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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.

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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

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the central, state, or local level (Ruggeri, 2005). The main responsibility of the public sector is to guarantee and 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.

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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