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The Effectiveness of the Program Keluarga Harapan in Poverty Reduction in Pekanbaru City, Riau Province

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Abstract. *Program Keluarga Harapan, hereinafter referred to as PKH, is a program of providing conditional social assistance to poor families who are designated as PKH beneficiary families in the health and education sector. PKH was first implemented in Indonesia in 2007 managed by the Ministry of Social Affairs, with close supervision by the National Development Planning Agency. In Riau Province, especially in Pekanbaru City, PKH was started in 2013 in 8 (eight) Districts. It was only in 2015 that the 12 (twelve) Districts in Pekanbaru City implemented PKH. However, after several years running, PKH implementation is still deemed ineffective in reducing poverty in Pekanbaru City. In addition, there are several problems related to the implementation of PKH in Pekanbaru City. One of them is the number of PKH participants who do not meet the criteria or requirements as “Keluarga Penerima Manfaat” (PKM) that have been stipulated in the Technical Guidelines for “Program Keluarga Harapan”. This study aims to see the extent of PKH effectiveness in poverty reduction in Pekanbaru City, Riau Province. The method used in this research is a qualitative method with a descriptive approach. Based on the research that has been done, it can be seen that PKH is still not effective in poverty reduction in Pekanbaru City. This is indicated by the poverty rate which is increasing from year to year in Pekanbaru City.*

Keywords: *Effectiveness, Program Keluarga Harapan, Poverty*

1. INTRODUCTION

Poverty has always been a problem that has never been resolved to be discussed in Indonesia. Poverty has always been a concern of the Government of Indonesia, both central and regional (Permana et al., 2018). The percentage of the number of poor people in Indonesia according to Badan Pusat Statistik in March 2019 was 25.41 million people (9.41%), a decrease of 0.80 million people (0.41%) from March 2018. Poverty is a multidimensional problem characterized by the low average quality of life of the population, education, health, nutrition for children and sources of drinking water (Museliza et al., 2020). Various poverty alleviation efforts are needed, which are very dependent on the availability of budget and commitment from the government. These efforts were made to provide opportunities for the poor to improve their welfare. Efforts to reduce poverty to date are still considered not running as expected. The number of the poor is not decreasing, but is getting bigger and increasing. Efforts to reduce poverty in Indonesia include Jaring Pengaman Sosial (JPS), Subsidi Langsung Tunai (SLT), Beras Miskin (Raskin), Asuransi Kesehatan untuk Masyarakat Miskin (Askeskin), Bantuan Operasional Sekolah (BOS), Program Nasional Pemberdayaan Masyarakat Mandiri (PNPM), and the last program launched was Program Keluarga Harapan (PKH) (Ekardo et al., 2014). Program Keluarga Harapan, hereinafter referred to as PKH, is a program of providing conditional social assistance to poor families who are designated as PKH beneficiary families in the health, education and social welfare sectors. PKH is regulated in the Minister of Social Affairs Regulation Number 1 of 2018 about Program Keluarga Harapan. PKH targets are poor and vulnerable families registered in the Integrated Database for the Management of the Poor (Yolanita & Yuniningsih, 2020). PKH was first implemented in Indonesia in 2007 managed by the Ministry of Social Affairs, with close supervision by the National Development Planning Agency (Bappenas). Hopefully PKH is expected to reduce the expenditure burden on poor families in the short term and break the poverty chain in the long term. because improving the quality of health, education, and maintaining the standard of living of the community will provide opportunities for people to be able to improve their quality of life (Museliza et al., 2020).

The requirements for PKH participation are to fulfill three components, namely: the health component which includes the presence of pregnant women, having children under five and school age children. The second component is the education component, which is having children who go to SD, SMP and SMA. The third component is the social welfare component, which is having family members with severe disabilities, and having elderly family members aged 60 years and over (Beni & Manggu, 2020). As a national program, the PKH implementer from the Ministry of Social Affairs is in synergy with the Ministry of Religion, Ministry of Health, Ministry of Education and Ministry of Information & Communication. Whereas at the provincial level there is what is Unit Pengendali Program Keluarga Harapan (UPPKH) under the responsibility of the Provincial Social Service, while at the Regency / City level there is a district / City UPPKH. This PKH policy has undergone several changes. In 2007 it was implemented and then in 2013 there was a change in the field of education, namely there were additional components, which were originally only elementary and junior high school children, now up to SMA. The amount of assistance has also increased for each component. In 2015 there were additional aspects of social welfare, which previously only had aspects of education and health (Ardiyanto & Prabawati, 2021).

According to the Badan Pusat Statistik of Pekanbaru City, the number of poor people in 2018 was 2.85%, a decrease compared to 2017, which was 3.05%. This shows that Pekanbaru City still needs poverty reduction programs such as the Family Hope Program. The following is the number of poor people per district in Pekanbaru City.

Table 1.1 Number of Poor Per District in the city of Pekanbaru 2019

Number	Subdistrict	Souls
1	Bukit Raya	12.741
2	Lima Puluh	7.649
3	Marpoyan Damai	22.709
4	Payung Sekaki	12.601
5	Pekanbaru Kota	5.897
6	Rumbai	20.053
7	Rumbai Pesisir	17.983
8	Sail	3.720
9	Senapelan	8.943
10	Sukajadi	9.025
11	Tampan	29.030
12	Tenayan Raya	32.177
Source		182.258

Source: Badan Pusat Statistik Kota Pekanbaru

From table 1.1 above shows that the number of poor people is located in the district of Tenayan Raya the 32 177 souls, and the lowest is located in the District of Sail is 3,720 souls. In Riau Province, especially in Pekanbaru City, PKH was started in 2013 in 8 (eight) Districts. It was only in 2015 that the 12 (twelve) Districts in Pekanbaru City implemented PKH. There are several problems related to the PKH. The first problem is the number of PKH beneficiaries in Tenayan Raya District who are still not registered in the Integrated Database (BDT). The number of PKH beneficiaries in Tenayan Raya District in 2019 is 2,627 people or only 8.2% of the number of poor people in table 1.1 above. Even though the community actually deserves to receive assistance, they are not registered in the Unified Database, even they say they do not understand how to participate and enter the UDB. Furthermore, there are still families who are beneficiaries of the PKH program, which are categorized as economically capable and are contained in an integrated database. Errors in data validation caused PKH aid recipients not on target (Lubis & Zubaidah, 2020).

From the problems found, it is indicated that PKH is still not effective in alleviating poverty in Pekanbaru City, especially in Tenayan Raya District. Effectiveness according to prosperity is the accuracy of expectations, implementation and results achieved, while ineffective activities are activities that always experience gaps between expectations, implementation and the results achieved (Wulandari et al., 2015). While the purpose of this study is to see the effectiveness of Program Keluarga Harapan in Poverty Alleviation in Pekanbaru City, Riau Province.

2. RESEARCH METHOD

Type of research used in this study is a descriptive research method using a qualitative approach. Where according to Sugiyono, descriptive research is research related to data collection to provide an overview of a concept or symptom. And qualitative methods as research steps that produce descriptive data in the form of interviews from informants and various behaviors that can be observed while at the research site (Permana et al., 2018). Collecting data in this study using several techniques, such as interviews, observation, and literature study.

3. RESULTS AND DISCUSSION

To see the effectiveness of this PKH in poverty alleviation in Pekanbaru City, it can be seen from the indicator of the effectiveness variable namely resource approach, process approach and goals approach.

1. Resource Approach

Nur aini (2017) approach is used to measure the effectiveness of the resources that the various sources to obtain the good purpose of human resources, budget resources, resources, facilities and infrastructure. The objectives of the Family Hope Program (PKH) are to reduce numbers and break the chain of poverty, improve the quality of human resources, and change behavior that does not support the improvement of the welfare of the poorest groups. This goal is directly related to efforts to accelerate the achievement of the Millennium Development Goals (MDGs). Specifically, PKH aims to improve: access and quality of education and health services for PKH participants, education level of PKH participants, health and nutritional conditions of pregnant women (pregnant women). , postpartum mothers, under five years of age (toddlers) and preschool children who are members of Rumah Tangga Sangat Miskin (RTSM) / Keluarga Sangat Miskin (KSM) (Lubis & Zubaidah, 2020).

Observations made by the author can be seen that the residence of the program beneficiaries is still rented and the average occupation is construction workers, repairmen, odd jobs, laundry workers, parking attendants, etc., and do not receive regular monthly income. From interviews with PKH program implementers, namely the sub-district coordinators, where the PKH programs received by all districts have received this. This is in line with the PKH recipient targets, namely those with Rumah Tangga Sangat Miskin (RTSM).

2. Process Approach

The process approach is to see the extent to which the effectiveness of program implementation from all internal process activities or program mechanisms. The non-cash distribution mechanism for PKH social assistance is based on technical guidelines for the PKH program, including the first step, namely that recipients of social assistance according to an integrated database are asked to open an account that has electronic money and savings that can be accessed through a Prosperous Family Card, then socialization and educational activities are carried out in the form of meetings initial by explaining the policies, products and procedures for using and withdrawing PKH assistance accounts, etc. Furthermore, the welfare family cards are distributed to the beneficiary families. Assistance will be distributed / distributed by the channeling bank. So that the beneficiary family will be able to withdraw the aid either through e-warong / bank agent / ATM. Reconciliation steps for the distribution of PKH Social assistance are carried out by channeling banks, social agencies and PKH social assistants. The

final step is to monitor, evaluate and report the distribution of social assistance carried out by channeling banks, ministries and related agencies (Lubis & Zubaidah, 2020).

The results showed that the aid distribution mechanism had been implemented according to the SOP. The amount of assistance is Rp. 500,000, - per stage in one year there are 4 stages, namely January, April, July, and October. In 2019, SD receives IDR 900,000 / four stages, SMP receives IDR 1,500,000 / four stages, SMA receives IDR 2,000,000 / four stages, toddlers receive IDR 2,000,000 / four stages, and the elderly receive Rp. 2,000,000 / four stages. The author's observations in showing that the community who received financial assistance had gone through a mechanism that had been socialized by the Facilitator team.

3. Goals Approach

The target approach is the center of attention to the output, measuring the success of the program to achieve results (output) in accordance with the plan. It is hoped that in the future, people who receive assistance can be separated from their participation which is considered feasible in the economy so that they can break the chain of poverty. Furthermore, this indicator is assessed in terms of facilities and infrastructure, namely the receipt of PKH Social Assistance funds, which is distributed to the KPM (Beneficiary Family) account in the form of savings which can be used using Combo Electronic Cards or Prosperous Family Cards (KKS) which can be withdrawn in cash. If PKH social assistance funds are not disbursed by KPM in that period, the value of PKH assistance will still be stored and accumulated in the KPM PKH Savings Account (Lubis & Zubaidah, 2020).

4. CONCLUSION

Based on the results and discussion above, it can be concluded that the Family Hope Program is effective in alleviating poverty in Pekanbaru City, Riau Province. Based on the results of the analysis of the source approach indicator, the role of PKH facilitators in program implementation and targeting accuracy has been effective. This is indicated by PKH facilitators who carry out their roles in accordance with the duties and responsibilities contained in the PKH Guidelines and target setting using data from the Integrated Database. The Process Approach includes a mechanism for determining beneficiary families and a mechanism for channeling assistance implemented with its Standard Operating Procedures (SOP). The Target Approach includes the accuracy of program objectives and facilities and infrastructure in the effective category where the PKh program has achieved its general and specific objectives.

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