

IMPLEMENTATION OF FAMILY HOPE PROGRAM (PKH) IN KERINCI REGENCY IN 2015 - 2016

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Abstract

Poverty is the goal of national development and also have been mandated in the Constitution of Indonesia Namely the Constitution of 1945 of the opening is to prosper throughout Indonesia. In facing the problem of poverty in Indonesia the Government had made policies with the program to reduce the problem of poverty. One of them, namely the family Hope program (PKH) that had been launched by the Government in 2007, where it was judged capable of PKH to address existing problems and in 2014 the Regency of Kerinci is a Regency of Jambi who carry out the program of family expectations (PKH), in implementation of the Kerinci Regency in the PKH are a variety of problems, such as the escort have difficulty in socialization, the misappropriation of funds, and more. This undergraduate thesis aims to describe how the implementation of a policy of Family Expectations Program (PKH) that has been done by the Government in the Regency of Kerinci 2015-2016 year. This research uses qualitative, descriptive methods through data collection techniques interviews, observation and documentation. As for the results of the research that has been done by researchers can be concluded that the implementation of the policy of Family Expectations Program (PKH) in Kerinci Regency in 2015-2016 have been conducted properly, the goals, socializing, and channeling the implementation was done according to the provisions and procedures that exist. But in the socialization, there is a lack of coordination between the Department of education, the health service, BPS, Bappeda and facilities in its execution also still less. From the research that has been done, the writer recommend in the selection of participants is expected to involve the Government's Martes PKH so right on target in the selection of participants and PKH coordination between related parties' implementation of the PKH.

Keywords:

Policy, Implementation, Program of Family Expectations (PKH), Poverty.

INTRODUCTION

Problem Background

Poverty is a social problem that still occurs in various countries and is a major problem in one country, where the problem of poverty is now a threat to a country. So that in the implementation of government there needs to be a solution to the problem. The problem of poverty not only occurs in developing countries but also occurs in developed countries, of course with different numbers and levels of poverty. In accordance with the World Bank's criteria that the classification of people living below the poverty line is to use a per capita income of US \$ 370 as a benchmark, based on the criteria that one-third of the world's population still live-in poverty (Soelaeman, 2006).

According to Agustian 2015(<https://economy.okezone.com>)) Indonesia is an Island Nation that has the potential of natural resources and minerals that are quite abundant, but it is still not a guarantee in the welfare of the community, where Indonesia still has poverty problems. The movement of poverty rates in Indonesia, when viewed in percentage terms of population growth and the economic rate of the community tends to fluctuate from 2013 to 2015. But when viewed from the number of poor souls that exist, it is seen that there is an increase from year to year.

Reducing poverty is one of the goals of national development and has also been mandated in the Indonesian constitution, namely in the Opening of the 1945 Constitution at its core to prosper the Indonesian people. But in solving the problem of poverty cannot be done in a fast time, so this can lead to the emergence of other problems. Like the low quality of life of the poor, this will have an impact on the low level of public health and education which will then affect a person's productivity and result in social inequality in society.

Tackling the problem of poverty in Indonesia, many strategies have been carried out by the Government, namely by making policies through providing opportunities for the poor to improve their welfare through poverty alleviation programs. One of them is

the Family Hope Program (PKH) which provides cash assistance to Very Poor Households (RTSM) or currently called Beneficiary Families (KPM) by requiring each KPM to have components in the field of education and health.

PKH is the only program that has a very significant effectiveness compared to previous programs, this is evidenced by the award given by the *Food and Agriculture Organization* (FAO) which was received by the United Nations and Indonesia became the only country in Asia Pacific to get the award according to Khofifah 2016(<http://m.metrotvnews.com>).

Kerinci Regency became one of the regencies in Jambi Province that implements PKH policy. This is based on Kerinci Regency has abundant natural resources and has the highest Human Development Index (HDI) in Jambi Province. But what happens in the field that the people of Kerinci Regency still experience poverty problems. This became the basis for the implementation of PKH in Kerinci Regency which began to be implemented in 2014 with a total of 2,190 KM in all sub-districts in Kerinci Regency. In the implementation of PKH in Kerinci Regency there are many problems such as, misuse of funds by beneficiary families (KPM) that should be used for children's school fees but used to meet other needs, escorts have difficulty in socializing the purpose of PKH so that the lack of KPM knowledge of PKH purposes, KPM locations that are not easily reached by escorts, lack of KPM awareness in checking the health of their children to Integrated Healthcare Center (Posyandu) and difficulties in the selection of PKH participants due to data from BPS are not on target.

Departing from various problems and benefits that occur in implementing the Family Hope Program (PKH) in Kerinci Regency, researchers are interested in conducting further research with the title "implementation of family hope program policy (PKH) in Kerinci district in 2015-2016".

THEORETICAL STUDIES

Public Policy

According to Chandler and Plano in Keban (2004), public policy is defined as a form of intervention by the government in voicing the interests of the weak in society to improve their lives better and participate in taking a policy in government.

Then David Easton in Wahab (1997), explained that the characteristics of public policy are people who have authority as for example people who have authority in the political system, executives, legislatures and others.

Policy Implementation

Van Meter and Van Horn define policy implementation as an action taken by individuals, groups, government and private officials with a focus on the goals to be achieved based on what has been planned in advance. Then Edward III also proposed several related things that can affect the success of an implementation, namely as follows:

- a. Communication (*Communication*)
- b. Resources (*resources*)
 1. Human Resources
 2. Budget Resources
 3. Equipment Resources
 4. Authority Resources
- c. Disposition (*Disposition*)
- d. Bureaucratic Structure (*Bureaucratic Structure*)

Poverty

Poverty can be characterized by a situation where there is a lack of things that are commonly owned such as food, clothing, shelter, and drinking water, these things are closely related to quality of life. Poverty sometimes also means the absence of access to education and work that is able to overcome the problem of poverty and get a decent honor as a citizen (Presidential Decree No. 7 of 2005 on RPJMN). The characteristics of poverty according to Suharto in rustanto (2015) are as follows:

- a. Unable to meet basic needs.
- b. Unable to try due to illness, physical or mental disabilities.
- c. Unable to function socially.
- d. Low human resources.
- e. Susceptible to the shaking of both individuals and masses.
- f. Lack of access to employment and sustainable livelihoods.
- g. Lack of access to other basic needs (health and others).
- h. There is no guarantee of the future and is not involved in community activities.

Family Hope Program (PKH)

The Family Hope Program (PKH) is an assistance program and one of the social protections included in the first cluster of poverty reduction strategies in Indonesia in the form of conditional cash assistance related to education and health requirements. The continuity of this program will contribute to accelerating the achievement of the *Millennium Development Goal* or MDGs. The implementation of PKH is expected so that PKH participants have better access to utilize basic social services, namely: health, education, food and nutrition, and eliminate social inequality, helplessness and social alienation that have been attached to the poor.

The implementation of PKH requires participants to have and meet one or more program criteria, namely:

- a. Pregnant women / postpartum mothers / toddler children.

- b. Children aged 5-7 years who have not entered primary education (pre-school children).
- c. SD/MI/Package A/SDLB child (ages 7-12).
- d. SLTP/MTs/Package B/SMLB child (ages 12-15).
- e. Children aged 15-18 years who have not completed primary education include children with disabilities.

RESEARCH METHODS

This study uses this type is qualitative research. This type of qualitative research is research that describes discoveries – discoveries or other procedures in generating data – data described in the form of speech or writing and so on that support the research process (Moleong, 2012). The location of this research was conducted in Kerinci Regency Office, Jambi Province. The data collection techniques in this study use interviews and documentation. As for data analysts using the Salim method (2006) said it consists of 4 types in writing data, namely: data siltation, data reduction, data presentation and conclusion withdrawal.

DISCUSSION

The Family Hope Program (PKH) is an assistance program for Very Poor Households (RTSM) or now called Beneficiary Families (KPM) and is also one of the social protections included in the first cluster of poverty reduction strategies in Indonesia in the form of conditional cash assistance. In addition to aiming to overcome the problem of poverty, PKH also contributes to accelerating the achievement of the millennium development goals (*Millennium Development Goal or MDGs*).

PKH participants in Kerinci Regency have various obligations that must be fulfilled, especially in the field of health and education. The health field is related to obstetric examination for pregnant women, health checks, nutrition intake and immunization of children under five while the field of education of PKH participants is obliged to send their children to elementary and advanced schools (SD up to SLTP)

including children with disabilities and for people with severe disabilities who are not able, not obliged to attend regular education.

Each recipient of assistance is given a participant card as proof of PKH participation. In addition to being used to receive PKH assistance, the card is also used to receive other social assistance because PKH recipients are included in other social assistance programs such as Jamkesmas, BSM, Raskin, KUBE, and BLSM assistance. In the implementation of the Family Hope Program (PKH) participants have the right, while the rights consist of: (1) Getting cash assistance of the amount adjusted to the provisions of the program or the number of components owned by PKH participants. (2) Obtain services in health and education facilities for all family members. (3) Enrolled and obtain other complementarity and synergy programs.

The implementation of the Family Hope Program (PKH) in Kerinci Regency has been implemented through several continuous stages based on the general manual of implementation of the Family Hope Program (PKH) decided by the Government. The stages of implementation of the Family Hope Program (PKH) in Kerinci Regency are setting goals or determining PKH participants, validation is whether it is appropriate or not with the criteria as a PKH participant, the first payment, data update, verification, payment of the next stage, and transformation (rectification, transition and gradation).

Implementation of the Family Hope Program (PKH) policy in Kerinci Regency has been implemented since 2014, the policy is one form of support from the Kerinci Regency Regional Government to succeed the Central Government Program in tackling the problem of poverty. The implementation of PKH in Kerinci Regency requires a proposal from the Kerinci Regency Regional Government to implement PKH. PKH can be implemented in Kerinci Regency on the basis of proposed proposals aimed at the Ministry of Social Affairs and the readiness of the Kerinci Regency Government to provide *cost sharing* in Regional Budget Plan (APBD) which is necessary for operational costs in the implementation of PKH. After fulfilling these conditions, PKH can be implemented in Kerinci Regency. Kerinci Regency has fulfilled these requirements by

providing *cost sharing* and submitting proposals at the Ministry of Social Affairs, so that Kerinci Regency can implement PKH. The number of recipients of PKH assistance in Kerinci 2015-2016, is as follows:

Table 2
Number of PKH Aid Recipients of Kerinci Regency

No.	District	2015	2016
		KPM	KPM
1.	Air Hangat	163	757
2.	Air Hangat Barat	143	224
3.	Air Hamngat Timur	308	442
4.	Batang Merangin	201	401
5.	Bukit Kerman	169	186
6.	Danau Kerinci	284	611
7.	Depati VII	186	605
8.	Gunung Kerinci	106	508
9.	Gunung Raya	160	370
10.	Gunung Tujuh	139	383
11.	Kayu Aro	249	661
12.	Kayu Aro Barat	129	198
13.	Keliling Danau	157	625
14.	Stinjau Laut	187	614
15.	Siulak	300	970
16.	Siulak Mukai	226	234
GRAND TOTAL		3.107	7.789

Source: Primary Data of PPKH Kerinci Regency

Based on the data, in 2015-2016 Kerinci Regency has a total of 16 subdistricts, where all districts in Kerinci Regency have received PKH assistance. The number of PKH admission participants in 2015-2016 in Kerinci Regency has a very drastic difference in numbers, while the fundamental difference in the number of receiving assistance due to the addition of poverty data from the center at the iv distribution stage in 2016, namely the addition of categories or components of assistance for the elderly and disabled, which previously consisted only of the component of children under five / pregnant women / breastfeeding, SD / MI children, junior high school / MTS and SLTA / HIGH SCHOOL children and also due to the number of poverty rates experienced in each district in Kerinci Regency are different and the number of family heads (KK) in each district is different so that it has a difference in the number of recipients or PKH participants in each district.

In this case there are several indicators that can be measured from the implementation of the Family Hope Program (PKH) policy in Kerinci Regency in 2015-2016, namely: communication, resources, disposition, and the bureaucratic structure. The indicators will be described as follows:

1. Communication

Communication determines the success of achieving the objectives of a policy implementation, in this case communication is interpreted as the delivery of communicator information to the communicant. Given that the delivery of information about a policy needs to be done to policy actors so that policy actors can know what they must prepare and do to carry out the policy, so that policy goals and objectives can be achieved in accordance with previously planned.

Communication that has been done by the Government related to the Family Hope Program (PKH) in Kerinci Regency is to socialize. As for the socialization carried out by the Government to the community and especially to PKH aid

recipients, where this is very necessary to do. Given that the Government is an actor who has the authority in making PKH policies, the government needs to socialize the PKH program to the community and especially to participants or recipients of PKH assistance, if it has been socialized PKH to all parties, that is, whether done directly or indirectly will be the key to the success of PKH itself so that in its implementation it will run in accordance with the goals achieved.

The implementation of PKH policy socialization in Kerinci Regency has been carried out, the socialization is carried out by the Government only in several sub-districts in Kerinci Regency, including in 2015 in Merangin District and Around the Lake. and attended by village staff in their respective sub-districts and recipients of aid or PKH participants. This was handled by the Head of Protection and Social Security and the Head of the Family Empowerment and Poor Families Section of Kerinci Regency Social Service, Labor and Transmigration.

In 2016 PPKH Kerinci Regency again carried out socialization that was carried out in The Warm Water District and Kayu Aro District. but the socialization carried out in 2016, namely by involving the Regent, Head of Office and Camat and Village Head in carrying out socialization as well as the symbolic handover by the Regent to PKH participants in West Aro Wood District and surrounding socialization was carried out in Batu Hampar Village of West Ayu Aro District.

Based on the socialization that has been done by the Government in 2016 in Kerinci Regency is different from the previous year, where in 2016 socialization was carried out involving the Regent, Head of Office, Camat and Village Head. But ppkh Kerinci regency should in socializing should involve parties from the Education Office and Health Office, considering that this program is a cross-sector program between institutions, namely the Ministry of Social Affairs, Ministry of Education and Ministry of Health, Bappenas and BPS. So that with the involvement of other parties can evaluate its implementation.

The Kerinci Regency Government has conducted regular socialization to PKH participants, namely carried out by a companion to each KPM who receives assistance, because the companion is the implementing part of the PKH from the government who will directly accompany KPM. Socialization that has been carried out by PKH companion is in the form of understanding to PKH participants regarding the purpose of the implementation of PKH, the rights and obligations obtained and implemented by each PKH participant and the sanctions that will be received for PKH participants if they violate the established rules. Socialization carried out by PKH escorts is only done when there is a group meeting with PKH participants, namely in one month as many as one group meeting only.

2. Resources

Resources are an important factor in determining the success of a policy implementation, because the quality of available human resources will determine the good or bad of a policy, if in the process of implementation there is a shortage of human resources then the implementation of the Family Hope Program (PKH) in Kerinci Regency will not run effectively, then the available human resources are also used to control or control the management of the behavior of PKH participants and needs to also be balanced with adequate quality and quantity so as to be able to implement and achieve policy goals. The resources available in the implementation of the Family Hope Program in Kerinci Regency in 2015-2016 will be outlined as follows:

a. Human Resources

Implementation of the Family Hope Program Policy (PKH) will not succeed without the availability of sufficient human resources of quality and quantity. Human resources in this case are in the form of a companion because the companion has the main function, to directly accompany KPM in the

implementation of PKH and companion also who spends a lot of time on the ground to hold group meetings with PKH participants, visit schools and posyandu and meet with village heads in each village in the District, so that quality and quantity are needed in the implementation of PKH in Kerinci Regency. It can run in accordance with the planned target.

In the implementation of PKH in Kerinci Regency, the Government has facilitated PKH aid recipients with human resources in the form of assistance in each subdistrict in Kerinci Regency recorded until the iv-distribution stage in 2016 PPKH Kerinci Regency has 39 escorts spread throughout the district in Kerinci Regency, namely 16 sub-districts. All PKH escorts in Kerinci Regency numbering 39 people were recruited and determined by the Social Ministry as the implementation of escorts in each district in Kerinci Regency. In the companion survey is carried out by a selection that is carried out directly by the Central Government, namely the Ministry of Social Affairs. After the selection and companion is declared passed, technical guidance (Bimtek) and training is carried out to improve the quality of companion knowledge in carrying out their duties in the field when meeting KPM.

To assess the quality of performance of the Social Service companion has also conducted monitoring and evaluation, considering that the Social Service is the responsible party for the implementation of PKH in Kerinci Regency. It is proven that after various collections, Bimtek and training and monitoring of PKH companion in Kerinci regency have performance quality. Based on those found in the field where there is innovation carried out by the companion of the West Warm Water Subdistrict to bathe the community in increasing human resources and achieve the goal of the MDGs themselves, namely by making savings in the form of a cooperative system intended for all PKH recipients who have received assistance so that the recipient can set aside a little help, so that the recipient does not directly spend the assistance. At any time in urgent circumstances can be

borrowed for purposes based on their respective categories, from cooperative-shaped savings it will be able to increase if it can run continuously and for PKH aid recipients if at any time do not have any more components or do not become PKH participants again can still continue their participation in the cooperative. But it is unfortunate if other PKH companions do not make innovations for the sustainability of the welfare of participants in the future after no longer being PKH participants. It's good that the escorts in other sub-districts do the same for the sustainability of community welfare.

b. Budget Resources

Budget resources are one of the causes of the successful implementation of the Family Hope Program (PKH) because if there is a budget shortfall it will cause the implementation of PKH to fail. However, the budget resources for the implementation of PKH in Kerinci Regency are quite sufficient, where the parties involved do not experience obstacles in the field or in the office.

In the implementation of PKH in Kerinci Regency in 2015-2016 there was also a number of aid budgets received by PKH participants where the assistance received by PKH participants is the goal of PKH implementation in Kerinci Regency, namely the distribution of aid then this assistance will be used in accordance with the objectives of PKH, to meet the educational and health facilities of PKH participants.

To determine the amount of assistance received by each PKH participant, it is based on the results of what component data each PKH participant has and each component has a different amount of assistance from the other components. The amount of assistance for each PKH participant in Kerinci Regency is as follows:

Table 2

The amount of assistance received by PKH participants

Help Type	Help Value
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Fixed help	500,000/year
Assistance for KSM who have:	
1. Young children / nursing mothers / pregnant women	1.200.000/year
2. Elementary / MI age children	112.500/stage
3. Middle school/MTs age children	197.500/stage
4. High school	250.000/stage
Minimum Help / KPM	625.000/year
Maximum Help / KPM	2.200.000/year

Source: PPKH Primary Data for Kerinci District

Based on these data, it can be concluded that the permanent assistance received by KPM is 500,000/year, children under five years old/breastfeeding mothers/pregnant women are 1,200,000/year, children of junior high school/MTs age are 112,500/stage of distribution, and senior high school/high school received assistance of 250,000/stage of distribution. If you add up the minimum assistance received by KPM based on these components, it is 625,000/year and the maximum amount of assistance received by KPM is 2,200,000/year.

Based on the total number of participants or recipients of PKH assistance in Kerinci Regency and with the amount received based on the components above, the total amount received by PKH participants in each sub-district in Kerinci Regency in 2015 was Rp. 4,600,932,500 with a total of 3,107 KPM and in 2016 of Rp. 7,973,402,145 with a total of 7,789 KPM. Based on these data, each of the PKH participants in Kerinci Regency received assistance in different amounts based on the components possessed by each PKH participant.

c. Equipment Resources

The availability of equipment resources is a supporting factor in the implementation of PKH in Kerinci Regency, where these equipment resources are in the form of facilities and infrastructure needed by the parties involved to implement the policy. Not all of the equipment resources available in Kerinci Regency for PKH implementation can be fulfilled, where there are several things that should be available for PKH implementation but have not been fulfilled.

Equipment resources in the form of stationery are indeed sufficient in the implementation of PKH in Kerinci Regency and based on what was found in the field that PPKH Kerinci Regency has one modem unit, 1 antenna unit and 1 hub/switch unit. Where the three facilities are provided by the central government, namely the Ministry of Social Affairs. For other facilities or infrastructure which are needs that are not prioritized for implementation, they are not yet available, considering the low PAD of Kerinci Regency. To deal with the problem of lack of facilities, the government should be able to set aside the rest of the excess budget each year to meet the equipment resources that have not been fulfilled, so that the existing shortage of equipment resources can be met.

d. Authority Resources

In determining the success of the implementation of the PKH policy in Kerinci Regency, authority resources are also one of the most important things. Where this authority resource is a decision that is owned by the government as an institution that makes policies and this decision will be used when problems are found in the field later, given that assistants are representatives of the government who go directly to the field to assist PKH participants.

PKH facilitators in Kerinci Regency have the authority to make decisions when problems occur in the field when accompanying PKH participants. For example, there is a discrepancy in the use of assistance funds by PKH participants

which should be used for education and health purposes but are used for other purposes and the facilitator also has the authority to issue PKH membership if they are considered capable or no longer have components. However, in this case, the facilitator is not given the authority to determine someone to become a PKH participant, even though the facilitator finds that someone has received assistance and has components in the field, but the facilitator does not have the authority, because PKH participation is chosen by the Central Government and the facilitator only receives raw data. from the Central Government to verify whether it is appropriate to accept or not. In this case, the Government should have involved facilitators to choose participants, because it is the facilitators who are in the field and know better about the condition of the people who are entitled to receive it or not.

3. Disposisi

Disposition is defined as an attitude of willingness or desire and seriousness carried out by policy implementers seriously to realize the objectives of the PKH policy in Kerinci Regency. The sincerity of the facilitators in implementing PKH in Kerinci Regency is in the form of verifying, validating and updating, namely with the aim of checking the condition of PKH participants whether they are eligible to receive or not, have components or not, validate data from the results found in the field, then after distribution the facilitators carry out updating, namely re-checking PKH participants whether they are still entitled to receive, still have components or not and those who have received the assistance are still committed to the applicable rules or violate them.

The number of updates in Kerinci Regency in 2015 was 5,885 people from 3,107 PKH participants and in 2016 there were 5,377 people from 7,789 PKH participants. Where the number of updates consists of several categories based on the terms and conditions of PKH participation that have been determined. Based on updated data,

the facilitator has periodically controlled the recipients of PKH assistance to ensure that PKH participants are responsible for carrying out their obligations, even though there are problems or disobedience of PKH participants in carrying out their responsibilities. This is a form of sincerity from the assistant in carrying out his duties in the field, namely assisting PKH participants.

4. Bureaucratic Structure

The implementation of the Family Hope Program (PKH) is formed at the central, provincial, district/city and sub-district levels where PKH is implemented and determined through a Regional Head Decree (SK) which is then submitted to the Indonesian Ministry of Social Affairs (up. Directorate General of Social Protection and Security). For the needs of personnel in the implementation of PKH has been determined based on the main tasks and responsibilities. The Implementing Structure of the Kerinci Family Hope Program (PPKH) based on the Decision of the Head of the Kerinci Regency Social Service in 2017 Number: 465 / / Social Service / 2017 concerning the Implementing Structure of the Family Hope Program (PPKH) in Kerinci Regency in 2017 is as follows:

- a. PPKH Director of Kerinci Regency.
- b. Chief Executive of PKH Kerinci Regency
- c. Kerinci District PKH Executive Secretary
- d. Kerinci District Coordinator
 - Data Field
 - Community Complaint System
- e. PKH Facilitator
 - Aid Distribution Area
- f. PKH Operators
 - Verification Field

CONCLUSIONS

The Family Hope Program (PKH) is one of the poverty alleviations programs that requires recipients of assistance to fulfill several requirements, namely having components in the fields of education and health. Research shows that the socialization that has been carried out by the Kerinci Regency Government regarding PKH has been carried out well, but it still has shortcomings, namely the absence of involvement from the Education Office and Health Office in conducting socialization. In addition, this study also shows that the existing resources in the implementation of PKH in Kerinci Regency are good because the availability of existing resources is sufficient based on existing regulations.

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