



POVERTY ALLEVIATION: POLICY IMPLEMENTATION FOR HOPE FAMILY PROGRAM

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Abstract: This paper will analyze the implementation of the family hope program policy in the Airlangga Village, Surabaya City. The hope family program is a way for the government to intend to improve the quality of life of poor and vulnerable families through increased accessibility to health, education and social welfare services. Using a qualitative approach, this article finds that the implementation of policies on the family of hope program has not been effective in achieving its goals. Although viewed from the output (output) such as access, service accuracy, and the suitability of the program with the needs of the recipient has been implemented well. But in terms of outputs in the form of coverage and bias, there are people who are registered as recipients of the family program but do not get it. Instead there are recipients of a family of hope program who are not eligible to receive the assistance. So it is suggested that the Ministry of Social Affairs needs to involve outsiders in the framework of coordination to determine the community that is entitled or eligible to receive PKH assistance. Recipients who are not eligible for PKH assistance, funds can be transferred to recipients who are eligible to receive assistance. So that the additional aid will ease the burden or it can be proportional to meeting the needs needed.

Keywords: Policy Implementation, Poverty

Introduction

The poverty that occurs in Indonesia is one of the problems faced by the government / state of Indonesia, nowadays the government has not been able to deal with or resolve these problems. In accordance with the 1945 Constitution which contains national objectives, it is said that the Indonesian state government is responsible for protecting all Indonesian people and all Indonesian bloodshed, advancing public welfare, educating the nation's life and participating in carrying out world order based on freedom, eternal peace and social justice. The form of responsibility can be done by using government instruments in the form of the use of budgets, production, subsidies and regulations aimed at the interests of the community. With the number of poor people in Indonesia according to BPS in 2018, 25.95 million people spread across the province are certainly a challenge for the Indonesian government.

East Java is the province that has the largest poor population in Indonesia, which amounts to 2,834,000 people spread throughout the city / regency. Surabaya as an



urban area has the largest poor population compared to the city government in East Java Porovinsi which amounts to 140,810 people.

As an effort to accelerate poverty development, one of them is implementing the hope family program (PKH), which since 2007 the Indonesian Government has implemented the program. Through public policy reforms that contain the Republic of Indonesia's Minister of Social Affairs Regulation No. 1 of 2018 concerning the hope family program, the government intends to improve the quality of life of poor and vulnerable families through increased accessibility to health, education and social welfare services. The hope family program is a program of providing conditional social assistance to poor families and / or someone. The city of Surabaya, which is one of the cities in East Java Province, also received a family planning program budget from the social ministry. The program budget is for poor families spread throughout the sub-districts in the city of Surabaya. There is an increase in the number of recipients (families of beneficiaries) of the family program budget which in 2018 totaled 40,982 people to 45,399 in 2019 in all sub-districts in Surabaya (Source: Surabaya City Social Service). But the increase in the number of recipients is not comparable with the number of poor people in the city of Surabaya, which amounts to 140,810 people. Gubeng sub-district which consists of six sub-districts where Airlangga

sub-district as one of them has a number of beneficiaries of family programs with a hope of 200 people. However, the number of recipients is not comparable to the poor population of 228 people (Source: Airlangga Village). Even though it is confirmed in social ministerial regulation number 1 of 2018 about family program hope article 3 which states that the target of the hope family program is family and / or someone who is poor and vulnerable.

Then also the implementation of the Republic of Indonesia's number 1 social ministerial regulation number 1 in 2018 about hope family programs. It is hoped that in the regulation the number 10 social minister regulation 2017 on family programs has not accommodated the needs of recipients of hopeful family programs.

Moving on from this phenomenon, researchers were interested in examining the Policy Implementation of family hope programs in Airlangga Village, Surabaya City.

Literature Review

The Concept of the Hope Family Program

According to social minister number 1 of 2018 the family hope program, hereinafter abbreviated as PKH, is a program to provide conditional social assistance to families and / or someone who is poor and vulnerable. PKH has the following objectives:



- a. to improve the standard of living of beneficiary families through access to education, health and social welfare services;
- b. reduce the burden of expenditure and increase the income of poor and vulnerable families;
- c. creating behavioral changes and independence of beneficiary families in accessing health and education services and social welfare;
- d. reduce poverty and inequality; and e. introduce the benefits of formal financial products and services to beneficiary families.

The PKH recipient component consists of three components which include:

1. Health component
 - Pregnant mother Rp. 2.400.000
 - Early childhood Rp. 2.400.000
2. Educational component
 - SD Rp. 900.000
 - SMP Rp. 1.500.000
 - SMA Rp. 2.000.000
3. Components of social welfare
 - Severe disability Rp. 2.400.000
 - Elderly Rp. 2.400.000

In order to determine the performance of policy expectations of family planning programs, this study was focused in general, in the sense of PKH recipients among these components.

Public policy

Anderson said that policy is a direction of action that has a purpose set by an actor or a number of actors in overcoming a problem or a problem.

Meanwhile, according to Thomas R. Dye stated that public policy is anything the government chooses by the government to do and not do. The definition is explained as according to Midgley (in Lalu Fadlurrahman), public policy is realized in three categories, namely:

- a. Legislation. The government has the authority to make public policies that regulate all related elements, both public and private, to adapt provisions that have a direct impact on welfare.
- b. Service Program Some policies are realized and applied in the form of distribution of social services which can be in the form of goods assistance, money allowances, expansion of opportunities, social protection, and counseling (counseling, advocacy and assistance).
- c. The taxing system, known as fiscal welfare. In addition to the main source of funding for policy programs, taxes are also a policy instrument aimed at directly achieving a fair income distribution.



The opinion of Midgley has something to do with the argument from Aderson (in Nikolaus Powell Reressy) which states that substantial policies are related to government actions to deal with substantive problems, such as road construction, environmental protection, or payment of welfare benefits.

If referring to Midgley's opinion, PKH is a category of public policy in the form of a service program. This policy is distributive in the form of distribution of education, health and welfare needs. The policy is very closely related to the selection of relevant indicators that will be used in this study to assess the performance of program implementation which will distinguish it from other categories of public policy such as regulations and legislation and taxing systems.

Implementation of Public Policy

Ripley and Franklin (in Winarno 2012: 148) argue that implementation is what happens after a law is enacted that gives the authority of a program, policy, profit, or a real output type. This understanding is aligned as stated by Soenarko (2003: 1185) that the implementation of the policy must be successful. In fact, not only the implementation must be successful, but the objectives contained in the policy must be achieved, namely the fulfillment of the interests of the community. Whereas according to Purwanto and Sulistyastuti (2012: 21) assert that in essence

implementation is an activity to distribute policy output (to deliver policy output) carried out by implementors to the target group (target group) as an effort to realize policy objectives. The policy objective is expected to be achieved when policy output can be received and utilized properly by the target group so that in the long run the results of the policy will be able to be realized, this is called implementation as a "delivery mechanism policy output." after the product is issued a policy program, the implementation study will not stop measuring the implementation of a program in policy output (policy output) alone, but continues to impact (outcome) that will be accepted by the policy objectives.

So that from the above description it can be concluded that the implementation of the policy is assembled with the actions taken by the implementer in order to carry out policy output (policy output) which aims to provide an impact policy (policy outcome) to the target group.

As stated by Pressman and Wildavsky (in Wayne Parsons 2017: 466) that implementation will be increasingly ineffective if the relationship between all agents who carry out policies actually results in an "implementation deficit". Objectives must be clearly defined and well understood, resources must be provided and controlled, the chain of command must be able to unite, and the system must be able to communicate



effectively and control the individuals and organizations involved in carrying out the tasks.

Implementation of policy is a crucial stage in the public policy process. A policy program must be implemented so that it has the desired impact or goal. This is in line with what was proposed by Riant Nugroho (2018: 728) that the implementation of policy in principle is a way for a policy to achieve its objectives. No more no less. To implement public policy, there are two choices of steps available, namely directly in the form of programs or through derivative policy formulation (explanatory) or derivatives of public policy (which starts from programs, projects, activities and users).

Performance Measurement of Public Policy Implementation

Purwanto and Sulistyastuti (2012: 102) say that in order to justify whether an implementation fails or succeeds, a researcher needs to assess the performance. A tool that can be used by a researcher to be able to assess the good or bad performance of implementing a policy is called an indicator. With the indicator, the researcher can find out the success or failure of the implementation of a policy, program, or project. The indicator will be a kind of marker that is a direction that shows that step by step the results of the implementation of the policy are directed or able to show signs of the achievement of policy objectives. Not only that, a good

indicator will also be an early warning tool if something goes wrong in an effort to achieve policy objectives. Thus, policy implementers will have enough time to anticipate by carrying out corrective actions needed to improve policy implementation before the real problems arise.

The performance of a policy can be defined as a description of the level of achievement of implementation in realizing the goals and objectives of a policy, both in the form of policy output (policy output), as well as policy outcomes (policy outcomes). As also according to Grindle (in Lalu Fadlurrahman), in turn the overall implementation of the policy can be assessed by measuring the outcomes of policy outcomes compared to the stated policy objectives, namely what he said with policy outcomes impact on society, individuals, and group in form of expected change.

Thus, in assessing implementation performance, the assessment of policy output and policy outcomes cannot be separated from each other, meaning that both of these must be assessed simultaneously in the implementation study. So that the main indicator is needed to measure the performance of the implementation of the family planning program in the Airlangga Urban Village in Surabaya, which includes: policy output and policy outcomes. The following indicators are used in measuring the



performance of the implementation of the policy.

1. Policy Output

Indicator policy output is used to determine the direct consequences felt by the target group as a result of the realization of certain policy distribution activities or activities. The following are indicators offered by Ripley (in Purwanto and Sulistyastuti (2012: 106-110) to assess policy output which includes:

- a. Access, used to find out that programs or services provided are easily accessible to the target group.
- b. Coverage is used to assess how much the target group can be reached by public policy implemented.
- c. Frequency, is an indicator to measure how often the target group can get the services promised by a policy or program.
- d. Bias is an indicator used to assess whether services provided by implementers are biased (distorted) to community groups that are not targeted or groups of people who are not eligible to enjoy assistance, grants, or services provided by the government through a policy or program.
- e. Accuracy of Service, is used to assess whether the services provided in the implementation of a program are carried out on time or not.

- f. Accountability is used to assess whether the actions of implementers in carrying out their duties to deliver policy output to the target group can be accounted for or not.
- g. Suitability of the Program with Needs, is used to measure whether various policy outputs or programs received by the target group do suit their needs or not.

2. Policy Outcome

The second indicator is the policy outcome, used to assess the outcome or impact of implementing a policy. The results or impacts of the policy are basically related to changes in the condition of the people who are the target groups of policies or programs, namely from the initial conditions that are not desired to the new conditions that are more desirable. into three which include: The initial outcome is a policy impact when the target group receives or obtains program products in the form of goods or services.

- a. Intermediate outcome or medium-term impact. After receiving the product from the program, the target group will no longer be in an unwanted position before accepting the product program.
- b. Long-term outcomes or long-term goals. The final goal of the program is that the target group will go to prosperity or get out of the conditions that they have not wanted.



Research Method

The type of research used is a descriptive study with a qualitative approach. The subject / source of the informant used by the researcher was 30 people, namely from the beneficiary family beneficiaries of PKH and PKH companion. The type of data used by researchers is qualitative and quantitative data. The sources of data used are: (1) Primary data, is the result of interviews obtained directly from the informants; and (2) Secondary data, namely document data originating from information on news, papers, articles, books, and journals related to this study both through online media and print media.

Data collection techniques used by researchers include interview, observation, and documentation techniques. Meanwhile, the data analysis techniques model Miles and Huberman (1984) by means of: data reduction, data display, and conclusion drawing / verification (Sugiyono, 2012: 334). To test the validity of the data, the researcher triangulated the data freely to cross-check the results of one data with other data (interviews, observations, and documentation) to be compared from data sources obtained by researchers in the field that had been organized, analyzed, and concluded.

Results and Discussion

1. Policy Output of the Hope Family Program in the Airlangga Village of Surabaya City

In this section, the researcher presents the results of the analysis of the effectiveness of the implementation of the family planning program policies seen from the assessment of policy outputs, then, in detail the results of the study indicate:

a. Access

Indicators are used to find out how easily the program or service provided can be reached by the target group. In addition, access also means that it is easy for the target group to reach (contact) the implementors to find out information about the program and submit complaints if they get problems during the process of implementing the policy program. The results of the study show that the indicators of access to policy output are considered effective. PKH beneficiaries without intermediaries can go directly to BNI Bank or through an ATM to get the program cash. In addition to obtaining information about PKH, PKH facilitators held regular meetings every month, sms services and the creation of WhatsApp groups, as well as the distribution



of groups, each of which was chaired to facilitate coordination with PKH beneficiary family members especially those who did not use telephone or WhatsApp by mail (door to door) to convey information.

b. Cakupan

In the context of this study, coverage indicators are used to assess how much the target group can be reached by the hope family program implemented compared to the target group. The number of recipients of PKH benefit families is 200 which is not comparable with the number of poor people, which is as big as 228 people. In addition, there were also people who were registered as PKH recipients, but did not receive PKH assistance. So that the implementation of the PKH policy in the Airlangga Subdistrict seen from this coverage has not been effective. Coordination that does not involve the Airlangga Village in order to determine the target group is the main factor why there are poor groups that are not part of the target.

c. Bias

Indicators used to assess whether services provided by implementers are biased (deviant) to community groups who are not targeted or groups of people who are not eligible to enjoy assistance, grants, or services provided

by the government through a policy or program. The results showed that there were target groups whose salaries averaged 3 million rupiah per month saying the existence of PKH aid distribution was not influential (mediocre), even if they could not, it did not matter to them and they felt they were able to fulfill their needs. This indicates that PKH recipients were not eligible for assistance. So that the distribution of PKH is not on target.

d. Accuracy of service

This indicator is closely related to the problem of whether or not a policy program is implemented with time. If a program is implemented at the wrong time, then surely the policy program will be wasted or useless. Conversely, if a program is not implemented or has a delay, it will cause public problems to become more severe or even cause new public problems. If it refers to the rule that the distribution of PKH is divided into four stages in one year, the distribution is carried out in January, April, July, and October. The results of the study through interviews conducted with beneficiaries of PKH beneficiaries show that indicators of effective service in accordance with applicable rules and the existence of services are indeed expected by the target group.



e. Suitability of the Program with the Target Needs of the Program

This indicator is used to measure whether the policy output received by the target group is in accordance with their needs. PKH procurement is divided into three components, namely: the health component, the education component, and the social welfare component. The results of the study show that the existence of PKH has been effective in meeting and alleviating the needs of the target group. For example, from the health component where the target group not only gets cash, but also a health check is guaranteed. Then from the education component where the target group feels helped, so that it eases education spending expenses every month. Whereas from the social welfare component it relieves the burden of the target group, because they do not have the majority of income only assisted by children and their families.

2. Results of the Hope Family Program in the Airlangga Village of Surabaya City

a. Initial impact

The initial outcome is an impact of the policy when the target group receives or obtains program products in the form of goods or services. Hope family programs received by

the target group are in accordance with their needs.

b. Medium-term impact

Intermediate outcome or medium-term impact that is after receiving the product from a program, the target group will no longer be in a position that is not desirable before accepting the product program.

The results of the study showed that beneficiaries of the PKH beneficiary family felt helped in alleviating the burden of life, even though the PKH program funding assistance was not yet comparable to the component of fulfilling all needs.

c. Long-term impact

Long-term outcome is the ultimate goal of a policy program. The hope is that the target group will go to prosperity or get out of conditions that have not been desired. In this study, an assessment of the long-term impact of the program was carried out by evaluating the performance of the family planning program implementation. However, the long-term impact cannot be identified because there is no research or statistics that can make the reference to achieving policy objectives in addition to the limited time and funds in this study.



Conclusion

The implementation of family program policy hopes that the Airlangga Urban Village in Surabaya has not been effective. Although seen from the output (access) such as access, front of service, and the suitability of the program with the needs of the recipient. But in terms of output in the form of coverage and bias there are people who are registered as PKH recipients but do not get it. Conversely, there is a PKH recipient who is not eligible to receive the assistance. Meanwhile, the program outcomes indicate that the services provided to PKH recipients have been felt directly and according to needs. The medium term impact (intermediate) also shows that the policy objectives have been achieved because it can alleviate or reduce the burden of the recipient in meeting needs. Meanwhile, long-term impacts cannot be identified because there are no studies or statistics that can make the reference to achieving policy objectives in addition to time and funding limitations in this study.

Suggestion

1. The need for social ministries to involve parties in the framework of coordination to determine which people are entitled or eligible to receive PKH assistance.
2. Recipients who are not eligible for PKH assistance, the funds can be

transferred to recipients who are eligible for assistance. So that with the addition of aid funds, it will ease the burden or be comparable to meeting the needs needed.

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