ACCURATE TARGETING IN THE INDONESIA HOPEFUL FAMILY PROGRAM (PKH) AT KOTO TANGAH SUB-DISTRICT, PADANG CITY

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ABSTRACT : This study discussedthe program's targeting accuracy in the Hopeful Family Program at sub-district of Koto Tangah, Padang City consisting of poverty criteria according to Statistics Indonesia, the knowledge of Social Registry, and components of Hopeful Family Program. This study used mixed methods research and the present study found 9 of 14 criteria set byStatistics Indonesia were not fulfilled by beneficiary familiesof Hopeful Family Program in sub-district Koto Tangahcategorized as poor people. Only 2 of 14 criteria were met as the 8th criterion regarding to consumejust meat/milk/chicken once a weekand the 9th criterion regarding to buy just one set of new clothes a year. The remaining 12 criteria were not on target with a range of 63.4% to 100%.The inaccuracy of beneficiary families targeting occurred because some poverty criteria items were no longer relevant according to statistics Indonesia, outdated data of social registry, and administrative disorder by people.

Keywords: BPS Criteria, DTKS, Accurate Targeting

INTRODUCTION

Poverty is a complex problem not only related to food needs, but also related to low levels of education, income, health, and powerlessness to participate in development as well as various problems related to human development[1]. Poverty reduction programs through social assistance are one of the efforts to address the welfare problems of the poor in Indonesia [2]. One of them is Program Keluarga Harapan (PKH, or Hopeful Family Program), which is a household-based conditional cash transfer program to improve the welfare of very poor people which is registered in Data TerpaduKesejahteraanSosial (DTKS, or Social Registry) for poor handling program. The implementation of the programhas been started in 2007 by the Indonesian government to provide the largest social assistance program in Indonesia (nearly USD 681 million in 2016) to reduce poverty and inequality [3].

Some developing countries have also implemented the same program, even far away before PKH occurs in Indonesia. Conditional cash transfer program has already implemented in Latin America, including in Oportunidades (former Progresa) in Mexico, Bolsa Alimentaçao in Brazil, Red de Proteccion Social in Nicaragua, Programa de Asignación Familial in Honduras, FamiliasenAccion in Columbia, Subsidio Unico Familiar in Chile, and Health and Education Program in Jamaica [4].

Furthermore, the poor community was determined as KeluargaPenerimaManfaat (KPM, or beneficiary families). KPM can be determined if it is categorized in PKH components including: (1) healthy, (2) education, and (3) social welfare component. As a conditional assistance program, PKH opens access for poor families, especially pregnant women and children to utilize various health service facilities and educational service facilities for school-age children. PKH benefits have also begun to be encouraged to include persons with disabilities and the elderly by maintaining their level of social welfare in accordance with the mandate of constitution and nine development priorities of the President of the Republic of Indonesia [5].

The implementation of PKH is expected to synergize with the Sustainable Development Goals (SDGs) as stated in 17 components that can be achieved as: (1) No poverty; (2) Zero hunger; (3) Good health and well-being; (4) Quality education; (5) Gender equality; (6) Clean water and sanitation; (7) Affordable and clean energy; (8) Decent work and economic growth; (9) Reduce inequalities; (10) Responsible consumption and production [6].

Koto Tangahis a sub-district whosebeneficiary families of the program compared to other sub-

districts in the City of Padang nearly 4,101 families. The programhas demonstrated a positive impact on mindset of beneficiary families and it is expected to improve the welfare of beneficiary household and productive. From a preliminary observation, it was found that some very poor families who did not receive the program, while families are not in category component received social assistance program.

Some studies regarding the problem of accurate targetingin the hopeful family program as [7], [8], [9], [10], [11]. Research [7] generally discusses the implementation of PKH in Central Java. From the profile of PKH beneficiaries in Central Java, it was found that 21.54% of beneficiary families were not poor. Then targeting process was top-down in which 44.51% of people were not supposed receiving assistance program. Regarding the accuracy of targeting recipients in this study, it was reported that 83.93% stated that eligible recipients. It is in line with [8] stating 85% of the households receiving PKH were from very poor households in Sugihwarasvillage. Given the data, it was concluded that PKH was effective on the program's targeting accuracy. While [9] concluded that PKH was fairly appropriate from the point of view of social protection, the effectiveness of its implementation had not yet been measured. This is rather different from [10] which states that PKH wasout of target to raise people not to want to work. A study conducted by [10] and [11] state that the implementation of PKH in DawarblandongSub-district, Regency of Mojokerto had not been successful because it did not make the community self-sufficient and created the community's efforts to improve their welfare was low.Social welfare is a condition of fulfilling the material, spiritual and social needs of people so that they could live properly and be able to develop themselves, as a result they could carry out their social functions [12].

The explanation above shows that PKH has been a high degree of ambivalence and this still elicits stimulating disputation among the public.It is pivotal to carry out continuous studies in order to find the contribution of the current program forimproving the welfare. To get the program's targeting accuracy as output, it is required to focus on input. The goal of the program is to improve the welfare of beneficiary households while at the same time to change mind of poor families. Based on researcher's knowledge, there is no previous study stating determination of poor people based on Badan Pusat Statistik (BPS, or Statistics Indonesia) criteria and then linking it to Indonesia's Social Registry (DTKS). It is expected that this current study can be constructive inputs on the social assistance program for the future.

Methods

This study is a combination research or mixed method [13]. The location was carried out in Koto TangahSub-district, Padang City. The population of the study was all household beneficiaries in Koto TangahSub-district. Sampling was taken in two steps, firstly area sampling by stratified random sampling based on the location of the area with the center of sub-district such asurban precinct which is located far away and close to sub-district center. Each one was randomized and taken oneurban precinct. Urban precinctof Batipuh Panjang and LubukMinturun were obtained as sample areas. Furthermore, the sample of respondents were 81 people taken randomly using Slovin formula. The key informants determined by purposive sampling technique. The reason for taking the key informants asthey were involved and were in the program structure amounting 10 people including Head of Social Protection and Security Division for Padang City, PKH coordinator in Padang City, PPE PKH in Padang City, PKH coordinator in Koto TangahSub-district, two PKH assistants, two PKH group leaders, and two KPM PKH in Koto TangahSub-district. Then, the supporting informants consisting of residents who were not PKH beneficiaries and PKH KPM children were determined using the snowball sampling technique. Quantitative data collection techniques were carried out using questionnaires, while qualitative data were carried out through observation, questionnaires, interviews, FGDs and documentation. Quantitative data analysis techniques used percentage formulas and qualitative data analysis adapting the Miles and Huberman Model[14].

RESULTS AND DISCUSSION

3.1 RESULTS

Using Indonesia's statistics criteria, it was found more than 75% of KPM PKH in sub-district of Koto Tangahwas mistargeting in which 9 out of 14 criteria were ineligible households. The details can be seen in the table below:

Table.1 Recapitulation of Qualifications Based on BPS Criteria

Source: Results of 2021 Primary Data Processing

BPS Criteria	Urban precinct					
	Batipuh Panjang			LubukMinturun		
	Meet criteria (%)	Not meet criteria (%)	Qualification	Meet criteria (%)	Not meet criteria (%)	Qualification
1) Floor area	-	100	STT	-	100	STT
2) Floor type	4,9	95,1	STT	2,5	97.5	STT
3) Wall type	36,6	63,4	TT	32.5	67.5	TT
4) Defecation facility	4,9	95,1	STT	5	95	STT
5) Lightning	-	100	STT	-	100	STT
6) Source of drinking water	41.5	58.5	CT	60	40	Q
7) Cooking fuel	7,3	92.7	STT	-	100	STT
8) Consumption of meat/milk/chicken	78.1	21,9	Q	65	35	Q
9) Buying new clothes	63,4	36,6	Q	62.5	37.5	Q
10) Eat perday	19.5	80.5	TT	22.5	67.5	TT
11) Unable to pay medical expenses	29,3	70,7	TT	45	55	TT
12) Family income	4,9	95,1	STT	5	95	STT
13) Head of family education level	58.5	41.5	CT	22.5	77.5	TT
14) No savings/goods	-	100	STT	-	100	STT

Note: Sangat TidakTepat (STT,or Very Inaccurate); TidakTepat (TT,or Inaccurate);CukupAkurat (CT,or Fairly accurate); Akurat (T,or Accurate)

Based on Table 1 above, it is clearly seen that in general more PKH beneficiaries were ineligible householdsin which they were not indicated as poor people. In Batipuh Panjang urban precinct, only twoeligible households asindicated in consuming meat/milk/chicken once a week is 78.1% and criteria for being able to buy one set of clothes in one year is 63.4%. Then, two criteria for entering the qualifications arefairly accurate as indicated on sources of drinking water by 41.5% and the highest education level of the head of family by 58.5%. And then, three criteria areinaccurate as stated for type of wall by 63.4%, for only being able to eat once/twice a day by 80.5% and not being able to pay for medical expenses at community health center or polyclinic by 70.7%. There are seven in very inaccurate criteria as stated by 100% for floor area, 91.5% for floor type, 100% for lightning sources, 92.7% for cooking fuel, 95.1% for family income, and 100% for no saving or goods to sell for Rp.500.000,00,-.

Meanwhile in urban precinct of LubukMinturun, there are three criteria categorized as eligible criteria including consuming only meat/milk/chicken once a week by 65%, being able to buy one set of clothes in one year by

62.5%, and drinking water sources by 60%. Then, four criteria in inaccurate criteria consisting of type of wall by 97.5%, being able to eat only once/twice a day by 67.5%, being able to pay for medical expenses at community health center/polyclinic by 55%, and education level of the head of family is at 77.5%. Furthermore, seven criteria for very inaccurate such as 100% for floor area, 97.5% for floor type, 95% for defecation facility, 100% for light source, 100% for cooking fuel, 95% for family income and 100% for no savings or goods to sell for Rp.500.000,00,-

The explanation above proved both urban precinct of Batipuh Panjang (close to sub-district center) and LubukMinturun(far away from sub-district center)that there were no beneficiary families of PKH met 9 out of 14 poverty criteria according to Indonesia's statistics. This means that there was no difference caused by distance on accurate targeting in PKH at sub-district of Koto Tangah.

Furthermore, mistargeting occurred as program recipients were assessed by research informants as the lack of relevance of BPS criteria items to current conditions. As stated by Padang PKH coordinator as follow:

> *"...If BPS criteria are used as a reference for poverty to get PKH assistance, in general for the City of Padang it can be said only nearly two per cent deserve to be called poor. Because criteria of a house with a dirt floor, thatched roof, wooden wall, it is almost non-existent anymore. So, not all of BPS criteria items can be a reference for PKH recipients when looking at their poverty status. For some items may still be used. This means that the poverty criteria according to BPS need to be reviewed periodically...."*

Being categorized as poor according to BPS did not guarantee someone can be PKH recipients. To receive KPM is family who has registered in social registry. Analysis of result study found that more than 80 percent of PKH beneficiary families in sub-district of Koto Tangah did not know about social registry, starting from requirements, how to register, and entry into system.. Even though social registry is basic data which is a reference for any type of social assistance program provided by the government. As stated by Padang PKH database administration as follow:

> *"...Indonesia's Social Registry (DTKS) is like the spirit of all kinds of social assistance. While still in DTKS, the opportunity to get all kinds of assistance program is open wider. However, when*

> *it is not recorded in DTKS, it means that soul is not there. So, waiting until anytime will never get any help...."*

Related to the large number of program beneficiaries who were mistargeting in which eligible recipients were under covered, one of the reasons was social registry system was out-of-date. Residents who have beenineligible because of some reason as move or die must be excluded from the system. Then, eligiblerecipients as categorized as poor according to poverty standards must be included intothe system. As a result,the program would meet criteria and run effectively and accurately. As told by a community social worker in sub-district of Koto Tangahas follow:

> *"...Residents who have collected data for poor data collection, but until now they have not received any assistance, one of which is due to obsolete data in social registry. We always input any data on urban precinct level, but when list of program beneficiaries launched by Social Department, the list was always from the obsolete data from social registry. So, there were residents who had died and moved still received the program..."*

Not onlysocial registry issue, mistargeting occurred in sub-district of Koto Tangah wasadministrative disorder. For instance, some people living in one area but administrative data were placed at other area consequentlyany kinds of social assistance could not be received. As a result, mistargeting occurred and revealed the loss of funds to ineligible recipients. As stated by Head of LinjamsosSocial Service in Padang City as follow:

> *"...PKH is an extraordinary program. The concept is great. However, when there are cases such as those who deserve assistance but couldn'tor vice versa, these issues need to be learned in depth and comprehensively. We as the official couldn't directly blame PKH assistants or national authority for this case. But we all can improve together for a better PKH program in the future. In fact, our goal is the same to break the cycle of poverty. Of course this cannot be done individually, but collectively, starting from the lowest level sub-village, urban precinct, sub-district, district, province, up to the central level..."*

3.2 DISCUSSION

The large number of social assistance program mistargetingin sub-district of Koto Tangah, Padang City occurred due to input data from the low level to social registry was no longer in accordance with the current conditions of society. According to [2] households that only met 1-8 characteristics of poor family based on BPS criteria wereineligible to receive household-based conditional cash transfer program.Meanwhile in sub-district of Koto Tangah, PKH beneficiary families were actually dominated by recipients who only met 1-8 characteristics of poor family. As stated in [6] that 21.54% of PKH beneficiaries in Central Java were not categorized as poor family.Similarly at sub-district of Koto Tangah that more than 75% of PKH beneficiary families were non-poor households according to BPS criteria. Some informants stated that some BPS criteria that were no longer relevant to be used at this timecausing many recipients did not meet 9 of 14 BPS criteria.

Furthermore, when the data were connected to social registry, it was a fatal mistake without updating data based on the current situation.The opportunity to get all kinds of assistance program is open wider when using updated data in system.This was because those who would be taken as beneficiaryfamilies were 40% of lower data starting from decile 1-4. It might be careful to estimated probabilities of poor households and mistargeting could occur where eligible recipients were under-covered. As the results of study [6] explained that PKH targeting in Central Java was top-down in which 44.51% of households received the program out of their expectation. Similarly, in the sub-district of Koto Tangah that households claimed they surprised when their name was on the list to receive PKH. Itoccurred because households were not aware that they were actually already registered into social registry. It means that data synchronization was needed on social registry to see the probability of a household receiving PKH as well as the rate of poor households to the targeting accuracy of PKH.

Meanwhile in terms of PKH components in sub-district of Koto Tangah, all beneficiary families had components without considering BPS criteria and updated data on social registry. Those components were education, health, and social welfare. PKH program wasintended to provide financial assistance to householdwith pregnant women and/or school-age children, provided that they fulfill specific health and education-related obligations[17].Education is essentially a conscious human effort to develop personality through formal, informal and non-formal education and long-life education [18]. PKH helped children with drop-out of school particularly in sub-district of Koto Tangah.

At sub-district of Koto Tangah, 55% of PKH componentswere dominated by education side,the rest was 25% for health including pregnant women and toddlers, and 20% for social welfare including elderly and disabled. However, health component for toddler category waslimitless to how many children can be used as components in PKH. It required attention to tackle reason for recipients to have more children to anticipate any other issues in the later life. Program should raise people to be more productive and independent. Data synchronization and accelerationof SDGs implementation needs to be built into structural, coordination and communication mechanisms, information sharing, monitoring and evaluation institutions [19]. The whole system are required to be implemented at sub-district of Koto Tangahas well.

CONCLUSION

Based on the study result, itshowed that mistargeting occurred in Hopeful Family Program at sub-district of Koto Tangah with beneficiary families from twourban precinct of Batipuh Panjang (close to sub-district center) and LubukMinturun(far away from sub-district center). The data showed that 9 out of 14 poverty criteria according to Statistics Indonesiawere not fulfilled by beneficiary families of PKH.Inaccuracy of targeting PKH beneficiaries were caused by the irrelevance of somestatistics Indonesia criteria items for determining the current level of poverty in the middle of society. In addition to this,outdated data in social registry systemand administrative disorder by people were also contributing factors to inaccuracy targeting in PKH.

THANK-YOU NOTE

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