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The implementation of multi-organization model on Program Keluarga Harapan in Makassar city

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Abstract

This social science research on the implementation of the *Program Keluarga Harapan* (PKH) in Makassar City was carried out due to the phenomenon of nonoptimal coordination and service between multi-organizations. The mindset of multi-organizational work unit leaders has not yet comprehended the importance of the actors involved. When the actors from each multi-organization show sectoral selfishness, it is not impossible that the PKH program can be disrupted in its implementation. This problem is thought to be the cause of the PKH program which is not able to show optimal results. The problems are including the non-optimal data on PKH recipients, causing PKH assistance to be not on target and lead to social jealousy among residents. Having established these problems, the model of multi-organizations in implementing PKH is really needed. This study aimed to analyze and explain the performance of multi-organization and PKH implementation in Makassar City. The research was based in Makassar City, considering its status as the province capital. The descriptive qualitive method was used. The results of this study indicate that performance of multi-organizations in the implementation of PKH has not shown optimal results, differences in views between the mayor and technical officers are still visible and egoism across multi-organizations cannot be avoided. On the otherhand, the implementation of PKH in Makassar City has started to improve. This can be seen in the ability of the field technical team in running the PKH program. They are deemed as quite experienced and favored by the PKH beneficiary groups.

Introduction

The performance of the public sector in presenting public welfare is a crucial topic in recent social science studies. The public sector is the government sector (Schoenhard, 2008), covering all departments, offices, organizations and other agencies of government at the central, state, or local level (Ruggeri, 2005). The main responsibility of the public sector is to guarantee and

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promote the general welfare of its citizens (Ostrom, 2006). The government implements policies in order to generate a practical effect on these core responsibilities while institutions at all levels implement them as a process of sustainable development (Minnaar, 2010)

One of the Indonesian government's policies in overcoming this problem is through the *Program Keluarga Harapan* (PKH) as mandated in Presidential Regulation Number 15 of 2010 concerning the Acceleration of Poverty Eradication. The implementation of PKH in Makassar City is coordinated by the Makassar City Social Service with the aim of reducing the amount of poverty, which leads to an increase in the quality of human resources, especially among the poor families. The specific objective of the PKH program is to improve the socio-economic conditions of Very Poor Households (*Rumah Tangga Sangat Miskin*/RTSM).

One of the government policies in implementing PKH in Makassar City is coordinated by the Makassar City Social Service, namely Makassar Mayor Regulation Number 70 (2015) concerning Makassar City Regional Poverty Reduction Strategy, which aims to reduce the amount of poverty through the realization of coordination, integration, synchronization and consistency among stakeholders in poverty eradication. The performance of the government in guaranteeing and promoting welfare is really imperative today. Various policies have been issued by the Makassar City Government in guaranteeing and promoting welfare, but these conditions have not been optimal. The data shows that there are unsatisfactory conditions associated with maternal and child health, such as malnutrition, stunting and underweight. The maternal and child mortality rates in Makassar City during the previous two years were also quite high, reaching 26,937 child deaths, while the maternal mortality rate increased from 5 people to 10 people (South Sulawesi Health Office, 2020).

The health conditions of mothers and children as mentioned above are the result of unsolved problems related to the lack of synergy between the multi-organizations in PKH implementation. There are different views of actors starting at the regional level down to the local level, including NGOs and community leaders. There are also sectoral egos. Furthermore, the problem that arises is that there is no direct involvement of external organizations, especially the BPS and Population Offices in updating data, which is the authority of the regional government. This resulted in the discovery of PKH recipients who died, including names of PKH recipients who improved their economic conditions.

Based on the problems in PKH program implementation as described above, the research questions were then formulated: (1) How is the performance of multi-organization model in PKH implementation in Makassar City?; and (2) How is the implementation of the Program Keluarga Harapan (PKH) in Makassar City? The objectives of this studywere: (1) to analyze and explain the performance of multi organizations in PKH implementation in Makassar City; and (2) to analyze and explain the implementation of PKH in Makassar City. This study used the PCA Theory by Ostrom and Ostrom (1971) to explain the performance of multi-organizations in PKH implementation in Makassar City. Furthermore, to explain the PKH implementation model in Makassar City, the author used the theory by Hogwood and Gunn (1986).

Literature Review

Policy Implementation Model Theory from B.W. Hogwood & L.A Gunn

Top down implementation emphasizes the importance of controlling the administrative system so that the implementation of policies can be achieved perfectly. However, Hogwood and Gunn realized that the conditions they wanted were almost impossible to achieve in the real world. Hogwood and Gunn (1986) formulated the stages of policy implementation which include: (1) Combination of a program plan with clear goal setting; (2) Determination of implementation standards; (3) Determination of program costs and implementation time; (4) Utilization of staff structures, procedures, and methods; (5) Conducting implementation monitoring; and 6) Supervision to ensure the smooth implementation of the program. Thus, if there is a deviation to the program, appropriate action can be taken.

The Policy Implementation Model from Hogwood and Gunn (1986) states that in order to implement a policy properly, it requires the support of several factors, including: (1) External Factor: external factors faced by executive stakeholders that have been calculated will not cause disturbances that can hinder the program implementation process; (2) Implementation Time Factor: the time and resources for the Program Implementation have to be available in adequate quantities; and (3) Combined Factor: All necessary resources such as financial resources, human resources, and equipment resources must be fully available.

Public Choice Approach (PCA) Theory from Ostrom and Ostrom

From the various theories of the Public Choice Approach (PCA) on the performance of public organizations, the authors chose the PCA Theory from Ostrom and Ostrom (1971). In an article in the Public Administration Review, Ostrom and Ostrom promote PCA as a way to study public administration. Ostrom and Ostrom do not propose a formal name for their theory, but most of their notions emphasize the idea of collective decision.

Based on the results of their analysis, Ostrom and Ostrom (1971) proposed collective decision theory in the PCA tradition which states, "a public administration system consisting of multiple multi-organizational arrangements and which is heavily focused on mobilizing client support will result in high level of public administration performance in advancing the welfare of society". Based on the problems in this study, the literature review that was derived is very suitable in using the theory of the Policy Implementation Model from B.W. Hogwood & L.A Gunn and the Theory of Public Choice Approach (PCA) from Ostrom and Ostrom to answer the research questions.

Program Keluarga Harapan (PKH)

Regulation of The Minister Social Affairs No. 1 (2018), states that the *Program Keluarga Harapan* (PKH) is a program of providing conditional social assistance to families or underprivileged people who are registered in integrated data processed in poverty management programs. The monthly PKH 2020 social assistance schemes are presented in Table 1.

Methodology

Study Design

This study used a qualitative approach because it allowed authors to explore an event, activity, process or individual in-depth (Sugiyono, 2016).

Unit of Analysis

The unit of analysis in this research was the *Program Keluarga Harapan* (PKH) policy as stated in the Regulation of The Minister of Social Affairs No. 1 (2018) regarding the *Program Keluarga Harapan* that is implemented in Makassar City.

Participants

This study aimed to analyze and explain the implementation of multi-organization in the *Program Keluarga Harapan* (PKH) in Makassar City. Participants in this study consisted of 1 policy maker, 1 program coordinator, 1 program assistant, 1 health worker and 6 family beneficiaries (KPM) of PKH. Details of participant characteristics are presented in Table 2.

Data Source

This study used various data sources, such as interviews with selected participants, desk study of archives and documents of PKH programs / activities, and direct observation. The use of multiple data sources is important as it allows a triangulation strategy to be applied. This strategy is conducted in order to match field findings and to ensure the validity of the obtained data.

Table 2 Summary of Participant Characteristics

Characteristics	N	%
Policy Maker	1	10
Program Coordinator	1	10
Program Assistant	1	10
Health Worker	1	10
Family Beneficiaries (KPM)	6	60

Table 1 2020 PKH Monthly Social Assistance Schemes

No	Category	Index/Year	Index/Month	Additional 25%
1	Pregnant Mother	Rp. 3.000.000,-	Rp. 250.000,-	Rp. 3.750.000,-
2	Toddlers	Rp. 3.000.000,-	Rp. 250.000,-	Rp. 3.750.000,-
3	Primary School Student	Rp. 900.000,-	Rp. 75.000,-	Rp. 1.125.000,-
4	Junior High School Student	Rp. 1.500.000,-	Rp. 125.000,-	Rp. 1.875.000,-
5	Senior High School Student	Rp. 2.000.000,-	Rp. 166.000,-	Rp. 2.500.000,-
6	Person with Disabilities	Rp. 2.400.000,-	Rp. 200.000,-	Rp. 3000.000,-
7	Elderly People	Rp. 2.400.000,-	Rp. 200.000,-	Rp. 3000.000,-

Source: Data processed from the Directorate General of Social Protection and Security (2020)

Data Analysis

Data were collected through direct interviews with 10 key participants from the program management and PKH family beneficiaries with various characteristics. The Multi-Stakeholder Analysis (MSA) procedure was used to analyze valid and reliable data using the 3 factors mentioned in the previous section.

Validation of Research Findings

The research findings were validated by examining the research subjects, extending the time of interaction with the subject and extending the description and explanation supported by evidence that could be traced in empirical data with the Guba and Lincoln assessment method with four criteria: credibility, confirmability, transferability, and dependability (Golafshani, 2003).

Results and Discussion

Multi-Organizational Performance in the Implementation of the PKH in Makassar City

The Regulation of the Mayor of Makassar Number 70 (2015) concerning the Regional Poverty Eradication Strategy of the City of Makassar mandated the importance of multi-organizational involvement to realize national coordination, integration, synchronization, and consistency among stakeholders in poverty eradication in Makassar City. Therefore, based on this policy, the local government in poverty eradication in the PKH program has involved multi-sectoral organizations such as technical Regional Organizations (OPD) like the Regional Planning Agency, Social Service, Health Service, Education Office. Parties involved from outside of the government are businesses units, non-governmental organizations, and academics.

The Regional Development Planning Agency carries out technical administrative tasks, prepares policy materials, provides coordination and plans activities. The Social Service acts as the agency that compiles poverty eradication strategies. The Health Office acts as the officers of the PKH health program. Academics have the function of providing academic studies and scientific recommendations to stakeholders. The functions and roles of the business units in PKH emphasize more on the utilizations of community social responsibility/CSR through business assistance, infrastructure development, school rehabilitation assistance and clean water fulfillment. The involvement of NGOs functions as program implementer in their own regions, hoping that community involvement in government programs can create a sense of ownership to the development efforts that are being pursued.

However, based on the results of the research, it was found that the cooperation between the local government, business units and the community in implementing PKH was not optimal because these multi-organizations were not yet organized. The collaboration scheme between the government, the business units and the community was still seen as mobilization and a mere prerequisite. On the otherhand, the problems related to cooperation with multi organizations in PKH have not run optimally because each OPD in the PKH program is still working for its own interests. Furthermore, there are still high sectoral egos. The large number of organizations involved complicates coordination problems. Many of the central government's tasks related to public services become a burden on the regional bureaucracy. There is also a lack of budget support for institutional operations and low level of support from the local government as the Head of the Poverty Eradication Coordination Team. The problem in formulating the preparation of periodic assignment reports has an impact on the implementation of the PKH program in reducing the poverty rate in every poverty eradication program in South Sulawesi Province. Here is the result of interviews with informants in regards to multi-organizational cooperation in PKH:

Multi-organizations in the PKH program have been formed, involving (1) the Coordinating Minister for Human Development and Culture, who is in charge of coordinating the implementation of all poverty eradication programs in Indonesia; (2) Bappeda which is in charge of planning and monitoring and evaluating programs; and (3) The Ministry of Health which plays a role as a health service provider and assists in the implementation of health verification. (Mr. BG, Head of BJKS Control, Makassar City Social Service, Interviewed 31 August 2020)

The PKH is a cross-sectoral team. It is a team that works to help implement PKH consisting of 63 PKH Facilitators, 4 Data Base Administrators (APD), 3 Supervisors, and 1 City Coordinator (Korkot), who are recruited directly, specifically and openly by the Ministry of Social Affairs of the Republic of Indonesia. The recruitment process pays attention to the minimum education level of a bachelor's degree. They are also given technical guidance and certification so that they have the capacity to work as a contracted employee and then get paid. (Mr. NB, PKH Coordinator for Makassar City, Interviewed 28 August 2020)

The statements of the two informants above emphasize that the implementation of PKH in Makassar City is carried out and supported by multi-organizations with their respective duties and functions. The findings of low multi-organizational performance in PKH implementation show that such is caused by high sectoral egos in PKH implementation.

Implementation of the Program Keluarga Harapan (PKH) in Makassar City

The explanation of each theory indicator of PKH implementation in Makassar City based on the research results are as follows:

External factors

Some obstacles in policy implementation are often beyond the control of administrators because these obstacles are beyond the scope of the policy authority of the implementing office. These obstacles may be physical or political (Hogwood and Gunn, 1986). In regards to the concept of PKH Implementation in Makassar City, it was found that external involvement of organizations, especially in managing poverty data, was only done by Bappeda while the involvement of the Statistics Management Agency (BPS) and the Population Service was not yet proactive in this PKH program. As a result, it had caused disruption into the national data synchronization. According to Mr. NB who is the PKH Coordinator for Makassar City:

Due to the fact that BPS has not been directly involved in direct data collection of the poor, there are obstacles faced related to the PKH micro data (names and addresses of poor families). The problem that arises when there is national assistance is that sometimes there are people who do not get assistance because the data update is still not optimal and this affected the implementation of PKH. Integrated Social Welfare Data (DTKS) are found to be not physically updated. (Mr. NB; PKH Coordinator for Makassar City, Interviewed 28 August 2020)

Mr. BG as the Head of the Control of the Makassar City Social Service BJKS also stated that:

Due to outdated data, this program has become misdirected at times. This has led to social jealousy from the community because there are those who are not recorded and do not receive assistance. Furthermore, there were also technical obstacles like the large number of PKH recipient families who moved from place to place causing difficulties in the program assistance, especially when the recipient family did not report to the Facilitator. (Mr. BG, Head of BJKS Control, Makassar City Social Service, Interviewed 31 August 2020)

Apart from the aforementioned statements, in this implementation process, there are also several supporting factors. During the implementation of PKH, the government has also collaborated with academics who at any time need poverty data. Thus, this demand makes the government intensify its data update. Research done by the academics is increasingly looking for information related to poverty data.

Implementation time factor

Most of the research participants stated that the timing of PKH implementation in Makassar City is already on track because it has been previously stated in the established plans and procedures. The procedure is set based on the stages of the verification and commitment month, which is the month used for data update. Then, the final closing month is the month of the verification deadline in which the executors verify the data before the time for distribution of aid begins. Furthermore, it was also found from the results of this study that the implementation time is divided between the time for distribution of PKH social assistance and provision of health services to PKH family beneficiaries. The schedule for the distribution of PKH social assistance is every three months with four stages, namely, January, April, July and October. On the other hand, the schedule for providing health services to PKH family beneficiaries is routinely carried out at the beginning of each month. Here are the results of an interview with Mrs. SB as a Health Officer, who said that:

The implementation time has been carried out well, and I have noticed that there are members who were once PKH family beneficiaries who were able to get out of poverty. (Mrs. SB; Health Personnel, Interviewed 10 September, 2020)

The schedule for health examination activities for pregnant women is carried out every month. The facilities given to babies every time they come to the Posyandu are porridge, vitamins, worm medicine and measurement of height and weight. (Mrs. SW, KPM PKH, Interviewed 10 September, 2020)

Based on the results of the interviews with the informants above, it can be inferred that even though the PKH implementation time has been according to the procedure and has been scheduled, the implementation for the 2020 PKH was hindered due to Covid-19 pandemic. However, according to informants, even though there was an obstacle due to Covid-19, the implementation of PKH in the health sector was still carried out and right on target. People who receive PKH

assistance continue to follow procedures according to predetermined data. The number of PKH recipients from 2017–2019 were as follows: (1) 2017: 9,054 people; (2) 2018: an increase to 14,733 people; and (3) in 2019 an increase again to 21,204 people.

Combined resources factor

In its practice, program implementation requires a combination of sources including financial resources, human resources (labor), and equipment resources that must be prepared simultaneously. The categories and criteria are shown in Table 3.

Table 3 Criteria from Combined Resources Factor

Category	Criteria
Combined Resources Factor	Financial resources
	Human resources
	Equipment resources

Financial resources

Participants in this study stated that the PKH policy implementation process could run well due to the availability of adequate financial resources. In regard to PKH program, the Makassar City Government proposed a PKH budget every year, then the disbursement process is carried out on a quarterly basis and directly to the PKH family beneficiaries accounts. This account is a payment instrument that features electronic money and savings that can be used as a medium for distributing various PKH Social Assistances including the *Kartu Keluarga Sejahtera* (KKS). PKH budget can be disbursed if the data have been verified. The amount received by beneficiaries depends on category and number of beneficiaries in a family.

The amount of KPM depends on the category. There are three categories, namely, the health category (for toddlers or pregnant women), the education category and the category for the elderly and disabled. Pregnant women and toddlers receive assistance of Rp. 250,000 / month. For the education category, the amount varies. Elementary school students receive Rp. 75,000 / month, junior high school students receive Rp. 125,000 / month and high school students receive Rp. 165,000 / month. The elderly and people with disabilities receive Rp. 200,000 / month. Disbursement of cash assistance since the pandemic has been carried out monthly or usually quarterly. In October, it will return to the original scheme. If the family beneficaries do not fulfill attendance on the control card, then the assistance will be suspended". (Mrs. ES, Interviewed, 09 September 2020)

PKH budgets vary each year. PKH can only be disbursed if there is verification on the beneficaries' health, education and welfare. The PKH budget is a stimulant aid to access health and education services. (Mr. NB, PKH Coordinator for Makassar City, Interviewed 28 August, 2020)

Human resources

Based on the results of the study, it was found that the human resources who were directly involved in this program showed good performance in the implementation of the PKH program. This is because all human resources who are directly involved in the program had passed through extensive recruitment. In addition to that, throughout the course of the program implementation, all facilitators were given guidance and were certified accordingly to the criteria of the Ministry of Social Affairs. All employees who meet the requirements were then given technical training. Furthermore, the officers were also certified. The executors of the PKH program in Makassar Citywere: (a) Facilitators, (b) Database Administrators (APD), (c) Supervisor, and (d) PKH Coordinator. The PKH Facilitators consist of 63 people, 4 APDs, 3 Supervisors and 1 PKH Coordinator. All PKH Facilitators who were appointed as executors had direct contact with PKH family beneficiaries in the field.

In order to become officers in the PKH program, all of us are selected according to the criteria of this program. For instance, as the staff who handle budgeting, we are required to have the ability in finance. We must have the knowledge that is related to data acccounting calculations. (Mr. MCL, PKH Facilitator for Makassar City, Interviewed 9 September, 2020)

Equipment resources

Based on the results of this study, it was found that the facilities and infrastructure resources in the PKH program had been provided by the central government in collaboration with local governments and other agencies, such as the Health Office as a provider for equipment to support health services. Not only that, this program also provides health support facilities in the form of complementary assistance (KIS) and basic food assistance.

There is a good cooperation in the PKH program. There are several collaborations between PKH executors and health centers, such as Posyandu, that provides weight scales and pregnancy control. The health sector of PKH will provide immunizations, vitamins and additional food to family beneficiaries. Furthermore, family beneficiaries also receive complementary assistance in

the form of a Kartu Indonesia Sehat, which is a must-have in order to receive access to free health care facilities. This runs smoothly because the government had prepared a secretariat for PKH. (Mrs. ES, PKH Facilitator for Makassar City, Interviewed 9 September, 2020)

The facilities and infrastructure at Posyandu are already sufficient, and only the weight scale is inadequate. At the Posyandu, family beneficiaries are given additional food assistance such as green beans. Children who are malnourished are usually given biscuits or milk. There is also basic food assistance of Rp. 200,000 for family beneficiaries, but it is in the form of basic needs that are focused on nutrients like carbohydrates, protein and vitamins. (Mrs. SB, Health Officer, Interviewed 10 September, 2020)

Conclusion and Recommendation

Conclusion

Based on the results of the research and discussion above, the authors were able to draw the following conclusions.

1. The performance of multi-organizations model in the implementation of PKH in Makassar City has not shown optimal results. This is in response to the lack of harmonization of coordination between the multi-organizations involved in the implementation of PKH. Furthermore, organizations that are involved in this multi-organizations model still highlight sectoral egos. Thus, the team that has been formed for the implementation of PKH has not been optimized in making PKH successful.

2. The implementation of the *Program Keluarga Harapan* (PKH) in Makassar City has been running. However, in its implementation, various problems are still found related to external factors such as the data update on PKH family beneficiaries.

Recommendation

Based on this study, we recommend that a PKH survey is carried out in order to match the PKH family beneficiaries data from the Makassar City Social Service and the field data. This is to ensure that this program can achieve its targets according to the purpose of the program.

Conflict of Interest

There is no conflict of interest.

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