

## Implementation of Pre-Enabling Family Program (*Program Keluarga Harapan*) to Support The Millennium Development Goals in Indonesia (Case Study in Kaloran Sub-District, Temanggung Regency of Central Java Province)

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### Abstract

One of the programs associated with the achievement of MDGs, especially in welfare and development of society is Conditional Cash Transfer (CCT), in Indonesia is the Pre-Enabling Family Program (*Program Keluarga Harapan*). In national level, this program was implemented since 2007 launched by the government aim to eradicate household-based poverty but in Kaloran Sub-District of Temanggung Regency held since 2012. This study intends to describe the policy on PEF program as conditional cash transfer program to eradicate poverty. This study found that PEF program implementation in the study area is good if seen from bureaucratic structures, resources, communication and disposition of the implementer. But in Temanggung Regency, the achievement progress of Millennium Development Goals is no difference before and after implemented PEF Program in 2012.

**Keywords:** Poverty Reduction, Conditional Cash Transfer, Pre-Enabling Family Program, Millennium Development Goals

### INTRODUCTION

Poverty is a global problem faced by all countries in the world, not only developing countries but also developed countries. In developed countries, this condition presents the homeless who wandered around in the suburbs and the ghetto poor [1]. The situations made United Nation declared Millennium Development Goals (MDGs).

The MDGs general target is to build society welfare and community development in 2015. One of the MDGs programs, especially in welfare and development of society is Conditional Cash Transfer (CCT). In Indonesia, one of programs like CCT is the Pre-Enabling Family Program (*Program Keluarga Harapan*). This program was implemented since 2007 launched by the government intending to eradicate household-based poverty. The target of PEF Program is Very Poor Households (RTSM) that meets with PEF Program criteria those are: pregnant women, new mothers,

children under five year and school age children at the primary and secondary schools.

Previous researches show that there are many obstacles in PEF Program implementation in Indonesia. Hutagalung (2009) found that the program can indeed make a major difference to the income of poor households, but cannot be expected to significantly reduce poverty. The lack of schools, high costs of schooling, and low parental motivation for sending their children to school become the obstacles of PEF program in Indonesia [2]. Another research that is done by Shovich (2010) in Probolinggo found that During the three years implementation of PKH, the coordination done by government of Probolinggo has not been able to cover all service providers at the field level, so that the problems at the field level cannot be identified optimally [3].

Since its launch in 2007 until 2009, PEF Program had implemented in 13 provinces. In 2010, PEF Program had expanded to reach 20 provinces. For the following years during the five year period 2010-2014, PEF Program planned gradually reached 33 provinces. Central Java implemented PEF program since 2011 and Temanggung Regency implemented since 2012.

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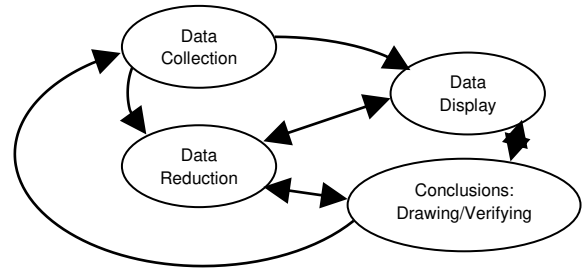
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The researcher has analyzed the implementation of PEF Program in Kaloran Sub-District of Temanggung Regency and found several interesting phenomena. First, the number of PEF program participants in Kaloran Sub-District was the third biggest in Temanggung Regency, more than 6% of households in Kaloran Sub-District has very poor. Second, the facilitators in Kaloran Sub-District did their work very well in implementation of PEF program. Third, the location of the villages was quite far from the center of sub-district make some housekeeper of PEF Programs participants have difficulty in assistance. Fourth, the low education level of the housekeeper of PEF program participants in Kaloran Sub-District could be an obstacle for the facilitators in providing understanding of the PEF Program. Fifth, low commitment of the health services provider in Kaloran Sub-District and the lack of local government regulation of PEF program make the facilitators have difficulty to implement this program.

There are four objectives in this research. First, this research describes the policy on Pre-Enabling Family Program (*Program Keluarga Harapan*) in Kaloran Sub-District, Temanggung Regency of Central Java Province. Second, this research describes and analyzes the policy on Pre-Enabling Family Program (*Program Keluarga Harapan*) implemented in Kaloran Sub-District, Temanggung Regency of Central Java Province. Third, this research analyzes the supporting and constraining factors. And fourth, this research analyzes how far Pre-Enabling Family Program (*Program Keluarga Harapan*) supports the acceleration of the achievement of Millennium Development Goals (MDGs) particularly within the Temanggung Regency of Central Java Province.

## RESEARCH METHOD

The type of this research is descriptive research with qualitative approach. This research started from April 7, 2014 until May 10, 2014. Researcher carries on her research in Kaloran Sub-District, Temanggung Regency of Central Java Province. In this study, researchers used interactive model by Miles and Huberman as data analysis technique. The process show in figure below:



Source: Miles and Huberman (1994 p.12)

**Figure 1 Components of Data Analysis:  
Interactive Model**

Researcher used interactive model because the nature of this study is interactive, which researcher conduct the research in field and interact directly with the informant.

## Data Collecting Method

In this research, there are three kinds of techniques used to collecting the data. First, the method is conducted through collecting data by interviewing several informants. The researcher uses face to face interviews. The researcher conducts interview with the informants from technical team UPPKH Temanggung Regency, facilitators, and target groups.

Second method is observation. In this matter, observation activity is conducted about the daily life of PEF Program recipients, facilitators meeting, and other activities related to PEF Program implementation.

Third is study of documentation that is meant to obtain or to get information and references regarding to the research problem. Study of documentation is also to get data of the research findings related to PEF Program implementation and its support to MDGs.

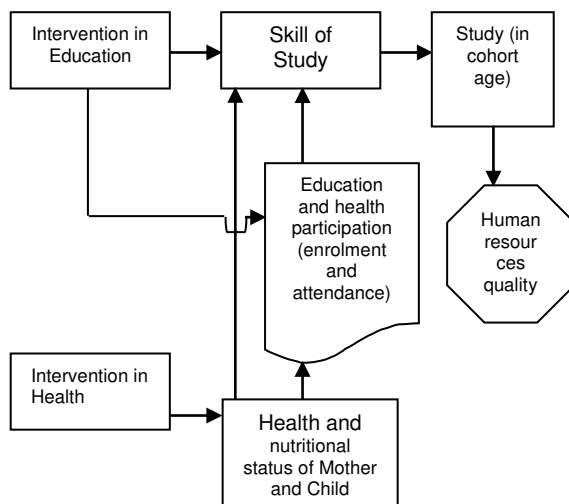
## RESEARCH FINDINGS

### 1. The policy on Pre-Enabling Family Program (*Program Keluarga Harapan*) in Kaloran Sub-District, Temanggung Regency

Temanggung Regency has implemented PEF Program since 2012. The main objective of PEF program is to improve the quality of human resources, especially in the fields of education and health in very poor household groups. PEF program is not the continuation of direct cash assistance (BLT) which is one of the cash program to address the impact of rising fuel prices and policies designed to 1 year. PEF program is a poverty reduction strategy that is designed to help very poor households on the expenditure side, especially related to human resource development efforts in the short term

and improve mindset and change the behaviors that can lead to chain termination household poverty for the longer period.

The principle of PEF program is to provide conditional cash transfers to very poor households as long as they obey the terms and conditions. The requirements to improve the quality of human resources includes education and health. Health status and education greatly affect the quality of human resources. The higher of the health status and education that the better of the quality of its human resources in a country. To obtain the degree of optimal health and education it is necessary interventions in health and education by providing access for the poor to health care and education facilities. The impact of health interventions and education can be seen in the figure below:



Source: Ministry of Social (2013 p. 4)

**Figure 2 The Impact of Intervention in Health and Education Sectors on the Human Resources Quality**

The figure above illustrates the impact of interventions in education and health programs on the quality of human resources. Educational intervention will impact directly on: (1) the ability to learn and (2) the participation of children in education (enrolment and attendance at educational institutions). Health program interventions will improve the health and nutritional status, so that the child is ready to participate in education and be able to study at educational institutions. Both types of these interventions in the long term are expected to affect the quality of human resources to boost Human Development Index (HDI).

Since 2007, the membership base of PEF program assistance was directed to very poor households. Starting in 2012 membership base of PEF program assistance was directed to family poor households (parents - father, mother and child). This change is to accommodate the principle that the family is a unit that is highly relevant to improve the quality of human resources. Parents have a responsibility to education, health, welfare, and future children because the family is relevant units in an effort to break the intergenerational transmission of poverty. PEF program participants are very poor households/family in accordance with the criteria of BPS and meet one or more criteria of the program (Ministry of Social, 2013 p.7), among others:

1. Pregnant women/new mothers/ children under five,
2. Children aged 5-7 years who have not entered primary education (pre-school children),
3. Children in elementary school/MI (aged 7-12 years),
4. Children in junior high school/MTs (aged 12-15 years),
5. Children aged 15-18 years who have not completed primary education.

Each participant is given PEF program card recipient as proof of membership. The name on the card is the name of PEF program participant adult women (mothers, grandmothers, and aunts) that takes care of very poor households. While the name listed on the card is adult women (mother and adult daughter) of PEF program participants. In the certain conditions can be replaced by the head of the family. The card is used to receive PEF program and other social assistance. PEF program participants are eligible to receive other social assistance programs, among other programs Jamkesmas, BSM, Raskin, KUBE, and BLSM.

Intervention of PEF Program in health aims to improve the quality of human resources through the improvement of health status of mothers, infants and toddlers as well as improvement of the nutritional status, especially for infants to reduce the maternal mortality rate and infant mortality rate in accordance with the program priority in achieving the Millennium Development Goals indicators (MDGs). PEF program provide greater opportunities for very poor households in accessing health services. Particularly with

the help of PEF program conditional cash transfer.

PEF program conditional cash transfer will strengthen the government's efforts in reducing maternal mortality rate and infant mortality rate, which in turn has a positive impact on the improvement of the Human Development Index (HDI) in Indonesia. To achieve this goal, PEF program motivates very poor households that access to health services by checking pregnant/new mothers, weighing babies and toddlers as well as improving accessibility to health care. In this case, PEF program participants who need accessibility to health care through the community health insurance (Jamkesmas). PEF program participants are guaranteed to get free service of medical treatment. For PEF program participants who do not have Jamkesmas card, in accessing health services can use PEF program card and health service providers are required to provide health services.

While educational interventions would impact directly on (1) give opportunity to children of PEF program participants to get education services, (2) the ability of children of PEF program participants to learn, and (3) participation in education and fulfill their commitment to the presence of at least 85% of the day effective learning each month. While health program interventions will improve the health and nutritional status. Health status and nutritional condition would affect their participation in education and their learning abilities in educational institutions. These interventions in the long term are expected to improve the quality of human resources. The obligations of very poor households of education component in PEF program are registering students (enrollment), and fulfill the presence (attendance) that has been set in the program. With a minimum of 85% attendance requirement of effective learning days in a month, is expected to increase the quality of education. This would be supported by the availability of educational facilities and personnel adequate education.

Some policies in the implementation of PEF program that should be implemented by the implementers and adhered by target group is written in the PEF program general guidelines book in 2013. Yet not all policies are written in the PEF program general guidelines book have been implemented by UPPKH Temanggung Regency especially UPPKH Kaloran Sub-District

as executor of PEF program in Temanggung Regency.

The implementation of PEF program policy in Temanggung Regency has already 90% done. Only policy of PEF program transformation membership strategy is not yet implemented by UPPKH Temanggung Regency especially UPPKH Kaloran Sub-District. This is because Temanggung Regency implemented PEF program since the year 2012, hence until now it has been running almost 2 years and have not reached the stage of empowerment.

According to poverty reduction program classified by TNP2K (2012), PEF Program is poverty reduction program cluster 1 which is PEF Program is integrated family based-social assistance [7]. PEF Program is program based on aid and social to carry out the fulfillment of basic rights, burden life reduction, and the improvement quality of the poor life. Focus on fulfillment of basic rights is intended to improve the quality of the poor life for a better life, such as health care, and education. The characteristics of PEF Program are the fulfillment of the fundamental rights of the individual and the main poor households which include education and health services. Other characteristic of this program is the implementation mechanism of activities that the benefits can be felt directly and immediately by the poor.

PEF program that has been implemented in Kaloran Sub-District when seen from the contents of policies is relevant with a direction of conditional cash transfers delivered by Rawlings in Habibullah and Noviana (2013 p.19), among others:

1. PEF Program provides direct cash grants to poor households, as well as requiring the transfer and given in conjunction with participation in health care and education programs. PEF program targets housewives as recipients.
2. PEF Program overcomes the problem of poverty that exist nowadays and in the future, conditional cash transfers aim to foster the accumulation of human resources as a way to break the intergenerational transmission of poverty and provide income support as a way to deal with poverty in the short period.
3. PEF Program targets the poor usually through poverty mapping to identify areas of poor and to make estimates and

ownership test to select individual households.

4. PEF Program provides cash, which is more flexible, efficient and effective than giving goods aid.
5. PEF Program develops synergies in human development with a focus on complementary aspects of investment in health, education, and nutrition.
6. PEF Program applies strategic evaluation. Informs the results of the evaluation will provide empirical evidence of the effectiveness of conditional cash transfer programs and also help in maintaining the continuity of the program in the middle of changing political regimes.

The PEF program as conditional cash transfer is closely similar to the conditional cash transfer in Brazil namely *Bolsa Familia*. Both of these program is reduction of poverty and inequality in short and long term which help education, health and nutrition component with the certain condition.

PEF program at the initial launch of the program in 2007 can continue to be implemented until 2015 in accordance with the targets and the commitment to achieve the MDGs, implementation targets made more flexible which is 6 years since the regency/cities began implementing PEF program. This is because not all regency/cities implementing PEF program since 2007, as well as the implementation of PEF program in Temanggung Regency is expected to reach the target after 6 years of running the program in 2018.

## **2. The implementation of Pre-Enabling Family Program (*Program Keluarga Harapan*) in Kaloran Sub-District, Temanggung Regency**

### **a. Policy Implementation in Kaloran Sub-District, Temanggung Regency**

#### **1) The Bureaucratic Structures of PEF Program Implementation in Kaloran Sub-District, Temanggung Regency**

Bureaucratic structure in the implementation of PEF program in Kaloran Sub-District consists of PEF program coordination team Temanggung Regency, UPPKH Temanggung Regency and UPPKH Kaloran Sub-District. All three work together in the implementation of PEF program in Temanggung Regency, especially in Kaloran Sub-District.

UPPKH Temanggung Regency as the main actors in the implementation of PEF program

that determine the success of the program is supervised by Department of Social in Temanggung Regency. The institutional structures of UPPKH Regency established under the decree of the Head of *Dinas Sosial* Temanggung Regency Number 465/084 2014 Date 6 January 2014. It is written that Head of Department of Social in Temanggung Regency as a director, Head of Social Assistance Division of Department of Social Temanggung Regency as a Chairman, Head of PAKLU Section of Department of Social Temanggung Regency as Secretary, Staff of PAKLU Section of Department of Social Temanggung Regency as a Member. Besides of Department of Social staffs, UPPKH Temanggung Regency also consists of facilitators from 20 sub-districts and 2 operators. The number of facilitators adjusted for the number of PEF program participants enrolled in Sub-District. The PEF program facilitator performs the task of facilitating very poor households of PEF program participants. In performing its duties, facilitators are responsible to UPPKH Regency and coordination with the head of sub-district.

To support and to prevent distortions in the implementation of PEF program, there are a Standard Operating Procedure (SOP) used by PEF program coordination team Temanggung Regency, UPPKH Temanggung Regency, and UPPKH Kaloran Sub-District as a reference. Winarno (2005) told that SOP is the growth of internal demand will be certainty of time, resources and the need for uniformity in the work organization is a complex and extensive [9]. SOP of PEF program form of PEF Program General Guidelines; PEF Program Institutional Operational Guidelines; PEF Program operational guidelines book for education service provider; PEF Program operational guidelines book for health service provider; Management Information Systems Operational Guidelines; Public Complaints System Operational Guidelines; Facilitator Workbook; PEF Program Participants Guideline Book; and Guidelines for Implementation of Deconcentration Security Social Welfare (Conditional Cash Transfer/ PEF Program) of Directorate of Social Security in 2013.

#### **2) Resources of PEF Program Implementation in Kaloran Sub-District, Temanggung Regency**

Resources of PEF Program Implementation in this research consists of human resources, facilities and source of funds. Human resources

as PEF program implementer consists of operators and facilitators also health and education service providers. To improve the quality of human resources involved in PEF program implementation need to stabilization, TOT, education and training, also technical guidance addressed to all PEF program implementer in Central or Local. Education and training is briefing materials for PEF program facilitator and operator candidates who have passed the selection and determined as PEF program facilitators and operators by Directorate of Social Security of Ministry of Social Affairs. Education and training activities were organized by the Social Welfare Training Center and Education and Social Welfare Regional Training Center.

The regular technical guidance and service provider technical guidance is a part of capacity building. Brown in Roro (2012:507) defines capacity building as a process that can enhance the ability of a person, an organization or a system to achieve the aspired goals [10]. Seen from capacity development, the capacity building in PEF program implementation in Kaloran Sub-District, Temanggung Regency is categorized as individual level capacity development that the capacity building has done through improving skills and requirements, knowledge, behavior, job division and motivation from the work of people within organizations.

The facilities used by UPPKH Temanggung Regency and UPPKH Kaloran Sub-District in supporting PEF program implementation among others are MIS PEF program, education and health facilities. The facilities already meet the needs of implementers in executing PEF program. However, the facility has not filled the needs of the target group, especially the number of institutions of junior high school. PEF program participants were still difficulties in accessing education for junior high school level because the location was far away so many children of PEF program participants just take elementary school.

The PEF program implementation in Temanggung Regency especially in Kaloran Sub-District is supported with funding from central and local budgets. Social assistance provided to PEF program participants is purely from the central budget, while the local budget funds are used to support the provision of facilities needed to supporting the PEF program implementation.

### **3) Communication of PEF Program Implementation in Kaloran Sub-District, Temanggung Regency**

Widodo (2010) said that information is needed to be communicated to policy implementer in order to understand what the content, goal, direction and target group of the policy [11]. The communication either between implementers or between implementer and target groups in PEF program implementation in Temanggung Regency especially in Kaloran Sub-District has been done directly and indirectly. The direct communication has been done through socialization, meeting coordination, and group meetings while the indirect has been done through brochure PEF Program. The communication of PEF Program Implementation in Kaloran Sub-District was implemented properly so there is no inconsistency or ambiguity of job division because PEF program is a policy that involves many sectors and levels of bureaucracy.

#### **4) Disposition of PEF Program Implementer in Kaloran Sub-District, Temanggung Regency**

PEF program facilitator as the spearheading of PEF program implementation in Kaloran Sub-District has done their job greatly. The facilitators have high dedication to do their work eventhough they did not received salary in two months. The facilitators consistently do their objectives such as verification, home visit, organize regular group meeting, made weekly and monthly report. The facilitators in Kaloran Sub-District enjoyed their work and realize that they work for the development of PEF program participants so they did not work based on salary but with dedication.

The PEF program facilitators in Kaloran Sub-District also received incentives every month but the amount was a low. The incentives did not have impact to the PEF program facilitators in Kaloran Sub-District, they have quality of work. The facilitators have been dedicated and have great self interest so they received incentives or not they still did their work well. The facilitators have the responsibility what they should be done.

#### **b. Response of Target Group**

The responses of PEF program participants could be seen from how their perceptions, attitudes and the extent they participate in the implementation of PEF program.

##### **1) Perception**

PEF program participants in Kaloran Sub-District have the perception that PEF program give impact to their life. The PEF program participants feel so helped by the implementation of PEF program. PEF program participant burden to expense education cost for their children was lighter after PEF program. They also hope to be able to get help to the end because they can be relied on PEF program assistance. The PEF program participants in Kaloran Sub-District are grateful with the existence of PEF program and they hope become the participants until the program over. The presidential election in Indonesia that held in 2014 make the participants were worried about PEF program will be stopped if the President changes. The PEF program participants assume that government policy will change if the regime changes.

## **2) Attitude**

According to Azwar (1998:22) attitudes can be understood more than just how positive or negative, but it can be revealed and understood from some characteristic or dimensions that are directions, intensity, broadness and consistency [12]. The attitude of PEF program participants in Kaloran Sub-District was very positive in responding the PEF program implementation.

If seen the levels of attitude as determined by Notoatmodjo [13], the levels of attitudes of PEF program participants in Kaloran Sub-District are in the highest level that is in responsible level. The PEF program participants in Kaloran Sub-District are not only receiving, responding, and valuing but also responsible to do their obligations. They use the assistance that is received according to the purpose.

Responding level of PEF program participant attitudes in study area has seen that PEF program participants answering when asked about PEF program implementation also doing and completing their obligations as PEF program participants. PEF program participants in Kaloran Sub-District persuade other PEF program participants to do their obligations as PEF program participants. It can be seen from their attitudes in persuading fellow PEF program participants to frequently go to *Posyandu* and regular group meetings, they also told one another to consider their child to frequently go to school without absent.

## **3) Participation**

The participation of PEF program participants could be seen from the obligations

and group meetings presence. The extent they participate to attend the obligations could be measure from the percentage of the number of PEF program participants who do the obligations. Seen from from 14 villages in Kaloran sub-district, the average percentage of the number of PEF program participants in Kaloran Sub-District that do the obligations is 98.59%. It means that the level of PEF program participation in attending commitment was high.

Participation of PEF program participants in Kaloran Sub-District viewed from 8 levels of participation by Arnstein in Panudju [14], is at level five (placation level). In this level, community starts to influence even though in many ways is still determined by the elites who has the power. Although the community opinion get attention, but their voices are not heard because of the low position. Though PEF program participants could express their opinion through the public complaint system, but their complaints were not used as a reference in decision making. PEF program participant complaints were taken into consideration but could not influence or change government policy.

## **3. The Supporting and Constraining Factors of Pre-Enabling Family Program (Program Keluarga Harapan)**

### **a. Supporting Factors**

The supporting factors of PEF program implementation in study area consists of the high of commitment of local governments so there was no problem in sharing budget funds as a source of funds of PEF program. Other supporting factor is the head of Kaloran Sub-District who was very cooperative in implementation of PEF program in Kaloran Sub-District. Support in the readiness of service provider in the implementation was helpful. The last supporting factor is the solidity between Department of Social as a leading sector with UPPKH Temanggung Regency as implementer.

### **b. Constraining Factors**

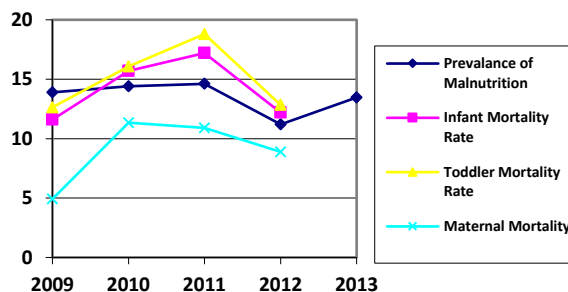
The constraining factors of implementation of PEF program in Kaloran Sub-District is the using of Digital Mark Reader (DMR) technology which causes operator in District level have more work. The using of DMR technology makes the operator filled the result of data validation in the form before it scanned that needs a lot of time.

Other than DMR technology, the inconsistency of PEF program membership policy makes the facilitators confuse in determining the PEF program membership status. The next constraining factor was implementer factors which the job division of technical team UPPKH Temanggung Regency was not clear.

The third constraining factor is difficulties to change the mindset of PEF program participants to believe that the program could break the intergenerational poverty in their lives.

Another constraining factor was environment factor. The topography of Kalaran Sub-District was in the mountain area so the PEF program participant's houses on the slopes of the mountain so it was quite difficult with inadequate infrastructure that made PEF Program facilitator of Kalaran Sub-District face difficulties to conduct verification, group meetings and home visit. Additionally, the political situation that was election in Indonesia also became constraining factors that affect in assistance delayed.

#### 4. The Extent of Pre-Enabling Family Program (*Program Keluarga Harapan*) in Supporting the Acceleration of the Achievement of Millennium Development Goals (MDGs)



Source: Department of Health in Temanggung Regency 2013 (data has been processed)

**Figure 3 Degrees of MDGs Achievement Progress in Temanggung Regency**

The data of Millennium Development Goals (MDGs) progress in Temanggung Regency show that the implementation of PEF program since 2012 did not much support the acceleration of achievement of MDGs in Indonesia. It is seen from the progress of MDGs target before and after the implementation which show same trend. It was because the implementation of PEF program in Temanggung Regency has 2 years implemented so the impact of the support has not seen yet. Another factor was

because the related institutions such as Department of Health and Department of Education in Temanggung Regency is not understand yet that PEF program is the conditional cash transfer program in Indonesia which supports the achievement of Millennium Developments Goals (MDGs).

## CONCLUSION AND RECOMMENDATIONS

### a. Conclusion

1. The PEF program policy in Kalaran Sub-District Temanggung Regency has been implemented in accordance with the concept of conditional cash transfer as poverty reduction strategy.
2. The PEF program implementation in Kalaran Sub-District, Temanggung Regency as follow:
  - a. PEF Program implementation in Kalaran Sub-District were quite optimally seen from the synergy of resources needed, the implementer have a good grip of the purpose of PEF program, clear tasks in the right time also have good communication and coordination among implementer.
  - b. Response of target group to PEF program implementation in Kalaran Sub-District were:
    - 1) The perception of PEF Program participants in Kalaran Sub-District was very grateful with the implementation of PEF program. The PEF program participants feel that PEF program assistance is very helpful.
    - 2) The PEF program participants have positive attitude shown by using the assistance in accordance with the purpose that are for education and health needed. The level of attitude was in responsible level.
    - 3) The participation of PEF Program participants in Kalaran Sub-District was in the placation level which the participants opinion from complaint system were taken into consideration by government but could not influence or change government policy.
3. The supporting factors of PEF program were the high commitment of local governments, cooperation of inter sector that involved in PEF program and the solidity of coordination between *Dinas Sosial*



Temanggung Regency and UPPKH Temanggung Regency. While the constraining factors of PEF program in Kaloran Sub-District, Temanggung Regency were the use of Digital Mark Reader Technology, the inconsistency of membership policy, the difficulty to change the mind set of PEF program participants, the topography of Kaloran Sub-District and the 5 years election.

4. The PEF program did not quite support sufficiently the achievement of Millennium Development Goals (MDGs) in Temanggung Regency. The achievement progress of MDGs goals achievement was not different before and after the PEF program implementation. It was because the implementation of PEF program in Temanggung Regency implemented since 2012 and the the related institutions in this case were *Dinas Kesehatan* and *Dinas Pendidikan* in Temanggung Regency was less understanding that PEF program is the conditional cash transfer program in Indonesia which supports the achievement of Millennium Developments Goals (MDGs) in Indonesia, so the affect in MDGs achievement did not much.

**b. Recommendations**

Based on the conclusions statement that has been written, the researcher gave the following suggestions, that:

1. Standardization of PEF program needs to be improved according to the conditions of each region implementing with a clear and measurable criteria, especially in the membership transformation of PEF program policy. The membership transformation should not be decided after the fifth year of program implementation. The data validation process of participants have done every three months, so the participants that have been judge prosperous at validation should enter the family development session stage.
2. The improvement of targeting PEF program participants system especially system of verification data of PEF program participant candidates, so there are no very poor households who qualify as PEF program participants that not registered in PEF program.
3. The welfare of PEF program facilitators as the spearheading or key actors in PEF program implementation should be

improved, especially in the payroll system. Because the facilitators are determines the success of PEF program in which facilitators directly related to PEF program participants as target group. Therefore, the facilitator welfare needs to notice.

4. The coordination and communication among the institutions involved in the implementation of PEF program should be more strengthened because PEF program is a program that involves many sectors, though the agency/sector role in the provision of supporting facilities of PEF program implementation.

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