THE UNSUCCESSFUL POVERTY REDUCTION STRATEGIES IN INDONESIA AND THE ALTERNATIVES SOLUTIONS (THE STUDY ON *BLT* AND *JAMKESMAS*)*

Dewi Iriani and Wahyu Mahendra*****

Abstract

Indonesia as the 16th largest economy in the world, the 4th in Asia-after China, Japan and India as well as Southeast Asia's largest-has the potential to be the seventh biggest by 2030, due to the increasing economic. Indonesia also has many potential natural resources that can be utilized to support development in order to increase the nation welfare. However, the number of poor people still has not been significantly reduced, reaching 28.07 million or 11.37% of the total population in 2013. The Government has tried to reduce poverty with some programs such as BLT (Bantuan Langsung Tunai/Direct Cash Assistance) and Jamkesmas (Jaminan Kesehatan Masyarakat/ Community Health Protection Scheme). However, the programs are considered not effective and do not make poor people become financially independent. Ironically, in inadequate evaluation, the Government continues to runs the programs. By using a qualitative approach, researchers will provide policy alternatives that can be implemented by Government.

Keywords*: Poverty Reduction Strategies, Evaluation, Alternative Solutions*

Abstrak

Indonesia sebagai negara dengan ekonomi ke-16 terbesar di dunia, ke-4 di Asia-setelah Cina, Jepang dan India serta memiliki potensi menjadi yang terbesar ketujuh di Asia Tenggara pada tahun 2030 sesuai dengan peningkatan ekonominya. Indonesia juga memiliki banyak potensi sumber daya alam yang dapat dimanfaatkan untuk mendukung pembangunan dalam rangka meningkatkan kesejahteraan bangsa. Meskipun demikian, jumlah penduduk miskin masih belum berkurang secara signifikan, pada tahun 2013 mencapai 28.070.000 atau 11,37% dari total penduduk. Pemerintah telah mencoba untuk mengurangi kemiskinan dengan beberapa program seperti BLT (Bantuan Langsung Tunai) dan Jamkesmas (Jaminan Kesehatan Masyarakat). Namun, program-program tersebut dianggap tidak efektif dan tidak membuat orang miskin menjadi mandiri secara finansial. Ironisnya, dalam evaluasi yang tidak memadai, Pemerintah tetap menjalankan program-program tersebut. Dengan menggunakan pendekatan kualitatif, peneliti akan memberikan alternatif kebijakan yang dapat diimplementasikan oleh Pemerintah.

Kata kunci*: Strategi Mengrangi Kemiskinan, Evaluasi, Solusi Alternatif*

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** Legal Staff at Legal Office Universitas Indonesia and was the Editorial Staff at Indonesia Law Review (Journal) Djokosoetono Research Center Faculty of Law Universitas Indonesia, Depok Campus-16424, Indonesia. Obtained Bachelor of Law (S.H.) from University of Indonesia (2010).

*** Assistant Lecturer and Researcher at Department of Administrative Science, Faculty of Social and Political Sciences University of Indonesia, Depok Campus-16424, Indonesia. Obtained Bachelor of Administrative Science (SIA) in public policy, from University of Indonesia (2010).

I. Introduction

Indonesia, a development country located in South-East Asia, has an enormous economic growth since 2011. Organization for Economic Co-operation and Development (OECD) noted that Indonesia ranked as the 16th largest economy in the world for 2011 and even it is projected to reach 7th largest economy in the world in 2030. Indonesia's GDP in 2011 reached US$ 0,8 trillion and with GDP growth 5,2% from 2000-2010.[1] This achievement was because Indonesia has economic stability, prospective democracy, and the number of population. Indonesia's population reachs 248,5 million in mid 2013,[2] and the composition of people under 30 years old is 60%. It means that Indonesia will have a demographic bonus/surplus. Through the demographic bonus, Indonesia will have many work forces that could increase the economic productivity. This is like what China feels now. Meanwhile, Indonesia still faces poverty problems because the poor number reachs 28,07 million in 2013. If this problem could not be addressed, the economy projection in 2030 could not be realized and vice versa, the poor family-with low productivity-will diminish GDP level.

As stipulated in Indonesia's Constitution Year 1945, poor people are under government's responsibility. To implement this constitution, government gives mandate to *Menkokesra* (*Menteri Koordinator bidang Kesejahteraan Rakyat*/Coordinating Ministry for People Welfare), *Kemsos* (*Kementerian Sosial*/Ministry of Social Affair), and *TNP2K* (*Tim Nasional Percepatan Penanggulangan Kemiskinan*/National Team for the Acceleration Poverty Reduction), and *TKPKD* (*Tim Koordinasi Penanggulangan Daerah*/The Regional Poverty Eradication Coordination Team), to work againts poverty. Poverty number in Indonesia slightly decreased from 2004 to 2013 as follow:

Table 1 Poverty Number in Indonesia from 2004-2013

Year	Number of Poor People (million)			Percentage of Poor People		
	Urban	Rural	Total	Urban	Rural	Total
2004	11,37	24,78	36,15	12,13	20,11	16,66
2005	12,40	22,70	35,10	11,68	19,98	15,97
2006	14,49	24,81	39,30	13,47	21,81	17,75
2007	13,56	23,61	37,17	12,52	20,37	16,58
2008	12,77	22,19	34,96	11,65	18,93	15,42
2009	11,91	20,62	32,53	10,72	17,35	14,15
2010	11,10	19,93	31,02	9,87	16,56	13,33
Mar-11	11,05	18,97	30,02	9,23	15,72	12,49
Sep-11	10,95	18,94	29,89	9,09	15,59	12,36
Mar-12	10,65	18,49	29,13	8,78	15,12	11,96
Sep-12	10,51	18,09	28,59	8,60	14,70	11,66
Mar-13	10,33	17,74	28,07	8,39	14,32	11,37

Source: BPS, 2013

[1] McKinsey Global Institute. The Archipelago Economy: Unleashing Indonesia's Potential. September 2012.

[2] Population Reference Bureau. 2013. 2013 World Population Data Sheet. Washington: PRB.

Although the number of poor people getting higher from 2005 to 2006, the number of poor people continously decreased from 2006 to March 2013. In March 2013, the total of number people is just 28,07 million or 11,37 % from the total of population. Statistically, this data shows that government could reduce the poverty successfully. However, poverty is not merely viewed as the number of poor people. The quality of poor people covered by the government is the most important. Many people are doubt that government could reduce the poverty. Some others claim that poor people are now worse off than they were before the devastating 1997 financial crisis that swept the region, and the gap between rich and poor is widening.[3] Moreover, the development in Indonesia is not well distributed so the number of poor people in the eastern area are worse than the number of people in the western area. For detail, see figure 1 below.

Figure 1 The Distribution of Poor People in Indonesia for Year 2012

Source: TKPKD

The red areas show that the number of poor people is about 15-30,66 % from the total population in these areas. In the eastern area, such as Papua, Mollucas, and Nusa Tenggara, most areas are in red. Meanwhile, the green and yellow areas are centralized in the west and in the mid. These mean that government focus its development in the west and mid areas.

Poverty reduction in Indonesia left many stories behind. The stories were about the challenges and problems, both in program planning and program implementation. As a good will to reduce poverty, President of Republic Indonesia, Soesilo Bambang Yudhoyono instructed related institution to succeed some programs such as *BLT* (*Bantuan Langsung Tunai*/Direct Cash Assistance), *Jamkesmas* (*Jaminan Kesehatan Masyarakat*/ Community Health Protection Scheme), and others. Uniquely, one of the program seems to lift up president's popularity, such as *BLT*. *BLT* was suddenly created by the government in 2005 to compensate the decreased-oil subsidiary. Government gave direct subsidy in amount IDR 100.000 (one

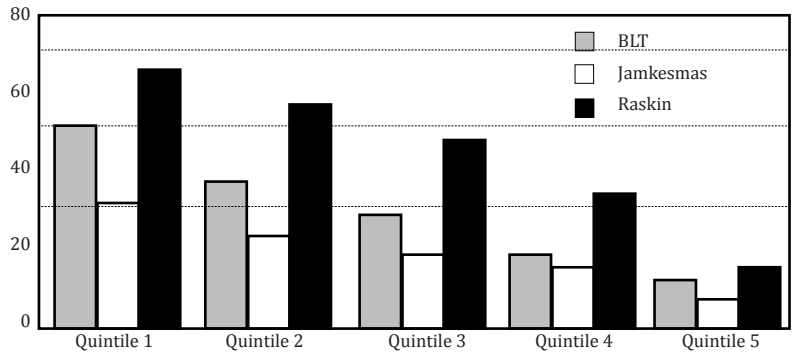
[3] Rural Poverty Portal. Rural Poverty in Indonesia. http://www.ruralpovertyportal.org/country/home/tags /indonesia. Accessed: February 13rd, 2014.

hundred thousand rupiah) to each people and it was given instantly per 3 months. The problem arised when there were some people died due to the chaos on the queue of money distribution, improper utilitization of the fund, making poor people unindependent, many wrong beneficiaries accept it, and other problem. Although this program generates many critiques, ironically, government still continues this program. It shows that government do not make a comprehensive evaluation about the program and do not think for the future. This is only one story about BLT and the other programs also left many problems. What programs left problems and what are the strategies to solve it, will be briefly described in this paper.

II. Poverty Reduction Strategies In Indonesia

World Bank has been undertaking a public expenditure review of social assistance programs and review of targeting in Indonesia. This gives a clearer picture of the state of social assistance in Indonesia and will allow the government to further develop its priorities for social assistance reform. Early results confirm fears about targeting performance.

Figure 2 Coverage of Social Assistance Programs by Income Quintile



Source: World Bank, 2010

As figure 2 shows, Raskin does best at reaching the poor, with coverage of 65% in the first (poorest) quintile. *BLT* and *Jamkesmas* cover only 51% and 32% of this group respectively. *Raskin* does less well, however, at keeping benefits from the rich-14% of raskin benefits are captures by the richest quintile. The main message from this analysis is that all of the major social assistance programs are currently poorly targeted[4].

Here are some poverty reduction strategies initiated by the President Soesilo Bambang Yudhoyono.

[4] C. Manning & S. Sumarto. 2011. Employment, Living Standards and Poverty in Contemporary Indonesia. Singapore. Markono Print Media Pte Ltd. ISBN: 978-981-4345-13-2.

A. BLT (Direct Cash Assistance)

In 2005, world oil price was increasing and making government gave more subsidy. If government did not increase oil price, the oil subsidy would increased from IDR 21-120 trillion. In order to save *APBN* (*Anggaran Pendapatan dan Belanja Negara*/The National Budget), government increased oil price by 32% for premium (from IDR 1.810-2.400 per liter) and by 27% for diesel (from IDR 1.650-2.100 per liter) in March 2005. In October 2005, the government increased oil price again by 87 % for premium (from IDR 2.400-4.500 per liter) and 105% for diesel (from IDR 2.100-4.300 per liter).[5] As a way to maintain economy stability, especially to aid poor people, President Soesilo Bambang Yudhoyono issued President Instruction No. 12 Year 2005 about *BLT* to Poor Family. Toward this regulation, government allocated IDR 15 trillion for 19,1 billion families and each family had IDR 100.000.[6] Each family who was registered to get *BLT* was required to withdraw the money in the post office in all of rural/urban area in Indonesia.

In 2008, Government decided to increase oil price by 33% for premium (from IDR 4.500-6.000 per liter) and by 28% (from IDR 4.300-5.500 per liter). One day after the increasing of oil price, Government decided to continue the *BLT* program. Although *BLT* program lead to critiques, government still used the same program but with different name to respond oil-subsidy reduction in 2013. The program was *BLSM* (*Bantuan Langsung Sementara Masyarakat*/ Temporary Direct Cash Assistance). Government allocated IDR 9,32 trillion for 15,5 billion poor families.[7] If in *BLT* poor people received IDR 100.000 per month, in *BLSM* they received IDR 150.000 per month.

B. Jamkesmas (Community Health Protection Scheme)

Jamkesmas is a social support in health care for the poor people. The government will pay the contribution. This programme held by *Kementerian Kesehatan* (Ministry of Health) since 2008 and is a change from the *JPKMM* (Program Jaminan Pemeliharaan Kesehatan bagi Masyarakat Miskin/ Health Insurance Program for the Poor) or better known as ASKESKIN program held in 2005 until 2007.[8] The program is to improved access to quality health services to the poor and less fortunate through health insurance. This program uses the principal of social health insurance as stipulated in *SJSN* (*Sistem Jaminan Sosial Nasional*/Social Security Law) or *Undang-Undang No.40 tahun 2004*. This principal included efficient, effective, transparent, etc.

Jamkesmas is a new health system in 2014 administered by *BPJS* (*Badan Penyelenggara Jaminan Sosial/*The Social Security Provider) according to *SJSN* is universal health coverage. *Jamkesmas* program to overcome barriers and

[5] Anggito Abimanyu. Kenaikan Harga BBM (The Rising of Oil Price). http://nasional.kompas.com/read/2012/03/01/04223337/ Kenaikan.Harga.BBM. Accessed: March 1st, 2012.

[6] Investor Daily. BLT Bukan Solusi (BLT Is Not The Solution). http://www.investor.co.id/home/blt-bukan-solusi/31234. March 5th, 2012.

[7] Tempo. Tahap Pertama, BLSM Disalurkan ke 12 Kota Besar (First Step, BLSM Is Transfered To 12 Capital City). http://www.tempo.co/read/news/2013/06/18/173489145/Tahap-Pertama-BLSM-Disalurkan-ke-12-Kota-Besar. Accessed: February 15th, 2014.

[8] Regulasi Jamkesmas. (Jamkesmas Regulation). http://www.jamsosindonesia.com/cetak/print_artikel/34. Accessed: February 15th, 2014.

obstacles of access of the poor to health services also to improve the health status of the poor to meet basic right of every citizen to obtain health care. The aim of *Jamkesmas*, namely:

a. Jamkesmas provide convenience and access to health services to participants in the entire network of health facilities implementing this program;

b. Jamkesmas encourage increased health care, standardized and quality controlled and cost;

c. Financial Management of State held by a transparent and accountable.

The Indonesian Government provided health insurance to Indonesian citizen based on the 1945 Constitution of the Republic of Indonesia, namely:

a. Article 28 H, paragraph (1) that every person shall have the right to live in physical and spiritual prosperity, to have a home and to enjoy a good and healthy environment, and shall have the right to obtain medical care.

b. Article 34, paragraph (1) that impoverished persons and abandoned children shall be taken care of by the State.

Not only based on the 1945 Constitution of the Republic of Indonesia, but also and Ministry of Health Regulation Number SK No. 1241/Menkes/SK/XI/2004 on assignment of PT Askes (Persero) in health care management program for poor people. There are Indonesian regulations relating to funding and fund management, as well as health service delivery. *Jamkesmas* based on Presidential Regulation Republic of Indonesia Number 12 Year 2013 on Health Insurance or Perpres No.12 Year 2013 too. As per Article 1 point 1 Perpres No.12 Year 2013, the Health Insurance is a guarantee of health coverage for participants to gain the benefits of health care and protection to meet the basic needs of health given to every person who has paid dues or dues paid by the government.

III. The Unsuccessful Poverty Reduction Strategies In Indonesia

The successful of a program or policies depends on how the government implement it because it correlate possitively. Program is a tool from the government in order to achieve the goal of a policy. William defined policy implementation as "*include implementation strategies in an analysis so that policy maker could appreciate the problems that faulty or slipshod implementation could engender; armed with such knowledge, the cognizant policy maker would select the most effective policies and programs*."[9] Meanwhile, Patton and Savicky argued that implementation is a part of a policy.[10] It means that if government fail to implement than the program or policy goals will fail too. Carrol H. Weiss stated that *policy failures* consist of 2 kinds, they are *program failures* and *theory failure. Program failures* happened when the policy can not be implemented based on its design and *theory failure*

[9] Miller Hildreth. 2007. Handbook of Public Administration. Third Edition. New York: CRC Press. p.518

[10] Riant Nugroho. 2003. Kebijakan Publik: Formulasi, Implementasi, dan Evaluasi (Public Policy: Formulation, Implementation, and Evaluation). Jakarta: PT Elex Media Komputindo. p.338.

happened when the result does not fit the expectation. [11]

Levitan (1980) defined poverty as a lackness of goods and services needed to achieve the good life standard. Meanwhile, Schiller defined poverty as the inability to get better goods and services to fulfill limited social needs. In addition, Mashud said that there are some criteria used to identify whether someone or group is poor: (1) those who live under the poverty line, (2) those who do not have production assets with their own power, (3) those who uneducated/low educated, (4) those who live in a village and do not have their own land, and (5) those who live in a city with no or minimum of skill.[12]

In Indonesia, someone stated as poor when his/her income is below IDR 200.262 per month.[13] This category is different with World Bank because World Bank defined "poor" as a one who live with less than US$ 2 per day.[14] The different category between BPS (Indonesia) and World Bank often make the number of poor people becomes a controversy.

This research is a qualitative research by using study literature technique. Researcher specify 2 programs, BLT and Jamkesmas, because these programs generate more problems than others. Jamkesmas in this term are focused until 2013 before Indonesia implement Universal Health Coverage (UHC) in January 2014.

A. BLT (Direct Cash Assistance)

Both *BLT* and *BLSM*, researcher note that there are some problems as follow.

1. Regulation problem

The implementation of BLT for the first time, in 2005, was lack of regulation. Government only used President Instruction No. 12 Year 2005 to implement *BLT*. In the Law No. 1 Year 2005 about the First Revision to Law No. 36 Year 2004 about 2005 National Budget, and then revised to Law No. 9 Year 2005 about Second Revision to Law No. 36 Year 2004 about 2005 National Budget, there was no specific article stated about *BLT*. In Indonesia, President Instruction is not a part of regulation hierarchy. Under the Law, there are Government Regulation, President Regulation, and Local Government Regulation. Generally, government will make a Government Regulation as a technical procedure to implement a Law. However in the *BLT* 2005 case, Government did not make a Government Regulation or even President Regulation but only used President Instruction. So, the *BLT* 2005 was lack in the umbrella law.

In 2008, government used Law No. 16 Year 2008 about the Revision

[11] Riant Nugroho. 2008. Public Policy. Jakarta: PT Elex Media Komputindo. p.344.

[12] Mustain Mashud, Sutinah, and Sudarto. 2010. Sosiologi Pembangunan (Sosiology of Development). Jakarta: Penerbit Universitas Terbuka. p.41.

[13] World Bank. Kemiskinan di Indonesia (Poverty in Indonesia). http://web.worldbank.org/WBSITE/EXTERNAL/ COUNTRIES/EASTASIAPACIFIEAST/INDONESIAINBAHASAEXTN/0,,contentMDK:22487425~pagePK:1497611~piPK:217854~theSitePK:447244,00.html. Accessed: February 14th, 2014.

[14] Mulyono D. Prawiro . Tanpa Partisipasi Hasilnya Nol (Without Participation, The Result is Null). http://www.gemari.or.id/cetakartikel.php?id=5822. Accessed: February 13rd, 2014.

of Law No. 45 Year 2007 about National Budget for Year 2008, especially on Article 14 Point 2. The derivative regulation from this Law was inadequate because government only used President Instruction No. 3 Year 2008 about *BLT* Implementation for the year 2008. In 2013, government repeated this problem because *BLSM* regulations were only Law No. 15 Year 2013 about the Revision of Law No. 19 Year 2012 about National Budget for Year 2012. Meanwhile, derivative regulation was only President Instruction No. 5 Year 2013.

The lack of regulation shows that government did not plan *BLT* and *BLSM* well. Due to the lackness of the regulation, no wonder if the implementation of *BLT* and *BLSM* did not run well. Government only thought that poor family needed aid as a compensation for the oil-subsidy reduction. Government used short cut in planning the program: giving money will help their buying power.

2. No Updated Database

The database used by government as a basic for distributing *BLT* was not update. Consequently, not all poor family received *BLT*. Meanwhile, there were unpoor family received *BLT* because they were head of village's relative. For example, in Kupang, head of villages prioritized their relatives to receive *BLT.*[15] In other place, Bitung City, Manado, *BLT* receivers were dominated by head of village's relative also.[16] Ironically, although database for year 2005 was not update, government still used it as a basic for 2008 distribution. The 3 years condition were different because some poor people who received *BLT* in 2005 were getting better in 2008 and people who were poor in 2008 did not received *BLT* because they were unregistered. Responding this problem, Major City of Surabaya sent a clarification to the government, asking government to update the database.[17]

Not only *BLT* but also database used in *BLSM* distribution were not update. Member of *DPR* (*Dewan Perwakilan Rakyat/*House of Representative), Ace Hasan, complained to government because government use 2011 data as a basic for the distribution of *BLSM*. As a consequent from the unupdated database, there were 8.554 protection cards (*KPS*) returned back to government.[18] *KPS* was distributed to poor-registered family and as a requirement to withdraw *BLSM*. Another consequent was many poor families protested head of village because they did not get *KPS* although they were poor.

From these findings, unupdated database caused problems but ironically government did not learn from the past. What government did was far away from the concept of anticipatory government, prevention rather than cure, popularized by Osborne and Gaebler in 1993. Actually, 2005 cases could

[15] Tribun News. BLT Ciptakan Masalah (BLT Creates Problems). http://kupang.tribunnews.com/2009/06/30/blt-ciptakan-masalah. Accessed: February 15th, 2014

[16] Harian Komentar. Penerima BLT di Papusungan Diduga Berbau KKN (BLT Recipient in Papusungan Suspected Has Corrupted). http://www.hariankomentar.com/ arsip/arsip_2008/okt_21/ lkBitung001.html. Accessed: February 15th, 2014

[17] Detik News. Walikota Keberatan Penerima BLT Memakai Data Lama (Governor Objected The BLT Recipient Using Past Data). http://news.detik.com/surabaya/read/2008/05/21/111308/942386/466/walikwal-keberatan-penerima-blt-memakai-data-lama. Accessed: February 15th, 2014

[18] Dewan Perwakilan Rakyat. Data Penerima BLSM dari BPS Kacau. http://www.dpr.go.id/id/berita/komisi8/2013/jul/02/6270/data-penerima-blsm-dari-bps-kacau-. Accessed: February 15th, 2014

be a lesson for government to anticipate the same problem repeated for twice or more.

3. Chaos in the Distribution Process

BLT distribution caused chaos in many areas. Government made a cooperation with *PT Pos Indonesia* so that registered family could withdraw their *BLT* in the post office in every subdistrict. However, the distribution process did not run well. Many chaos happened due to indicsipline people. People were not be patient to queue because they had to wait for hours. Consequently, some people were drop and unconscious, and even, in Indramayu, West Java, an old man was died when queuing *BLT* for 3 hours.[19] Here are an example of *BLT* distribution.

Figure 3
People were Queuing during BLT Distribution in One of Village in Indonesia

Source: www.kabarindonesia.com

Another tragedy was in 2013 when an 72 year old man died due to fatigue. He asked his nephew to withdraw *BLSM* in a post office in Jakarta but officer refused him and asked the name stated in the card to withdraw *BLSM* by himself. After queuing, he was rejected because his *BLSM* was already taken by other people and he was asked to take it in the North Jakarta Central Post Office. In the way, he felt fatigue and then died.[20] These tragedy actually could be minimized if government distribute *BLT* and *BLSM* well. People do not need to queue for hours if the government schedule the withdrawal process.

[19] Indosiar. Kakek Tewas saat Antri Pembagian BLT (Old Man Dead when Quieue For BLT). http://www.indosiar.com/fokus/kakek-tewas-saat-antri-pembagian-blt_79844.html. Accessed: February 14th, 2013.

[20] Tempo. Ini Kronologis Kakek yang Meninggal Tak Dapat BLSM (Chronology of The Old Man's Death Not Getting His BLSM). http://www.tempo.co/read/news/2013/09/05/214510718/Ini-Kronologis-Kakek-yang-Meninggal-Tak-Dapat-BLSM. Accessed: February 15th, 2014

Other tragedies also found during the distribution of BLT. *Susenas* (*Survey Sosial Ekonomi Nasional*/National Survey and Census) 2006 in 566 village found that there were some problems arised during *BLT* distribution. See table 2 below for details.

Table 2 Problems Happened during *BLT* Distribution

Problems	% Village
Injuries	14,9
Protest	34,6
Intimidate BPS' Staff	4,4
Intimidate Village Officer	11,8
Vandalism of Public Facilities	1,5
Clash	1,4

Source: National Survey and Census, 2006

The most cases were protest and happened in 34,6% of total village or 196 villages. People protested *BLT* staff because invalid database, rigid process in withdrawal process, unclear schedule to withdraw *BLT*, and so on. The second case was injuries during *BLT* distribution process. People were not be patient to take a long queue so they pushed one another and it made chaos. It happened in 14,9% of village or in 84 villages. These are some problems arised during *BLT* distribution process in 2005.

4. Misuse of Fund

Many stories about the misuse of fund came from *BLT* and *BLSM* program. Not a little people used the fund to gamble or to have fun.[21] Due to many cases found during *BLT* program, the Head of Central Java House of Representative asked government to stop *BLT* because it was used to have fun.[22] In another place, many people mortgaged the *BLT* card to the moneylenders because they borrowed some money to the moneylenders and they could not paid it.[23] The misuse of *BLT* and *BLSM* fund might happened because the mentality of the people. They felt get it freely, without any sacrifice, so they did not have a responsibility to use it well. This mentality relates to what Koentjaraningrat said about Indonesian weakness: avoding to take a responsibility.[24]

[21] H.M. Ismail. Dampak Sosial Ekonomi BLT terhadap Masyarakat Miskin di Kabupaten Tulungagung (Social-Economic Effect of BLT to Poor Society in Tulungagung). Jurnal Aplikasi Manajemen Volume 7 Nomor 3 Agustus 2009.

[22] Tempo. DPRD Jawa Tengah Minta Program BLT Dibatalkan (Middle-Java Representative Demanded BLT Program Being Cancelled). http://www.tempo.co/read/news/2008/05/15/058123141/DPRD-Jawa-Tengah-Minta-Program-BLT-Dibatalkan. Accessed: February 15th, 2014

[23] Suara Karya Online. Di Sumba Timur, Kartu BLT Digadaikan ke Rentenir (In East Sumba, BLT Card Being Sold to Rentenir). http://www.suarakarya-online.com/news.html?id=138111. Accessed: February 15th, 2014

[24] Koentjaraningrat. 1974. Kebudayaan, Mentalitet, dan Pembangunan (Culture, Mental, and Development). Jakarta: Gramedia. pp 56-58.

5. Inequality of *BLT* and *BLSM* Value

The last problem is about the inequality of *BLT* and *BLSM* value. People received *BLT* in amount IDR 100.000 and *BLSM* in amount IDR 150.000 per month. The problem arose when the value of Rupiah was not equal among some areas in Indonesia. For example, in Central Java, people could buy many things with IDR 100.000 but people in Papua could only buy little things with IDR 100.000. It was because the life standard in Papua was higher than in Java. As an archipelago country, Indonesia has many islands. The hard distribution of goods from Java to Papua made the price more expensive than in Java. So, the inequality of *BLT* and *BLSM* value created new problem for people in Papua.

B. Jamkesmas (Community Health Protection Scheme)

There are several problems faced this program as follow:

1. Poor health services, no rewards and no punishment

At Health Clinics in District Ciseeng, Bogor, the regional government not utilizes the recording and reporting system. The recording and reporting is done only for the purposes of the report to the regency. The health clinic not analyzes the situation from year to year. The Standard operation Procedure is quite good but not tight enough because there is no imposition of sanctions for a violation. In addition, there are procedures that are not implemented in the data collection process, including the use of indicators of poverty in the feasibility test candidates.[25]

Besides that, often there still mismatches claims by an independent verifier for external parties or Hospital do not check before re-verification. This is because there are no rules governing verification in hospital. Monitoring has not been done to the whole hospital because of large number of hospitals in cooperation with *Jamkesmas* program, so monitoring is focused on hospitals that did not submit the report at all.

A number of patients turned out to poor families must spend in order to get a Jamkesmas card. Most perpetrators of illegal charge a public servant in the *RT* (*Rukun Tetangga*/neighborhood) or *RW* (*Rukun Warga/*neighborhoods). This was revealed in a public discussion organized by ICW (Indonesia Corruption Watch), "Sues Hospital Service to the Poor". The existence of informal payments to receive a Jamkesmas card that is revealed through methodical survey of '*Pelaporan Kartu Warga*' (citizen report card) conducted in 2009. There are 738 respondent patients in 23 hospitals in Jakarta, Bogor, Depok, Bekasi and Tangerang. ICW Researcher, Ratna Kusumaningsih, said as much as 7.9% of respondents said there are charges. To get a Jamkesmas card, patients spend an average of IDR 345,000. For a poor family card funded by the government of DKI Jakarta, charge average of IDR 101,000 and for the *SKTM* afford to IDR 89,000. The three main actors are the chairman of the RT/RW (30.6 percent), village officials (22.4 percent), clinic staff (20.4 percent), and brokers.

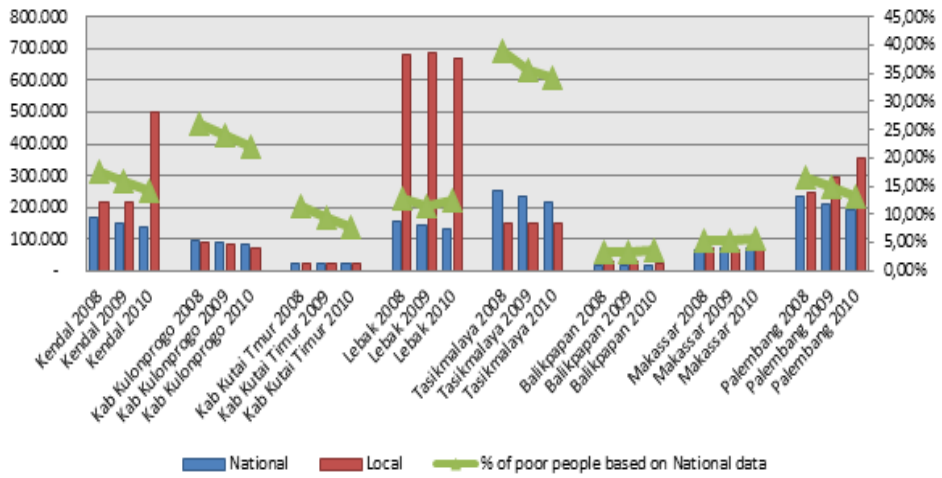
[25] Bayu Kurnia. Rancangan Aplikasi Basis Data Program Jaminan Kesehatan Derah (Jamkesda) di Kecamatan Ciseeng Kabupaten Bogor (Application of Databased Jamkesda in Ciseeng, Bogor). (Undergraduate Thesis: Universitas Indonesia, Depok, 2010).

In addition, the lack of regeneration officers and the officers are less likely to accept new technology. This is due to the age factor besides that, the verifier officers in the village appointed by the respective village head. This procedure leads to the missing target because the data collection process likely to be invalid.

2. Inaccurate database

The discovered of inaccurate database that used by the officers was found in many places in Indonesia. In 2012 through 2013, there will be about 20 million poor people who could potentially ignored health care. This community cannot seek medical treatment because their membership rights being ignored or not recorded (KPMAK). Inaccurate database used in Aceh Tamiang. At Seruway district, *PNS* (*Pegawai Negeri Sipil*/civil servants) and those who have died get the card.[26] On 7 January 2013, 15 people came to *Bappeda* (*Badan Perencanaan Pembangunan Daerah*/Champaign Regional Planning Agency) and *BPS* (*Badan Pusat Statistik*/Central Statistics Agency) in Padang. They questioned the data collection that is considered not valid. Chairman of RT03 RW14 Bungopasang, Juhardio Anse, revealed there are 3 heads of families are not recorded. He rate that families deserve *Jamkesmas* because of the poor. Meanwhile, Chief of Medical Officer in Padang, Frisdawati, claimed the data is not accurate.

Figure 3
Difference between national and local poverty data, 2008 - 2010



Source: IBP Indonesia Core Team, 2012

[26] Bakri. Data Jamkesmas Aceh Tamiang tak akurat (Jamkesmas Data in Aceh Tamiang Isn't Accurate). http://aceh.tribunnews.com/2013/05/16/data-jamkesmas-aceh-tamiang-tak-akurat. Accessed: February 15th, 2014.

There are differences data between *BPS* and local government. Local government feel that the BPS data are poor quality, outdated, do not reflect the characteristics of local poverty problems, etc. Local government used their own poverty criteria. The criteria are different from the national results in complexity of miss-targeting problems. *BPS* uses poverty data for *Jamkesmas* from 2007 to determine the recipients for the 2010 program this make the targeting system of *Jamkesmas* ineffective and sub-optimal in covering the poor.[27] The differences between national and local poverty data can be seen in the figure below. Kendal and Lebak have the greatest differences between the national and local poverty data in 2010. This difference occurred due to political influence that used poverty issues for election purposes.

3. The implementation is less effective

There is a negative perception of service quality of *Jamkesmas* where many health centers that lack of qualified staff, including a shortage of doctors and inspection tools, the treatment is not earnest and long waiting times.

ICW find that there are claim was rejected by the hospital. There are eight people who claim to feel an unpleasant service. Rejection reason is limited beds, hospital equipment is inadequate, no specialists, the administration is not complete and no down payment. Female patients are often ignored and less respected in the hospital service. While the male patient complained of a lack of discipline doctors, and the presence of down payment requirements if they want to be served. In addition, many complain about hospital infrastructure, especially the cleanliness of toilets and bathrooms.[28]

Jamkesmas mechanism implemented in Bogor is less effective to help cheap or free health care for the poor. Because only about 20 percent of a health card that is absorbed. However, on the other hand, the Government of Bogor still bear the cost of health care for the poor by using a poor family card or a *SKTM* (*Surat Keterangan Tidak Mampu/*statement of poverty) in the amount of billions of dollars. In the number of people registered, only 20 percent were able to utilize funds from the central government. The rest citizens are guaranteed health card is never sick so that funds cannot be disbursed.[29]

4. Misuse of *Jamkesmas* cards

Card users are not the card owner and some of the card owners are not categorized as poor people. In Ciseeng, Bogor, *Jamkesmas* participant did not have the *Jamkesmas* card so the health assurance process became difficult. Many people who are known by the health officers are not a poor person but they used the *Jamkesmas* card. The health officers have been reported

[27] IBP Indonesia Core Team. 2012. Jamkesmas and District Health Care Insurance Scheme Assesment Reports from 8 Districts/Municipalities and 2 provinces. 2011. Bandung. Perkumpulan INISIATIF. ISBN: 978-979-25-2109-2.

[28] Indonesia Corruption Watch. Pungutan Liar Pada Jamkesmas (Unofficial Fee in Jamkesmas). http://www.antikorupsi.org/id/content/ pungutan-liar-pada-jamkesmas. Accessed: February 15th, 2014.

[29] Pikiran Rakyat Online. Jamkesmas Tidak Terserap Efektif (Jamkesmas Is Not Effectively Implied). http://www.pikiran-rakyat.com/node/133701 Accessed: February 15th, 2014.

to the district but the district did not give a good response because they are suppressed by the society.[30] Medical Officer in Malang will seek uncategorized poor people to turn back the card and substitute the card to categorized poor people.[31]

IV. Inadequate Evaluation

After the implementation, policy or program should be evaluated to know the success, effect, or result. Dunn stated that evaluation was a set of policy process; started by agenda setting and ended by evaluation. In this stage, policy/program will be evaluated to know whether it could solve the problem. Public policy basically made to achieve the goals. To know how success the policy/program is, government should make indicators or criteria as a basic assessment.[32] In addition, Nugroho states that evaluation is used to know the gap between "reality" and "expectation".[33]

Both *BLT* and *Jamkesmas* had inadequate evaluation. Actually government conducted some evaulations but the evaluation done in 2008. From the information collected during 2005 and 2006, researchers do not find any evaluation conducted by government. Some of evaluations were conducted by NGO such as SMERU. The comprehensive evaluation held by government was in 2008. Government conducted a survey in 566 villages in order to evaluate the *BLT*. However, ideally government do an evaluation after the programs have already done. It means that government ideally do an evaluation in 2005 because evaluation could be held in some terms. First, before implementing the program, second, during the program, and the last, after the program has already done. From the finding above, researchers argue that the evaluation in 2008 is very long away from 2005. Evaluation should be done as soon as possible in order to reduce unwanted things happened again in the future. Another thing is related to the goals measurement. Evaluation is very important in order to know whether the program effective. The problem arised when the government did not have a clear regulation. As researchers state above, the government only used President Instruction as a technical regulation. In this President Instruction, researchers do not find any clause about goals measurement, and evend not an evaluation procedure. The absence of evaluation procedure mentioned in a regulation will cause the program doesn't meet the goals.

V. Alternatives Solutions

From the explanation above, researchers provides alternatives in the form of:

1. There should be a clear legal framework governing the poverty reduction.

[30] Bayu Kurnia, op cit.

[31] Malang Post. Tarik Kartu Jamkesmas Warga Mampu (Call Back Jamkesmas Card from Capable Citizen). http://www.malang-post.com/metro-raya/60548-tarik-kartu-jamkesmas-warga-mampu. Accessed: February 15th, 2014.

[32] Budi Winarno. 2002. Teori dan Proses Kebijakan Publik (Theory and Process of Public Policy). Yogyakarta: Media Pressindo. pp 32-34

[33] Riant Nugroho. 2003. op cit. p 183.

Government shall make a Government Regulation as a technical procedure to implement a Law.

2. Inaccurate or no database update is due to the familiarity with the field officer as the head of the village, as well as the data used is the data still no update. The BPS team selects residents in the poor category. The data obtained by BPS team was a lot of errors. From the surveyor, the data obtained can be error. BPS team takes data from the visits and interviews, though many things can be deliberately concealed. BPS team would be hard to find out a wealth of new residents known. So that not poor citizens could get medical treatment. The data collection should be carried out by field officers of citizen groups with re-checking of the BPS team. If the team found any violation, there are already sanctions.

   In addition, the data processing should be done every month, as well as the wise utilization for consideration in taking policy measures at least at the district level. In addition, the use and utilization of information technology as well as a good system data management should be improve. So the resulting information is more valid and useful.
3. The government should prepare a solution for the risks of possible queue are booming. For example, adding employees at the distribution of funds. In addition, there must be same opinions between the field officers who provide funds, it must be consistent, they are only received the person whose name is listed, other than the listed name, cannot receive the funds.
4. There should be not in the form of funding, but in the form of working capital in the form of skills and capital. For example, the elimination of rent a place in the market, providing a suitable place for street vendors without collecting rent. Skills training can be free for the vendors so that they can develop the business. Punishment is given to persons who are not people who are eligible to receive a health card but using a health and take the card.
5. The BLT should be adjusted to the value in each area. It can be seen from the UMR *(Upah Minimum Regional*/regional minimum wage) of each region.
6. The government should provide apparent protection to the officer in charge because their position could come under pressure from the community to provide a report. And there should be punishment for officers who violate the authority.

   The officer must always be given continuous training on this program, so they already knew at the time to face all the problems that arise in implementation. Training for officers should be done more than once to be able to ensure officers understand and master the training materials. For training to be effective as intended, the training should be provided a mentor nearby without having left behind by the ongoing training materials.

   To minimize the time wasted due to the error, officers should examine first before submitting the report to the independent verifier. The quality of verifier at the district should be improved so the accuracy would be easy to manage. There should be an implementation of the punishment and reward as the encouragement for the officers. There are facilities for clinic staff in performing their duties. Perform system maintenance, facilities

and infrastructure, as well as existing technology and then increased again in future in order to maintain the integrity of the information that had previously been there.

7. There must be immediately effective supervision. Government should be transparent to the problems that arise with the implementation of the program, so that the public can provide input alternative solutions so that governments do not arise in the next course of the same or similar problems.

   Besides the alternative that researchers suggest above, the increase of labor productivity and the expansion of the labor market should be done. Government should open a labor market for the poor people that have low education. Researcher believes that Indonesian people has entrepreneurship. Even Indonesia still lack of labor market for the poor people, they are using their own way to earn income. Most of them do a trace, such as *pedagang kaki lima(*street vendors*).* Then the government can maintain the street vendors to provide a decent place not repel them.

VI. Conclusion

Since poverty in Indonesia becomes major problems, government implemented some poverty reduction programs such as *BLT* (*Bantuan Langsung Tunai*/Direct Cash Assistance) and *Jamkesmas* (*Jaminan Kesehatan Masyarakat*/Community Health Protection Scheme). However, the programs are considered not effective due to some problems, such as regulation problems, inaccurate database, chaos in distribution process, and some other problems. While this problem existed, the evaluation from the government was inadequate, noted that government only did some evaluation. Due to this problems, researchers proposes some alternative recommendations such as there should be a clear regulation framework, update database, improve the quality of service delivery, and conduct regular evaluation.

Bibliography

Legal Documents

Ministry of State Secretary, Republic of Indonesia. *President Instruction Number 12 Year 2005 about Direct Cash Assistance (BLT) for Poor Family*. September 10th, 2005.

Books

Hildreth, Miller. 2007. *Handbook of Public Administration. Third Edition.* New York: CRC Press.

Koentjaraningrat. 1974. *Kebudayaan, Mentalitet, dan Pembangunan (Culture, Mental, and Development)*. Jakarta: Gramedia.

Kurnia, Bayu. "Rancangan Aplikasi Basis Data Program Jaminan Kesehatan Derah (Jamkesda) di Kecamatan Ciseeng Kabupaten Bogor" (Application Plan on Database of Jamkesda in Ciseeng, Bogor). (Undergraduate Thesis: Universitas Indonesia, Depok, 2010).

Mashud, Mustain, Sutinah, and Sudarto. 2010. *Sosiologi Pembangunan (Sociology of Development)*. Jakarta: Penerbit Universitas Terbuka.

Nugroho, Riant. 2003. *Kebijakan Publik: Formulasi, Implementasi, dan Evaluasi (Public*

Policy: Formulation, Implementation, and Evaluation). Jakarta: PT Elex Media Komputindo.

Nugroho, Riant. 2008*. Public Policy*. Jakarta: PT Elex Media Komputindo.

Osborne, David, and Ted Gaebler. 1993. *Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector*. New York: Plume.

Winarno, Budi. 2002. *Teori dan Proses Kebijakan Publik (theory and Process of Public Policy)*. Yogyakarta: Media Pressindo

Articles

IBP Indonesia Core Team. 2012. *Jamkesmas and District Health Care Insurance Scheme Assesment Reports from 8 Districts/Municipalities and 2 provinces.* 2011. Bandung. Perkumpulan INISIATIF. ISBN: 978-979-25-2109-2.

McKinsey Global Institute. *The Archipelago Economy: Unleashing Indonesia's Potential*. September 2012.

Manning, C., & Sumarto, S. 2011. *Employment, Living Standards and Poverty in Contemporary Indonesia.* Singapore. Markono Print Media Pte Ltd. ISBN: 978-981-4345-13-2.

Ministry of Social Affair. *Perkembangan Perekonomian, Subsidi BBM, dan Evaluasi Program BLT (Progress on Economical Side, Fuel Subsidy, and Evaluation on BLT Program)*. Paper Presentation, June 4th 2008.

Population Reference Bureau. 2013. *2013 World Population Data Sheet*. Washington: PRB.

Websites

Abimanyu, Anggito. *Kenaikan Harga BBM (Rising of Fuel Price)*. http://nasional.kompas.com/read/2012/03/01/04223337/Kenaikan.Harga.BBM. Accessed March 1st 2012.

Badan Pusat Statistik. *Jumlah Penduduk Miskin, Persentase Penduduk Miskin dan Garis Kemiskinan 1970-2013 (Total of The Poor, Percentage of The Poor and Poverty Line 1970-2013)*. http://www.bps.go.id/tab_sub/view.php?kat=1&tabel=1&daftar=1&id_subyek=23&notab=7. Accessed: February 13rd, 2014.

Bakri. *Data Jamkesmas Aceh Tamiang tak akurat (Jamkesmas Data in Aceh Tamiang Isn't Accurate)*. http://aceh.tribunnews.com/2013/05/16/ data-jamkesmas-aceh-tamiang-tak-akurat. Accessed:February 15th, 2014.

Detik News. *Walikota Keberatan Penerima BLT Memakai Data Lama (Governor Objected to BLT Recipient Using Past Data*. http://news.detik.com/surabaya/read/2008/05/21/111308/942386/466/walikwal-keberatan-penerima-blt-memakai-data-lama. Accessed: February 15th, 2014

Dewan Perwakilan Rakyat. *Data Penerima BLSM dari BPS Kacau (Data of BLSM Recipient from BPS is A Disorder)*. http://www.dpr.go.id/id/berita/komisi8/2013/jul/02/6270/data-penerima-blsm-dari-bps-kacau-. Accessed: February 15th, 2014

Faizal, Elly. *Jamkesmas in 2013 expanded with 10 million more entitled.* http://www.thejakartapost.com/news/2013/01/21/jamkesmas-2013-expanded-with-10-million-more-entitled.html. Accessed: February 15th, 2014.

Harian Komentar. *Penerima BLT di Papusungan Diduga Berbau KKN (BLT Recipient in Papusungan Suspected Has Been Corrupted)*. http://www.hariankomentar.com/arsip/arsip_2008/okt_21/lkBitung001.html. Accessed: February 15th, 2014

Indonesia Corruption Watch. *Pungutan Liar Pada Jamkesmas (Unofficial Fee in Jamkesmas).* http://www.antikorupsi.org/id/content/pungutan-liar-pada-jamkesmas. Accessed: February 15th, 2014.

Indonesia's House of Representative. *Jamkesmas Tidak Sesuai Rencana, Komisi IX Keluhkan Ketidakakuratan Data (Jamkesmas Not In Line as Planned, Commission IX complaining The Inaccurate Data)*. http://www.dpr.go.id/id/berita/komisi9/2013/ feb/05/5033/jamkesmas-tidak-sesuai-rencana,-komisi-ix-keluhkan-ketidakakuratan-data-. Accessed: February 15th, 2014.

Indosiar. *Kakek Tewas saat Antri Pembagian BLT (Old Man Dead when Quiue for BLT)*. http://www.indosiar.com/fokus/kakek-tewas-saat-antri-pembagian-blt_79844.html. Accessed: February 14th, 2013.

Investor Daily. *BLT Bukan Solusi (BLT is not A Solution)*. http://www.investor.co.id/home/blt-bukan-solusi/31234. March 5th, 2012.

Ismail, H.M. *Dampak Sosial Ekonomi BLT terhadap Masyarakat Miskin di Kabupaten Tulungagung (Social-Economic BLT on The Poor in Tulungagung)*. Jurnal Aplikasi Manajemen Volume 7 Nomor 3 Agustus 2009.

Hafidz, Firdaus, Rizki, T, & Febtiana, T.P. Susenas 2009-2011:Pemanfaatan Jamkesmas belum sampai 50%. 510-pemanfaatan-jamkesmas-belum-sampai-50.html. Accessed: February 15th, 2014.

Malang Post. *Tarik Kartu Jamkesmas Warga Mampu (Callback The Jamkesmas Card from Capable People).* http://www.malang-post.com/metro-raya/60548-tarik-kartu-jamkesmas-warga-mampu. Accessed: February 15th, 2014.

Pikiran Rakyat Online. *Jamkesmas Tidak Terserap Efektif (Jamkesmas isn't Implied Effectively)*. http://www.pikiran-rakyat.com/node/133701 Accessed: February 15th, 2014.

Prawiro, Mulyono D. *Tanpa Partisipasi Hasilnya Nol (Without Participation, The Result is Null)*. http://www.gemari.or.id/cetakartikel.php?id=5822. Accessed: February 13rd, 2014.

Prosedur Jamkesmas. *Jamkesmas Procedure.* http://www.jamsosindonesia.com/cetak/print_artikel/34. Accessed: February 15th, 2014.

Regulasi Jamkesmas. *Jamkesmas Regulation.* http://www.jamsosindonesia.com/cetak/print_ artikel/34. Accessed: February 15th, 2014.

Rural Poverty Portal. *Rural Poverty in Indonesia*. http://www.ruralpovertyportal.org/country/home/tags/indonesia. Accessed: February 13rd, 2014.

Suara Karya Online. *Di Sumba Timur, Kartu BLT Digadaikan ke Rentenir BLT Card is Sold to Rentenir)*. http://www.suarakarya-online.com/news.html?id=138111. Accessed: February 15th, 2014

Tempo. *DPRD Jawa Tengah Minta Program BLT Dibatalkan (Middle-Java representative demanded BLT Program is cancelled)*. http://www.tempo.co/read/news/2008/05/15/058123141/DPRD-Jawa-Tengah-Minta-Program-BLT-Dibatalkan. Accessed: February 15th, 2014

Tempo. *Ini Kronologis Kakek yang Meninggal Tak Dapat BLSM (The Chronology of Old Man's Death Not Getting His BLSM)*. http://www.tempo.co/read/news/2013/09/05/214510718/Ini-Kronologis-Kakek-yang-Meninggal-Tak-Dapat-BLSM. Accessed: February 15th, 2014

Tempo. *Tahap Pertama, BLSM Disalurkan ke 12 Kota Besar (First Step, BLSM Transferred to Twelve Capital Cities)*. http://www.tempo.co/read/news/2013/06/18/173489145/Tahap-Pertama-BLSM-Disalurkan-ke-12-Kota-Besar. Accessed: February 15th, 2014

Tim Koordinasi Penanggulangan Kemiskinan Provinsi dan Kabupaten/Kota. *Persentase Penduduk Miskin Tahun 2012 (Percentage of The Poor on 2012)*. http://www.tkpkd.org/# . Accessed: February 13rd, 2014.

Tribun News. *BLT Ciptakan Masalah (BLT Creates Problems)*. http://kupang.tribunnews.com/2009/06/30/blt-ciptakan-masalah-. Accessed: February 15th, 2014

World Bank. *Kemiskinan di Indonesia (Poverty in Indonesia)*. http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/EASTASIAPACIFIEAST/INDONESIAINBAHASAEXTN/0,,contentMDK:22487425~pagePK:1497611~piPK:217854~theSitePK:447244,00.html. Accessed: February 14th, 2014.