

The Program Keluarga Harapan (PKH): For Poverty Reduction and Social Protection

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Abstract

The general objective of Program Keluarga Harapan (PKH) is a program that can increase accessibility to education, health, and social welfare services in supporting the achievement of the quality of life of poor families so that they become more feasible. The PKH is a poverty alleviation program and a social protection system for the poor that aims to support the achievement of development goals, with the support of beneficiaries which has become the goal of the PKH participants. The implementation of the PKH in Aceh Besar Regency is a condition that shows the activities of implementing cash assistance for the poor. So that, what determined beforehand was achieved. PKH is also expected to reduce the burden of spending on poor families in the short term and can also break the poverty chain in the long term in an area. The method used in this study is a qualitative descriptive method. Based on the results, in general, the implementation of the PKH has been going very well. It can be seen from the condition of the recipients of PKH assistance, they used it to help with the social conditions and education of children, help with health and nutrition costs for pregnant women, postpartum mothers, and children under 6 years old from poor households, and make PKH participants aware of the importance of these services.

Keywords: *implementation, government policy, PKH, poverty, social protection.*

1. Introduction

Poverty is a global issue faced by many countries in the world, including Indonesia. Poverty is one of the problems that the government is trying to solve, it may not disappear automatically, at least it can reduce the number that continues to grow every year. Widespread poverty and high rates are at the heart of all development problems (Todaro, 2015). There are several poverty reduction strategies including the development of local regulations as a legal umbrella for poverty reduction, development of social protection programs, improved access to basic services, community empowerment through MSME development, TKPKD institutional strengthening, increased fulfillment of basic infrastructure, increasing investment competitiveness and job creation, and development of inclusive development.

Poverty is a complex problem influenced by various interrelated factors income, health, education, access to goods and services, geographical location, gender, and environmental conditions (Ustama, 2010). Aceh is one of the regions that has the seventh-highest percentage of poor people at the national level, even though the Aceh Regional Budget is ranked number three compared to 34 other provinces in Indonesia (Majid, 2014). Education and Poverty Levels in Aceh explained that the results of the study showed compared to the education level of the population in 34 other provinces in Indonesia, indicators of the education level of the Acehnese population such as GER, AMH, ARLS, and NER much better and even above the national level. The education level indicators for the majority of districts/cities in Aceh, but the quality is still very concerning (Majid, 2014).

One of the districts that still has a high poverty rate is Aceh Besar. The selection of Aceh Besar Regency was due to its location directly adjacent to the capital city of Aceh Province, Banda Aceh. As an effort to reduce poverty, the government has implemented the Program Keluarga Harapan (PKH). This program is a program of providing conditional social assistance to poor families who have been designated as beneficiary families of PKH. This program is motivated by the main problems of development with the case of a large number of poor people and the low quality of human resources. The following is the percentage of poor people in Aceh Besar District during 2015-2019.

Table 1. Poor People in Aceh Besar District

Years	2015	2016	2017	2018	2019
Total of Poor People (Thousands of People)	62.72	62.03	62.72	60.08	58.90

Source: BPS of Aceh Province, 2019

Table 1 explains that the number of poor people in Aceh Besar continues to decline from year to year in 2019 by 58.90% while in 2018 around 60.08%, although data at BPS has different decline with those in the field or on a daily basis, there are still many residents of Aceh Besar who are in the poverty line. Therefore, it is hoped that government needs more efforts to solve the poverty rate. It takes a big role from that government to increase economic growth in rural areas so that no longer the poverty line in order to increase society quality of life. One of the government's roles is by expanding investment, especially in the agricultural sector (agribusiness and agro-industry) in rural areas where many poor people depend on this sector for their lives (Jonnadiet *al.*, 2012).

Aceh Besar regency is located directly adjacent to Banda Aceh as the capital city of Aceh Province. This is one of the districts which still ranked as the eighth-lowest poverty rate in Aceh Province in 2014. According to BPS(2021), the poverty rate of Aceh Besar in 2010 reached 18.80% while in 2011 was 18.36%. In 2012, the poverty rate decreased to 17.50%. In 2013, the poverty rate became 16.88%. In 2014, the poverty rate decreased to 16.13%.

2. Method

Aceh Besar regency is one of the recipients of the PKH and this activity has been carried out since 2012 and this program is still running and ongoing until today. Researchers want to know and see how the implementation of the PKH program is implemented and can reduce poor households in the district. This study was a descriptive that uses a qualitative approach. Qualitative is a that can be used to answer problems related to narrative data obtained through interviews, observations, and extracting documents find by research sources (Wahidmurni, 2017).

The population in this study was the recipient of the PKH who was domiciled or who lives in Aceh Besar. The sample is part of the number and characteristics possessed by the population (Sugiyono, 2014). Therefore, the samples used in this study were 150 families who entered and registered as beneficiaries of the PKH.

Data collection through interviews, observation, and documentation. Meanwhile, data analysis techniques are found by the process of reducing data, presenting data, and drawing conclusions. Data collection is a systematic and standard procedure to obtain the necessary data, there is always a relationship between the data collection method and the research problem to be solved (Siregar, 2017).

3. Results and Discussions

The area of Aceh Besar Regency is geographically located at 5 03'1.2" to 5 045'9.007" North Latitude and 95055'43.6" to 94059'50.13" East Longitude. Aceh Besar has an area of 290,350.73 Ha. Most of its territory is on the mainland and a small part is in the islands. Administratively, Aceh Besar has 23 sub-districts, with 68 settlements, 608 villages, and 5 sub-districts. Aceh Besar Regency is directly adjacent to Banda Aceh City, which causes Aceh Besar to be a buffer from Banda Aceh City, including in housing needs (BPS, 2021).

Table 2. Population by Gender

No	Total Population	Total
1	Population of Aceh Besar District	425.216
2	Total by gender	
	Men	214.004
	women	203.298

Source: BPS of Aceh Besar, 2019

Poverty alleviation in Aceh Besar district is an integral part of inseparable from human resource development, in addition to developing infrastructure and agriculture in a broad sense. So far, various efforts have been made to reduce poverty through the provision of food needs, health services and education, expansion of employment opportunities, agricultural development, provision of funds rolling, development of facilities and infrastructure, and assistance. Effort this has succeeded in reducing the number of poor people in Aceh Besar district.

The Mechanism for the Implementation of PKH

The objectives of the PKH are improving KPM's standard of living through access to education, health, and social welfare services; reducing the burden of expenditure and increasing the income of poor and vulnerable families; creating changes in the behavior and independence of KPM in accessing health and education services as well as social welfare; reducing poverty and inequality; and introducing the benefits of formal financial products and services to KPM.

a. Criteria for PKH Beneficiaries

PKH recipients can be distinguished based on components, namely health, education, and social welfare components.

b. Rights and Obligations of PKH Beneficiary Families

PKH is entitled to PKH social help; PKH social assistance; services in health, education, and/or social welfare facilities; and complementary assistance programs in the fields of health, education, energy subsidies, economy, housing, and the fulfillment of other basic needs. The obligations of KPM-PKH in normal conditions consist of: The health component consists of pregnant/postpartum/breastfeeding mothers, early childhood (0-6 years old) who are not yet in school are required to have their health checked at health facilities/services in accordance with health protocols; the education component consists of 12 years old compulsory school-age children, required to participate in learning activities with an attendance rate of at least 85% of effective study days; The Social Welfare component consists of the elderly and/or people with severe disabilities, who are required to participate in activities in the social welfare sector as needed, which are carried out at least once a year; KPM attends group meetings or Family Capacity Building Meetings (P2K2) every month; All KPM members must fulfill their obligations, except in the event of force majeure; KPM who do not fulfill their obligations will be subject to sanctions. The sanctioning mechanism is further defined in the guidelines for implementing commitment verification.

Poverty Alleviation Program through PKH in Aceh Besar District

As an effort to accelerate poverty reduction, since 2007, the Government of Indonesia has implemented the PKH. The Social Protection Program, which is also known internationally as Conditional Cash Transfers (CCT), has proven to be quite successful in tackling poverty faced in several countries, especially the problem of chronic poverty (<https://pkh.kemsos.go.id>, 2019). The PKH is one of the government programs from various cross-sectors that aims to reduce the poverty rate of the Indonesian people by providing conditional cash assistance. It has been shown that PKH helps meet the costs of education and health, consumption, and a more decent life (Isdijoso *et al.*, 2018). PKH is also one of the policies of the government to anticipate existing economic problems. Government policies are actions taken by the government that affect a large number of people. It further explains that government policy means government skills to carry out their duties and responsibilities (Sadhana, 2015).

The PKH is the development of a social protection system that can alleviate and assist very poor households in gaining access to health services and basic education. PKH participants are very poor household in accordance with BPS criteria and meet one or more program criteria, including having pregnant/delivery/postpartum mothers, and/or having children under five or children aged 5-7 years old who have not yet entered primary school education, and/or having children aged 5-7 years old. Elementary and junior high school and children 15-18 years old who have not completed basic education (Sosial, 2020). The implementation of PKH is among others by PKH social assistants. This is used to accelerate the achievement of PKH's objectives, namely to create changes in the behavior and independence of KPM related to the use of health services, education, and social welfare. This assistance is not only aimed at individuals but also assistance to PKH groups. In addition, the PKH group assistance known as family capacity building is also involved relates to the importance of child care, education, and protection, health, family financial management issues to social welfare in the family environment, in order to create prosperous family behavior. The welfare obtained by the community cannot be separated from the activities by the community itself. Economic activity will produce goods and services as well as economic value-added and social value-added for the community. Therefore, the higher the economic activity in an area, the higher the welfare of the community, and vice versa (Faizal, 2013).

From the point of view of social welfare, it can be understood that PKH is inappropriate if it is mentioned as a poverty alleviation program, seen as a social protection program PKH can be said to be appropriate but its effectiveness has not been measured. Moreover, there are no indicators that measure whether the poor have undergone changes and are ready to accept poverty alleviation programs with an empowerment model. It is feared that if it is not supported by other efforts, the number of recipients of this program will increase, and the level of community dependence on assistance becomes very high which shows the failure of government programs in increasing community empowerment (Suleman & Resnawaty, 2017).

Related to the previous research, according to several studies, it was explained that the implementation of the policy on the PKH program in breaking the poverty chain (study in Mojosari District) used a qualitative descriptive method which was carried out through interviews with informants. This research shows that, in general, the implementation of this program has been running quite well. When viewed from the condition of the recipients of the assistance, they use it to help with social and educational conditions and make participants are aware of the importance of education and health services (Purwanto *et al.*, 2013). The effectiveness of the PKH in Pandak Bantul District explained that the PKH in poverty reduction efforts is not effective in terms of indicators in the form of understanding the program, being on target, on time, achieving goals, and real change (Astari & Pambudi, 2018). Meanwhile, regarding the effectiveness of the PKH in poverty reduction (a case study

at Kota Utara district, Gorontalo city) shows that this study succeeded in testing the hypothesis that it had a positive and significant effect in tackling poverty (Usman, 2014).

Results of several previous research showed that socialization of the PKH has been carried out effectively. It can be seen from the number of poor people every year decreasing with increasing population. The implementation of the PKH program suitable to the duties and authorities of the SOP. The initial socialization has been well, data updates are always by the facilitator at every meeting, education and health verification have been well, it is just that the facilities for PKH facilitators are still lacking (Reinelda, Yunarni, & Setiawati, 2019).

Implementation of the PKH in Binongko District, Wakatobi Regency, explained the results of his research showed that the implementation of PKH in Binongko District experienced many obstacles and implemented properly. The socialization is comprehensive, so it does not get support from related parties. The data collection of PKH recipients is not comprehensive, there are still many who have not received PKH. Mentoring was carried out properly and the use of PKH funds by RTSM is often used outside the provisions. In the long term, it has not been able to significantly change the mindset and behavior of the RTSM (Elwan, 2018).

4. Conclusions

The PKH reduces poverty in Aceh Besar District. The data collection of PKH recipients was carried out according to established procedures and conditions. Despite the fact that there were still many people who should be included in the criteria but have not yet received them. The distribution process is carried out by PKH officers. PKH funds are often used for purposes other than PKH provisions. The PKH in the health sector is to increase awareness and accessibility of the poor to health services. So that people are more aware of the importance of health in life. In addition to health problems, education issues must also be considered considering that people do not really attach much importance to education and even children have to work to help their families.

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