

SOCIAL PROTECTIONS IN HEALTH AND EDUCATION THROUGH THE HOPE FAMILY PROGRAM: A CASE STUDY IN WANAYASA VILLAGE, WANAYASA SUB-DISTRICT, PURWAKARTA REGENCY

Yuyun Yuningsih^{1*}, Sumardani¹, and Ummi Hani¹

¹Faculty of Social and Political Sciences, Pasundan University, Jl. Lengkong Besar No.68
Bandung 40261, Indonesia

* Corresponding Author: yuyun.yuningsih@unpas.ac.id

ABSTRACT

Hope Family Program (HFP) commenced in 2007 served as a part of social security for the very poor households (VPH) to get their descent out from the poverty trap. HFP is focused on health and education sectors since both sectors are the core for life improvement of society. It has been implemented in 33 provinces with varying effectiveness. The purposes of this study were to identify the effectiveness of HFP implementation in Wanayasa Village, Wanayasa Sub-district, Purwakarta Regency and to reveal various related aspects that could potentially impact the success of the program. The study was conducted using quantitative descriptive approach by involving 41 participants from VPH joining to HFP implemented in the village as the respondents. A SWOT analysis was performed to explore the underlying issues as to the effectiveness, coverage, and sustainability of the program. In most cases, the respondents acknowledged that HFP had been well implemented and the received cash was sufficient to cover the expenses for children education and health care. The performed SWOT analysis leads to some offered approaches for the program improvement in the village.

Keywords: children education, healthcare, hope family program, social protection

INTRODUCTION

Poverty affecting people of Indonesia is a paradoxical problem considering the abundant natural wealth and talented human resources. Poverty has a negative impact on the family functioning system as a whole (Banovcinova *et al.*, 2014) but children are the most adversely affected in respect to their development (Evans & Kim, 2013). Yoshikawa *et al.*(2012) noted that poverty can lead to mental, emotional, and behavioral disorders of the children. Under such circumstance, tomorrow's labor force will be less productive and, in turn, will create a 'trap' where the poverty is transferred to the next generation.

Various efforts to alleviate poverty in Indonesia have been made by the government from time to time. Some achievements had been made but the poverty rate was not maximally reduced. The data released by Statistics Indonesia (2017) showed that the poverty rates tended to decline during the last three years (11.2% in 2015; 10.86% in 2016; and 10.64% in 2017). Nevertheless, these rates remain high in a population over 250 million and still become an important issue needs to be continuously suppressed.

Among the poverty alleviation programs currently ongoing, hope family program (HFP) is positioned as an epicenter in alleviating the poverty. HFP was commenced to serve as social protection assistance to the beneficiaries of very poor and vulnerable families, specifically to pregnant women, nursing mothers, a woman with toddlers and/or with children aged elementary and secondary school-aged children. HFP is a conditional cash transfer (CCT) devoted to the beneficiaries based on the terms and conditions to fulfill their basic needs and living standard through access to education, health, and social welfare services. As a whole, the program is addressed not only to reduce the poverty rate but also to break the inter-generational poverty chain, improve the quality of human resources, and change the behavior toward the welfare improvement. A presumption embedded in HFP is that the social protection mainly for education and health would be an investment in human development at an earlier age by inducing the very poor families to empower themselves and help bring their future generations out of poverty.

The scheme of CCT as adopted by HFP has been proven effective in alleviating poverty in many parts of the world under various terminologies. Son (2008) reported that CCT implemented in the Latin American countries, including Mexico, Brazil, Columbia, Honduras, Jamaica, and Nicaragua, has been perceived as an effective tool for poverty alleviation. A similar experience has also been shared by India (Fiszbein & Schady, 2009) and Bangladesh (Ferré & Sharif, 2014). Over a decade since its commencement in 2007, there have been more than 6 million family beneficiaries of CCT administered through HFP nationwide (MIOL/RO, 2017). However, the effectiveness of the program varied among localities (Alatas *et al.*, 2011; Purwanto *et al.*, 2013; Solekhati, 2014; Tlonaen *et al.*, 2015;

Purwakarta Regency started HFP in 2012 to cover 12,000 beneficiaries of very poor household (VPH) spread over 17 sub-districts. For Wanayasa Sub-districts, there were 1101 beneficiaries of VPH with Wanayasa village shared 66 beneficiaries. This study was performed to reveal the effectiveness of HFP implemented in Wanayasa Village, Wanayasa Sub-district, Purwakarta Regency and to elaborate the relevant solutions for the problem related to the implementation of the program in the area.

RESEARCH METHOD

This study was performed in 2017 at Wanayasa Village, Wanayasa Sub-district, Purwakarta Regency. The source of primary data was generated from the survey involving the purposive samples of 41 participants from VPH joining to HFP implemented in the village. The study was initiated by the fact-finding process among the beneficiaries as to the involvement of the respondents in the program and followed by the primary data collection through non-participant observations, questionnaire, and interview. During the data collection, the respondents were encouraged to express their understanding on the purpose of HFP, the mechanism of channeling of funds, the timing of fund disbursement, the readiness of assistants, and their perception regarding the implementation of the program. The collected data were then converted to Likert scales prior to the analysis using a descriptive method. The secondary data were obtained by an intensive document review technique to reveal the relevant, comprehensive and accurate information related to the issues under study. The gathered information was then used as the basis for the development of a SWOT analysis.

RESULTS AND DISCUSSION

The program implementation

The implementation of HFP was administered through the coordination and accompaniment of the beneficiaries using the following mechanism:

1. Initial meeting

The initial meeting is conducted as part of the socialization of the program to the prospective HFP participants with respect to the benefits, responsibilities, and commitments when joining the program. This meeting is also used to verify and validate the eligibility of the participants, to issue the participant cards, to form groups of 15 to 25 participants, and to establish a schedule for the group meetings. The meeting is coordinated by Wanayasa Sub-district HFP implementing unit and attended by school and health personnel.

2. Payment Process

The payments to HFP participants were made by the Post Office every three months and the participant has to visit the Post Office in person at the specified time, but since 2017, the payments are made by cash transfer to the participants' bank account with the same frequency.

3. Group meeting

The group meetings are compulsory and conducted every six months at the agreed times. The meetings are coordinated by the HFP companion and aimed to resocialize the program, identification of the change of participants' status, and to accommodate the complaints. All complaints will be received, completed and passed to a higher level to find the best solutions and to improve the quality of the program.

4. Mentoring

The companion is scheduled to give a regular mentoring to HFP participants. The mentoring activities include visits to health and education service units, visiting families to assist them in the process of registering children in school, arranging birth certificates and regularly checking to the nearby health center.

5. Home visit

A home visit is made by the companion to the participants who cannot come to the group meeting for a particular reason. For example, the participant residing very far from the meeting place, taking care of children, sick, or unable to hold the commitments.

7. Service providers visit

This activity is a routine task for the companion and the City / District Coordinator in monitoring the smoothness and feasibility of service activities provided by both education and health providers to the FHP participants. The agenda discussed in the visits are related to monitoring FHP participants to carry out their obligations, such as pregnant women to check their health and attendance of children of PKH participants to school.

8. Consolidation

This activity is a routine agenda for the program facilitators and another team to accommodate all inputs from the implementation of FHP, to discuss the emerging issues, and to follow up in the form of the improved program implementation.

9. Self- capacity improvement

Self-capacity improvement is addressed to the program companions in respect to the quality of companionship and quality of the program implementation. Self-capacity improvement is obtained by sharing the field experiences, discussions, and meetings (at least once a month) among the companions from the same sub-district and other sub-districts within Purwakarta Regency.

Although all the efforts had been made to assure that HFP was implemented effectively, the perception of the program implementation was varied among the respondents (Figure 1). The fact that 14.6 % and 56.1% of the respondents considered that the program implementation was excellent and good, respectively, indicated that the majority of beneficiaries were satisfied with the program implementation. Closer inspection indicated that most of the good appreciations to the program implementation came from the very poor household respondents. In other words, HFP along with its implementation had been on target. Nevertheless, further improvement in the implementation should be made through identification of the issues related to the services received by the individual beneficiaries.

Fulfillment of education and health needs

The expenditures for education and healthcare have a significant financial burden on poor families. With a limited income, the poor families would be unable of meeting their health and education needs, even at minimal levels. In this case, the cash transfer provisioned through HFP was aimed to help the poor families in getting better access to educational and health services without overburdening the family finance.

Figure 2 depicts the proportions of respondents in appreciating the cash transfer for their children educational expenses. Although the access to the educational facilities up to secondary school had been widely opened to the children of the poor families, less than half of the respondents found that the cash was very useful (4.9%) and useful (41.9%), while the remaining respondents deemed that the cash was somewhat useful (36.6%) and less useful (17.1%). The latter appreciations, to some extent, were resulted from the insufficiency of the cash to cover the children side expenses. Many of the children had to go to schools located reasonably distance from their homes. Consequently, they needed extra cash for pocket money and the cost of transportation. Similar phenomena had been reported in a number of studies (Samosir, 2013, Rostyaningsih, 2015; Daryono *et al.*, 2017).

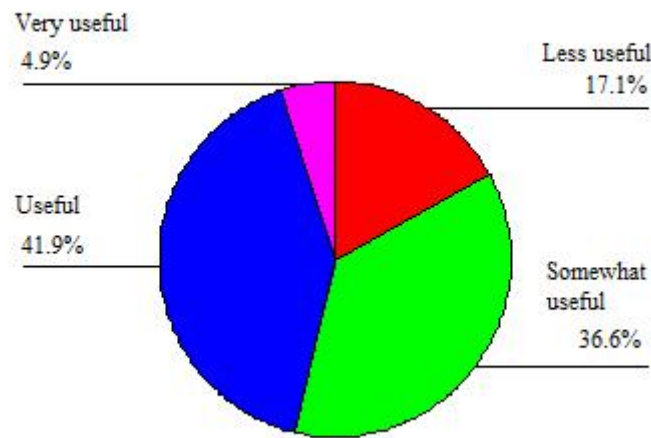


Figure 2. The appreciation of the respondents to the usefulness of HFP fund for education

In term of health care, HFP is aimed to improve the life quality of the poor, mainly the health status of pregnant woman, children aged 0-15 years, and postpartum women. For this reason, all the engaged health providers along with the field companion had made an easier access for the poor to acquire the free services. The transferred cash, in turn, is expected to be spent for the improvement of the family nutritional status. With respect to the sufficiency of the implemented HFP in fulfilling the health needs, the respondents considered that the cash was very sufficient (22.0%) and sufficient (68.3%) for improving the nutritional status of their families, despite the remaining respondents (9.8%) considered somewhat sufficient and insufficient (Figure 3).

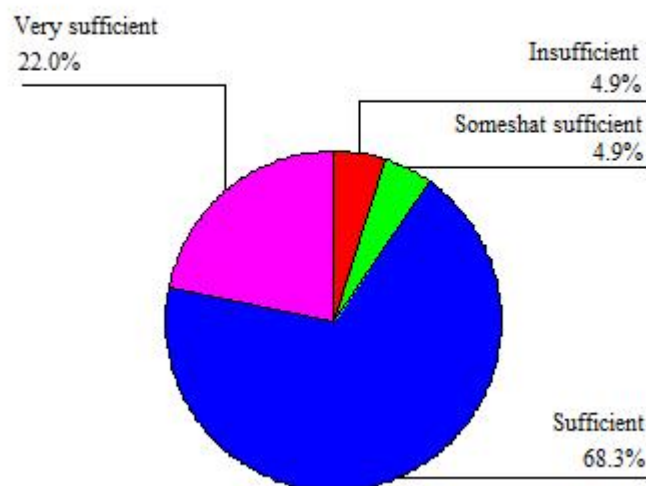


Figure 3. The perception of the respondent to the sufficiency of HFP fund for the healthcare

It shows that 68.3% of their respondents gave the opinion of HFP aid funds they received was sufficient to fulfill the health needs of their families, even 22.0% of other respondents gave an assessment that HFP aid funds received were sufficient to fulfill their health needs despite 4.9% respondents who answered that HFP aid funds they received were inadequate to fulfill the health needs of their families.

SWOT analysis on the implementation of HFP

Although HFP has been implemented in Wanayasa Village for 6 years, there were some issues related to the effectiveness, coverage, and sustainability of the program. The SWOT (strengths, weaknesses, potentials, and challenges) analysis performed in this study was to assess a comprehensive solution for improving the performances of HFP implementation in Wanayasa Village.

Strength

1. The beneficiaries of HFP were at productive ages and had the capability of performing activities to meet the needs of daily living.
2. Both educational and health facilities had good building conditions with adequate equipment support and qualified teachers and health workers.
3. The beneficiaries of HFP had the awareness of the importance of education and health. Their school-aged children were always encouraged to go to school, pregnant women conducted routine pregnancy visit, and the toddler was regularly sent to integrated service post (known as 'Posyandu') for examination and vitamin provision.
4. The beneficiaries of HFP had strong motivations to improve their living standard.

Looking at the existing strengths in the implementation of HFP in Wanayasa Village, it can be noted that most of HFP participants are productive and have the capability of developing themselves for improving their living standard. Addition skill training and working capital support for them would strengthen their self-capacity in gaining better family life. Moreover, education and health services are available in Wanayasa Village and granting access to these services makes HFP participants no longer have difficulties in receiving services to enable their further generations free from the poverty trap.

Weakness

1. The recruitment of HFP beneficiaries was based on the baseline data of the previous Direct Cash Assistance program obtained from the Statistics Central Agency.
2. The socialization of HFP did not cover the entire population.
3. Most of the beneficiaries of HFP made money as traders, laborers, and craftsmen for simply covering the basic daily needs.
4. There is strong believes among the poor that poverty is predetermined fate.

The first two weaknesses imply that the data accuracy and the dissemination of the program were inadequate to target the VPH from the entire population. A regular updating of the poverty data along with the widening scope of the program socialization would lessen these weaknesses. Similarly, the family income that is only sufficient to cover the basic daily need will be susceptible to the misuse of the received cash. Intensive monitoring on the money usage and mentoring would render the issue. Moreover, the wrong belief about poverty should be erased from the society mindset by all means.

Opportunities

1. The central government had a strong commitment to making HFP program as lifting life for VFP through education and health to break the chain of poverty.
2. All field companions for HFP are recruited through a strict selection process to ensure the smoothness of the program implementation.
3. There is no rigid specification in the use of the received HFP cash.

The strong commitment made by the central government in poverty alleviation as supported with a well-structured organization and competent personnel in the implementation of the program become the basic capital for the effectiveness of the overall goals of HFP. Additionally, as there is flexibility in spending the received cash, the VPH can use the money as venture capital for small business besides fulfilling children's school needs.

Threats

1. A number of HFP beneficiaries in a village depends on the allocated HFP fund for the village.
2. HFP is only addressed for the VPH with a pregnant woman or with school-aged children and recorded on the data of poor.
3. Poor data updating can result in unreplaced some beneficiaries who were no longer participating in the program.

Under a predefined number of HFP beneficiaries due to the limited budget allocation, the program should be prioritized to the extremely poor households. Consequently, the accurate poverty data covering the level of poverty for the entire population should be regularly updated. This will also resolve the issues related to non-eligible beneficiaries.

CONCLUSION

In general, HFP had a positive impact on VPH of Wanayasa Village in fulfilling the health and education. Nevertheless, further improvements are required to warrant the effectiveness and smoothness of the program implementation. These include the improvement of the data accuracy on poverty, good monitoring and mentoring, and self-capacity improvement among the beneficiaries.

REFERENCES

- Alatas, V., Cahyadi, N., Ekasari, E., Harmoun, S., Hidayat, B., Janz, E., & Jellema, J. (2011). Program Keluarga Harapan: main findings from the impact evaluation of Indonesia's pilot household conditional cash transfer program. *New York: World Bank*.
- Banovcinova, A., Levicka, J., & Veres, M. (2014). The impact of poverty on the family system functioning. *Procedia-Social and Behavioral Sciences*, 132, 148-153.
- Daryono, D., Asnawi, M., & Hafizrianda, Y. (2017). An analysis of management of Family Hope Program for poor households in Jayapura Municipality. *Jurnal Kajian Ekonomi dan Keuangan Daerah*, 1(3): 96-116
- Evans, G. W., & Kim, P. (2013). Childhood poverty, chronic stress, self *Child development perspectives*, 7(1), 43-48.
- Ferré, C., & Sharif, I. (2014). *Can conditional cash transfers improve education and nutrition outcomes for poor children in Bangladesh? Evidence from a pilot project*. The World Bank.
- Fiszbein, A., & Schady, N. R. (2009). *Conditional cash transfers: reducing present and future poverty*. The World Bank.
- Indonesia Statistics (2017). Poverty and inequality: Dynamic Table. BPS-Statistics Indonesia. Retrieved from <https://www.bps.go.id/site/resultTab>.
- MIOL/RO. (2017, May 8). Mensos pastikan kesiapan PKH non tunai untuk 6 juta penerima. Media Indonesia. Retrieved from <http://media.indonesia.com/read/detail/103856-mensos-pastikan-kesiapan-pkh-non-tunai-untuk-6-juta-penerima>.
- Purwanto, S. A., Sumartono, S., & Makmur, M. (2013). Implementasi kebijakan Program Keluarga Harapan (PKH) dalam memutus rantai kemiskinan (Kajian di Kecamatan Mojosari Kabupaten Mojokerto). *WACANA, Jurnal Sosial dan Humaniora*, 16(2), 79-96. [In Indonesian]
- Rostyaningsih, D. (2015). Implementasi Program Penarikan Pekerja Anak – Program Keluarga Harapan (PPA-PKH) di Kabupaten Magelang. *Gema Publica*, 1(1): 15-30. [In Indonesian]
- Samosir, A. P. (2013). Analisis efektivitas pelaksanaan program keluarga harapan 2011 (*Jurnal Borneo Administrator*, 9(2): 2008-22. [In Indonesian]

- Solekhati, L. (2014). *Evaluasi implementasi kebijakan PKH (Program Keluarga Harapan) Studi Kasus Kebijakan PKH di Desa Tepus, Kabupaten Gunung Kidul, Yogyakarta* (Doctoral dissertation, Universitas Gadjah Mada). [In Indonesian]
- Son, H.H. (2008). *Conditional cash transfer programs: An effective tool for poverty alleviation?*. ERD Policy Brief No. 51, Asian Development Bank.
- Statistics Indonesia. 2017. Poverty and inequality: Dynamic Table. BPS-Statistics Indonesia. Retrieved from <https://www.bps.go.id/site/pilihdata.html>
- The World Bank. (2017). Poverty & Equity Data Portal: Indonesia. The World Bank Group.
- Tlonaen, Y. B., Hardiyanto, W. T., & Diahloka, C. (2015). Implementasi Program Keluarga Harapan (PKH) untuk Meningkatkan Kesejahteraan Masyarakat Miskin. *Fakultas Ilmu Sosial dan Ilmu Politik*, 3(1): 29-37. [In Indonesian]
- Yoshikawa, H., Aber, J. L., & Beardslee, W. (2012). The effects of poverty on children's mental, emotional and behavioral health: Implications for prevention. *American Psychologist* 67(4): 272–284.