companion. The companion ratio is 1: 200-250 RTSM.

The target of the PKH program is RTSM called (beneficiaries family/ Keluarga Penerima Manfaat) has components such as pregnant women, toddlers, elementary to high school children, persons with disabilities and the elderly. This PKH program is the development of a previous government program or known as BLT, PKH uses the CCT (conditional cash transfer) method where recipients have certain criteria to obtain their rights in the form of money assistance. The data used by the government is data obtained from BPS and TNP2K, but the data requires direct verification and validation by conducting a direct survey to see the condition of the house, the economy and the presence or absence of components in accordance with the criteria set by the government. The companion's role in this program is very large because the facilitator must assist the recipients at the time of distribution, verification of recipients' commitment to education facilities and health facilities, conduct group formation, conduct group meetings and serve recipients if it is difficult to access education facilities and health facilities.

The process of distributing the PKH program assistance is carried out at the post office in Metro City and the distribution process is carried out every quarter. And in that one quarter the facilitator must verify

commitment to educational facilities and health facilities. This will affect the amount of assistance received by the recipient of the PKH program if it does not fulfill the commitments that have been made from the start. The process of taking help must also be done by the recipient and cannot be represented by someone else.

In addition, PKH as a social protection program that focuses on the basic improvement of the poor will be the basis for targeting guarantee programs and other social protection. The government also provides assistance to PKH recipients with complementarity programs and the synergy of existing programs such as JKN, RASTRA, KIP, KUBE, RUTILAHU, ASLUT, ASPDB and KIS. The PKH program is felt to help the community meet the basic needs. This shows the government's seriousness in efforts to alleviate poverty.

Process of PKH

Framework for implementation analysis classifies the policy implementation process into three variables (Polak, 2008). First, independent variables, namely easy or not controlled problems relating to indicators of theoretical and technical problems implementation, diversity of objects, and desired changes. Second, intervening variables, namely the variable ability of the policy to structure the implementation process with indicators of clarity and consistency of objectives, the use of causal theory, the accuracy of the allocation of funding sources, hierarchical integration between implementing agencies, rules and implementing institutions, and recruitment of executives and openness to outside parties and variables outside the policy that affect the implementation process with regard to indicators of socio-economic and technological conditions, public support, attitudes from constituents, higher official support and commitment and quality of leadership and implementing officials. Third, the dependent variable, namely the stages in the implementation process with five stages, namely the understanding of the implementing agency / body in the form of compilation of implementing policies, object compliance, tangible results, acceptance of tangible results, and finally leading to revisions to the policies made and implemented or overall fundamental policy.

At the stage of the PKH process in Metro City the government carried out several stages starting with planning, dissemination, identification, implementation and monitoring-evaluation. The process is a procedure implemented by the program in providing client servants (Sheafor, Horejsi and Horejsi, in Suharto, 2012: 187-188). The process of implementing PKH in Metro City starts from the planning stage regarding time, budget, companion recruitment, distribution, group formation, group meetings and evaluations. Regarding the time the government has determined that the program recipients will receive assistance for 6 years and then in the 5th year it will be seen whether the recipient has graduated from the pre-prosperous family category.

Even so, the evaluation is still conducted every 1 year to determine whether the recipient is still entitled to receive the program by looking at the recipient's commitment in carrying out their obligations. What the facilitator did to see commitment was by verifying the education facilities and health facilities every 1 quarter. The program's socialization was also carried out by the government as much as possible with socialization activities in all sub-districts and village, socialization also involved the role of the RW leader to provide information to the community about PKH to the community. Furthermore, the government verified and validated the data by conducting home visits at home to see firsthand the conditions of the recipients and adjusted to the data obtained from BPS and TNP2K. This is done to minimize data errors that the government already has. The data verification and validation process is conducted once every year and if there is a change in data, it can be directly entered into the proposed program budget in the following year.

As explained in the input stage, the distribution process is carried out in accordance with existing regulations and according to the number of recipients recorded. The distribution process is carried out every 1 quarter, namely in March, June, September and December at the post office. However, in each distribution there is accumulation due to the large number of recipients who will disburse assistance with the number of post offices not suitable and distribution that is still done manually. So this hampers the process of other service activities at the post office. And at the distribution stage the companion must accompany the recipients because this is included in the monitoring process by the facilitator. At this stage of distribution, the facilitator must also ensure that the recipients of the PKH program receive their assistance and assistance in accordance with what they should receive.

Monitoring process was carried out by assistants to educational and health facilities. Monitoring of health facilities is carried out every 3 months if the recipients conduct pregnancy checks, check toddler nutrition and administer vaccines to the recipients while monitoring education facilities are conducted once every 1 month but in the process the facilitator monitors the presence of recipients in educational facilities every 3 months, this happens because the companion does not want to disrupt the learning process every month. Although this is not a problem, the facilitators do not carry out their obligations as they have been arranged. And this can have an impact on prevention efforts if the recipient in 1 month does not fulfill 85% absenteeism can be directly processed so that no such thing happens in the following month. If the companion does not do things in accordance with the SOP that has been made then this will affect the assessment of the companion. The

assessment of the companion was not only through its performance but also from the recipient's commitment, it also affected the assistants who were responsible and sanctions that could be obtained by the companion such as a warning letter, delaying the honorarium until the termination of the contract. This monitoring process is reported to the recipient as an evaluation material to the recipient and also the companion.

The process of evaluating carried out by the facilitator by looking at the recipient's commitment. And if the recipient does not fulfill his commitment it will affect the amount of assistance to the recipient. Whereas the evaluation process to the companion is conducted once every year by the city technical coordination team and in this evaluation looks at the companion's performance and influences the next companion contract. In addition to monitoring educational facilities and health facilities, the assistants must also carry out group-meetings every month. The activities in this group meeting were filled with sharing of recipients in matters relating to PKH such as whether there were obstacles in accessing service facilities. As explained in one policy evaluation model that shows the existence of a Process Evaluation, to serve the implementing decision evaluation process to help implement decisions, to what extent the plan has been implemented (Stufflebeam, Tayibnapis, 2000: 14).

The companion must also form groups and hold group meetings once every 1 month. Each group numbered between 15-25 RTSM and appointed 1 person as group leader. The group leader functions as a contact person for the facilitator to prepare for the implementation of the activity. Group-meeting activities such as program socialization, training, counseling, problem-solving and family empowerment sessions. Group meetings are also conducted to strengthen the understanding of the importance of early health checks and basic education to recipients so that they can help them exit the poverty chain in the future in accordance with PKH's goals.

The companions in Metro City are 10 people and RTSM is 1,913 RTSM. If in accordance with the comparisons that have been made, namely 1 facilitator compared to 150-250 RTSM, then in Metro City it is appropriate but this is deemed unable to get maximum results because the comparison makes the companion responsible only for verification of commitments in educational and health facilities.

Output of Program Keluarga Harapan

According to Lane, implementation as a concept can be divided into two parts. First, implementation = F (Intention, Output, Outcome). According to the definition, implementation is a function consisting of intentions and objectives, results as products and results of consequences. Second, implementation is an equation of the function of implementation = F (Policy, Formature, Implementer, Initiator, Time). The main emphasis of these two functions is on the policy itself, then the results achieved and implemented by the implementer in a certain period of time (Sabatier, 1986: 21-48). Based on this statement, policy making must be based on procedural and systematic stages are basically oriented to the problems that arise. After the policy is made, then the policy is implemented accompanied by supervision of the implementation of the policy, so that the policies issued will be seen as effective through a policy evaluation, which will later emerge new recommendations for the policy.

At the output stage produced by the PKH, it looks at the accuracy of the targets and implementation and looks at the benefits to the recipients. As explained that output is the characteristic of the client when the program has been given to the target (Sheafor, Horejsi and Horejsi, in Suharto, 2009: 187-188). So far the PKH implementation process is in accordance with the procedure even though there are still some that are not in accordance with the input that has been made. This is seen from the provision of assistance by the government to people who are entitled to assistance provided they have PKH recipient components. The distribution of PKH assistance in Metro City is in accordance with the provisions and objectives of the program, namely disbursement is given every quarter to RTSM which has a PKH component with the aim of being able to access health facilities and educational facilities. The verification process has also been carried out as in planning even though at the verification stage the education commitment is not in accordance with the planning. As explained in one policy evaluation model that shows the existence of Product Evaluation, to serve recycling decision, namely product evaluation to help the next decision

Whereas to see the accuracy of the target the government gets a report every one quarter from the companion and is used as an evaluation material. The accuracy in implementing the program also looks good, this is seen in the accompanying assistance from the validation stage, checking commitments to health facilities and educational facilities up to the stage of distribution. However, at checking commitments at the accompanying educational facility it is not in accordance with the SOP which should be once a month to once every 3 months so as not to interfere with school activities every month. However, this can have an impact on the recipient if the assistance from the facilitator is not optimal so that it affects the assistance received by the recipient of the PKH program.

The benefits of this program can also be felt by the recipients. In addition to receiving cash assistance used for school or health needs, they can also access health facilities and educational facilities for free. In

addition, PKH requires commitment from recipients so that there is an increase in school enrollment rates in educational facilities and a decrease in maternal mortality and malnutrition. In addition to health and education, recipients also feel the benefits of the economic aspects because of the recipients

PKH is a community belonging to a prosperous family of the government to provide assistance to other programs such as KUBE, KIP, KIS, RUTILAHU, BPJS, this is a form of government wanting to provide recipients of their life insurance to escape the poverty chain.

But according to PKH's long-term goal of changing the mindset of recipients of the PKH program so that they can get out of the chain of poverty and not dependence on assistance from the government is difficult to achieve. This is because the facilitator cannot maximize the group meetings held every month because of the large number of RTSMs that are the responsibility of 1 companion in one area so the results are not optimal.

Conclusion

The results of the study show that the implementation process in the Family Hope Program in Metro City based on input is in accordance with the regulations of the Ministry of Social Affairs. While the process is the focus on distribution and assistance, the problem that occurs is a mismatch between the number of channeling institutions and the number of recipients resulting in a queue in taking assistance. At the output stage, the community stated that the assistance provided helped fulfill education and health needs, especially in improving the health of pregnant women.

The implementation of PKH continues to experience improvements from time to time, the results in general have benefited the community and are right on target. Although there are still some aspects that are not yet appropriate. Among other things the obstacles and problems in the implementation of the process and not yet achieved the output in accordance with the objectives of the program. Exact target especially suitability of beneficiaries with criteria determined by central government policy. The government's efforts to provide life insurance to the community have been felt enough to provide access to the people who are recipients of the PKH program for education facilities and health facilities as basic human needs. Improvements made by the government in terms of distribution have been carried out since 2017 that in order to increase the ease of distribution of aid, the government cooperates with banks. So that assistance can be accessed via ATM.

This PKH program is an effort of the government in efforts to alleviate poverty and raise the standard of living of the people by being able to fulfill their basic needs, namely education and health in order to get out of the chain of poverty they experience.

Bibliography

- [1]. Goggin, M.L., *et al.* (1990). *Implementation Theory and Practice: Toward and Third Generation*. Illinois: Scoot, Foresman and Company.
- [2]. Kadji, Yulianto. 2008. *Implementasi Kebijakan Publik melalui MSN Approach*. Jurnal Teknologi dan Manajemen Informatika. Volume 6 Edisi Khusus Juli 2008. Malang: Universitas Merdeka Malang.
- [3]. Polak, P. (2008). *Out of Poverty: What Must When Traditional Approaches Fail*. San Fransisco: Berret-Koehler Publishers, Inc.
- [4]. Sabatier, Paul. 1986. "Top down and Bottom up Approaches to Implementation Research". *Journal of Public Policy* 6, (Jan), h. 21-48.
- [5]. Suharto, E. (2012). *Analisis Kebijakan Publik (Panduan Praktis Mengkaji Masalah dan kebijakan Sosial)*. Bandung: CV. Alfabeta.
- [6]. Tayibnafis, F.Y. (2000). *Evaluasi Program*. Jakarta. PT. Rineka.