

Role of Hope Family Program (*Program Keluarga Harapan*) In Improving Management Access to Basic Education Service among Poor Family Children in Indonesia

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Abstract: The poor people and neglected children are cared for by the state, according to the article 34 paragraph (1) of the 1945 Constitution. According to Law Number 13 Year 2011 article 1 point 1 d, The word "poor people" is interpreted as a person who does not have a source of livelihood and / or has a livelihood but does not have the ability to meet the needs that are appropriate for the life of himself or his family.

PKH is a part of efforts in poverty eradication which was launched firstly through a trial program in 2007, in the era of Kabinet Indonesia Bersatu which was led by President of RI Susilo Bambang Yudhoyono, whose targets are Very Poor Households (RTSM) or Very Poor Families (KSM), namely those whose conditions are very concerning, especially related to health and education, and therefore the participation of PKH is only related to the health and education component. The writing focuses on the education component, because education is an integral part of the success of national development. The fact shows that the implementation of education has not been experienced by all of the Indonesian people, especially poor families based on data from the Central Statistics Agency in 2013 showing that the number of dropped-out children at the age of 7-12 years reached 0.67 percent, age 13-15 years reached 2.21 percent, and aged 16-18 years reached 3.14 percent. Whereas, UNICEF data in 2015 revealed that 2.5 million children in Indonesia could not get education, which consists of 600 thousand elementary school-aged children (SD) and 1.9 million junior high school-aged children (SMP). The main cause of this situation is the lack of awareness and / or understanding of poor families about the importance of education for a better future, and the lack of sufficient funds so that the children are unable to go to school (dropping out of school). To answer this challenge, the Government intervened through PKH, namely conditional cash assistance in order to make the poor families feel motivated to send their children to school or re-send their dropped-out children to school..

This research evaluation is aimed to see about how far the implemented policy such as regulation/rule of legislation that related to education program of PKH and its implementation in the field both for the local government and the accuracy of the program targets.

Keywords: Program Keluarga Harapan, objective and goal

I. INTRODUCTION

In general, it can be said that the *Program Keluarga Harapan* (PKH) is an effort in poverty alleviation, whose initial design was the *Conditional Cash Transfer (CCT)* program adopted from poverty programs in several Latin American countries which were considered successful in increasing school enrollment rates and health status, Mother and Child from a very poor family.¹ To implement the program The Ministry of National Development Planning / National Planning Agency (BAPPENAS) together with the team across Ministries and Institutions and with the approval of the World Bank consultant, namely Prof. Tarcisio, has drafted the General Guidelines for PKH in 2007, while the Operational Guidelines For The Education Service which was created by Director General for Assistance and Social Assistance and Security of the Ministry of Social Affairs has coordinated with the representatives from the related departments, including the Ministry of National Development / Bappenas, Ministry of Health, Ministry of National Education, Ministry of Religion, Ministry of Communication and Information, and the statistics center bureau (BPS). With that guideline the PKH through a trial program which was officially launched by the Ministry of Social Affairs of Kabinet Indonesia Bersatu on 25th of July 2007 in Gorontalo. The early step of the program is implemented in 7 (seven) provinces, such as: West Sumatra, DKI Jakarta, West Java, East Java, East Nusa Tenggara, North Sulawesi and Gorontalo with the total members (Keluarga Penerima Harapan/KPM-PKH) b 387.947 spread in 48 districts/cities.² The recipients continue to increase and the most significant happened in 2016 where KPM PKH became 6 million families and in 201 KPM PKH became 10 million families.³ Actually, the principal of PKH Program implementation is to break the poverty chain, therefore the determination that was built is to make the children from extremely poor families out of poverty circle, means there is hope to achieve, that is the existence of

awareness from RTSM/KSM both in health care or education for the future of the children. Since the health and education are the most basic rights for RTSM / KSM, specifically related to access to education services that can be considered when the PKH program is established, it is not only because of the lack of awareness about importance of education, but also due to geographical factors such as long distances and the lack of infrastructure has made it difficult to reach the educational institutions available for RTSM / KSM. With the development of educational facilities and infrastructures that are easily accessible, especially basic education, the consideration is not only on geographical factors but the main thing is economic access, which is due to the lack of costs / economic constraints, poor families cannot send their children to school. On that basis, the assistance given to KPM-PKH is in the form of cash of money which is only used for transport to schools, purchasing school supplies, and / or buying snacks in schools, purchasing school uniform, etc. but should not be used for educational services. The cost of education services has indeed become the responsibility of the Ministry of Education and Culture, even in the context of 9 (nine) years compulsory education is also the responsibility of the Regional Government (Article 34 paragraph (2) of Law No. 20 of 2003 concerning the National Education System). The Government's attention to the poor, especially very poor households is in accordance with the concept of Islam as the word of Allah SWT in Al-Maun verse 3, as follows

(3) *and do not encourage the feeding of the poor.*⁴

In the commentary of Jalalayn, related to verse 3 of the letter al-Maun, the interpretation of Jalalayn interprets as follows, (And does not recommend) himself or anyone else (feeding the poor) this verse was revealed regarding such a person, namely Al-'Ash bin Wail or Walid bin Mughirah.⁵

In the General Guidelines for the *Program Keluarga Harapan* (PKH)⁶ it is stated that PKH is a program of assistance and social protection which is included in the first cluster of poverty reduction strategies in Indonesia. This program is conditional cash assistance related to education and health requirements. The sustainability of this program will contribute to accelerating the achievement of the Millennium Development Goals or MDG's development goals. There are at least five components of MDG's goals that are supported through PKH, namely overcoming extreme poverty and hunger, achieving basic education for all, gender equality, reducing child mortality, and improving maternal health.⁷ Furthermore, it was stated by PKH that PKH participants, hereinafter referred to as Very Poor Households (RTSM), had better access to utilize basic social services, namely health, education, food and nutrition, including eliminating social inequalities, powerlessness and social alienation that had been inherent to the poor.

As explained above that PKH has been started since 2007, with the basis of PKH assistance participation was directed to Very Poor Households (RTSM), then since 2012

the assistance base was directed at very poor families (KSM). This change was made to accommodate the principle that the family is a unit that is very relevant to improving the quality of human resources or in the language of the Law on Population Development and Family Development called quality family, namely families formed based on legal marriage and characterized as prosperous, healthy, advanced, independent, has the ideal number of children, forward-thinking, responsible, harmonious, and fearful to God Almighty.⁸

Parents basically have a responsibility for the education, health, welfare and future of the child.⁹ Regarding the obligation to educate children, Allah said on Lukman's letter verses 12-16 as follows:

And (remember), when Luqman said to his son while he was instructing him, "O my son, do not associate (anything) with Allah, Indeed, association (with Him) is great injustice. And We have enjoined upon man (to care) for his parents. His mother carried him, (increasing her) in weakness upon weakness, and his weaning is in two years. Be grateful to Me and to your parents; to Me is the (final) destination. And We have enjoined upon man (care) for his parents. His mother carried him, (increasing her) in weakness upon weakness, and his weaning is in two years. Be grateful to Me and to your parents; to Me is the (final) destination. But if they endeavor to make you associate with Me that of which you have no knowledge, do not obey them but accompany them in (this) world with appropriate kindness and follow the way of those who turn back to Me (in repentance). Then to Me will be your return, and I will inform you about what you used to do. (And Luqman said), "O my son, indeed if wrong should be the weight of a mustard seed and should be within a rock or (anywhere) in the heavens or in the earth, Allah will bring it forth. Indeed, Allah is Subtle and Acquainted. O my son, establish prayer, enjoin what is right, forbid what is wrong, and be patient over what befalls you. Indeed, (all) that is of the matters (requiring) determination."¹⁰

From Surah Lukman verse 12 until 16 above, there are some lessons that were delivered by Allah to Lukman, that is, "1) Allah Swt gave *hikmah* to Lukman who was always grateful 2) Lukman gave lesson to his son for not associating Allah (for that is considered wrong or *zalim*), 3) being good to parents, especially to the mother who pregnant, give birth and wean when the child is 2 years old and feel grateful to Allah and the parents 4) not associating Allah even if the command comes from the parents yet still do good to them 5) let the son know that even if the slightest deed, Allah will give the consequence, 6) do not be arrogant 7) be polite and gentle."

From the verses above, truthfully, it is not only about the physical and spiritual (education and health) but also covering the life of the world and the hereafter.

Imam ar-RaziRahimahullah commented related on giving a great attention to the children.¹¹ Namely: that "every time humans are weak", then attention to them is more

compulsory ". This emerged fourteen centuries ago before Unesco and WHO issued information on child nutrition. In principle, Islam views that suckling from mother's milk directly is an inseparable part of the reproductive process, a natural and ideal means to feed breast-fed children and a biological and psychological basis for the development of children. The Islamic view gained recognition from two hundred countries and signed the WHO organization board that emerged in 1996, which contained support for natural breastfeeding processes, especially in developing countries, in addition to the specialization of the establishment of International Mother's Milk Day.

In the Holy Qur'an in Surat al-Ahqaf verse 15¹², as follows:

“And We have enjoined upon man, to his parents, good treatment. His mother carried him with hardship and gave birth to him with hardship, and his gestation and weaning [period] is thirty months. [He grows] until, when he reaches maturity and reaches [the age of] forty years, he says, "My Lord, enable me to be grateful for Your favor which You have bestowed upon me and upon my parents and to work righteousness of which You will approve and make righteous for me my offspring. Indeed, I have repented to You, and indeed, I am of the Muslims.”

From the quotations from some of the verses above, it is shown that maintaining health and educating children is basically part of child protection as directed by the Prophet which states that¹³ Muslims provide protection to children, develop it, maintain their mental health, do not hurt their feelings and do not harm them as much as possible.

The Government of Indonesia as a State based on Pancasila has given serious attention to growth and development including providing opportunities for children to take part in education through a nine-year compulsory program. However, it cannot be denied that those who live in very poor households (RTSM) moreover their lives are still very traditional and far from accessing educational services and because of their limitations they have not been able to fully attend education, therefore they need to be boosted in their level of awareness towards the importance meaning of education for a better life. Therefore, The government has initiated PKH through a trial program in 2007 in order to make RTSM aware and send their children to school and the dropped out children because they have to work to support the family, into the school system. For that, they who meet the requirements as PKH members have given the conditional social assistance in the form of cash of money that can be used for transportation (to the health and education services), buying snack and shoes/bag/uniform.

PKH has developed in such a way both the types of services and components of the participants. For education services not only in basic education services, but also in secondary education, as well as components that were previously only for the health and education component, now

added to the welfare component social (aged 60 years), and severely disabled. The policy for the development of PKH is based on the Regulation of the Minister of Social Affairs No. 10 of 2017 which is then refined by the Regulation of the Minister of Social Affairs No. 1 of 2018 concerning the PKH.¹⁴

The rapid development of the implementation of PKH is deemed necessary to conduct an evaluation of both the policies and / or regulations stipulated as well as the implementation in the field of both the role of facilitators and the families of beneficiaries (KPM). The research was conducted at the Central Ministry of Social Affairs office as a policy and the City Government of Bekasi in this case the Social Service as the guarantor and program implementer, using the method of study literature / literature and documentation, interviews and focus group discussions (FGD).

II. DEVELOPMENT OF *PROGRAM KELUARGA HARAPAN*(PKH)

The *Program Keluarga Harapan* which has been launched since 2007 and it is a conditional cash transfer program that basically targets extremely poor families who live far from the hustle and bustle of the city and have difficulty reaching health and education facilities which are basic rights for citizens, including the poor. This situation, especially for families whose mothers are pregnant, have children under five, and have school-age children, will be very difficult to come to health services to check their pregnancies, check their toddlers (increase nutrition), and send school-age children to school, and to prevent children that are currently attending school to not dropping out.

There are two main causes of Very Poor Households (RTSM) who are reluctant to check their pregnancies for pregnant women, do not want to have their children examined in order to improve their nutrition, and / or are reluctant to send school-age children to school, namely: 1) lack of awareness of the importance of health, and education to meet a better future life (healthy and educated generation), and 2) does not have sufficient costs to reach access to health and education services. For this reason, the Government launched the *Program Keluarga Harapan* (PKH), which is a conditional cash assistance aimed at Very Poor Households (RTSM) which have a component of health and education, and are designated as PKH participants, with criteria having one or several criteria, namely Pregnant women, toddlers, and school-age children and do not attend school or out of school children.

Very Poor Households that have been designated as PKH beneficiaries / families (KPM) and have fulfilled the stipulated requirements, among others for school-age children and those who have not / have not attended school or who for some reason quit / drop out, then they must be registered and attendance at least 85% of the effective school day has the right to receive assistance whose amount is determined based

on the Minister of Social Decree or the Director General of Protection and Social Security Decisions in the Ministry of Social Affairs in accordance with their authority. The *Program Keluarga Harapan* (PKH) continues to grow and has even been established as a national program, taking into consideration that¹⁵: 1) PKH has a significant direct impact on poverty reduction; 2) increase the purchasing power of people who are less able; 3) PKH has proven to be a social assistance program that encourages family creativity in increasing their productivity; 4) improve the quality of human resources.

III. OBJECTIVES, GOALS, AND COMPONENT

1. *Objectives and Goals*

Based on the PKH General Guidelines in 2007, which in its introduction was signed by H. Paschal Sizeetta as the State Minister of National Development /Head of the National Planning Agency of Bappenas),¹⁶ among others stated that the general objective was to increase the reach or accessibility of disadvantaged communities to public services, especially education and health. Furthermore it was stated that for the short term through providing cash assistance to RTSM, this program is expected to reduce the expenditure burden of RTSM. While for the long term, through the specified obligations, it is expected that there will be a change in the mindset and behavior of RTSM towards improving the health status of children and pregnant women and the education level of the RTSM children so that the poverty chain can be cut off. One final goal of PKH is to increase the participation of primary and secondary schools. Besides the short-term, long-term, and final goals, in the 2007 PKH general guidebook, the main objectives were formulated, namely to reduce poverty and improve the quality of human resources, especially for the poor. Specifically formulated objectives which consist of: (1) increasing the socio-economic conditions of RTSM; (2) improve the level of education of RTSM children; (3) improve the health and nutrition status of pregnant women, postpartum mothers, and children under 6 years old from RTSM; improve access and quality of education and health services, especially for RTSM.

According to BPS data, there are still many school-age children who are not in the school system. To increase the level of school participation, their participation (RTSM children) who are outside the school system must increase the level of awareness of the importance of education as an investment in the future, namely as qualified human resources who will play an active role in national development to achieve national goals as contained in the fourth paragraph of the Opening of the 1945 Constitution. On this basis children from poor families / RSTM must be facilitated to attend education at least in basic education. In connection with that in one of the articles accessed on July 17, 2019, among others stated that "access to basic education has not yet touched the heart of development (access to basic education is at the heart of development).¹⁷ For that formulation of education policy needs to be formulated with a rational approach as delivered

by Arif Rohman (2002: 13) as the Man Power Approach, that is an approach that focuses more on rational considerations in order to create adequate human resources in the community.¹⁸ Furthermore, it is said that in the government's power approach as a nation leader, it is generally seen that a nation only advances if its citizens have adequate capacity and capability. On that basis the government cq the Ministry of Social Affairs establishes the PKH program, which is a program that provides conditional cash assistance to poor families who have school age but are not yet in school or who drop out of school in the form of access services so that children attend school at least lack of 85 percent of effective learning days.

Man power approach education policy is very necessary considering that most of those at school age are not in the school system, usually they become a large number of child workers. Based on the results of child labor surveys conducted by the Central Statistics Agency (BPS) in collaboration with Labor Organizations International (ILO) in 2009 showed that the number of people aged 5-12 years who worked reached 674.3 thousand people or covered around 16.64 percent of the total number of child laborers (residents aged 5-7 years) which reached 4.05 million person. In 2014, for example, the number of economically active working children aged 10-17 years covered 2.77 percent of the total population aged 10-17 years old.¹⁹

To increase school participation, PKH must be able to capture those who are outside the school system, including those who become child laborers. PKH facilitators, especially for areas suspected of having many child workers, will be provided with knowledge related to guidance to child laborers in order to prepare them to return to school.

Thus it can be stated that the PKH target of the education component, especially those who are outside the school system, consists of school-age children who for some reason do not attend school, and children who for some reason drop out generally become child laborers. These targets are closely related to the main objectives of PKH as outlined in the background of point 1.3,²⁰ namely to deal with poverty and improve the quality of human resources, especially for the poor. The results of the research we conducted in July 2019 in the Kaliabang Tengah sub-district of North Bekasi Subdistrict to 10 PKH KPM assisted by assistants, on average showed an increased level of discipline and children's achievement.

This program has been tested since 2007 which was launched in Gorontalo City by Social Minister Bachtiar Chamsah and Gorontalo Governor Fadel Muhammad during the administration of President Susilo Bambang Yudhoyono.²¹

The basis for the implementation of the PKH trial in terms of the law is very weak, because it is only guided by the General Guidelines prepared by cross ministries and institutions, which consist of: National Development Planning Agency (Bappenas), Ministry of Social Affairs, Ministry of Health, Ministry of National Education, Ministry of Religion,

Ministry of Communication and Information, Central Statistic Agency, and PKH Expert Team. The General Guidelines were preceded by a speech from the State Minister for National Development Planning / Head of the National Development Planning Agency, and was issued on February 28, 2007. And signed by the Minister / Head of Bappenas H. Paskah Suzetta. This thing must be understood because it is still a trial that is designed to be implemented in balance until 2015 which is expected to accelerate the achievement of the MDGs (millennium development goals). During the trial period PKH was declared successful, whose success was influenced by stakeholders across Ministries / Agencies, Local Governments and Communities and therefore starting in 2016 PKH experienced expansion of target targets, changes in indices, and components of assistance.

For the success of the implementation, a common understanding of the *Program Keluarga Harapan* (PKH) is needed and therefore the Government issues a decree of the Director General of Social Protection and Security Number 12 / LJS / 09/2016 dated September 1, 2016 regarding the General Guidelines for the *Program Keluarga Harapan*.²² The Director General's decision was then refined by the Minister of Social Affairs Regulation 10 of 2017 and was finally refined by Minister of Social Affairs Regulation Number 1 of 2018.

Until 2018 there has not been a single public policy determined by the Government (except the Minister of Social Affairs Regulation) to be able to become a strong legal basis for the implementation of PKH, especially in the form of Government Regulations, and / or Presidential Regulations, even though in actual years enacted laws relating to poverty alleviation, namely, among others, Law Number 11 of 2009 concerning Social Welfare, and Law Number 13 of 2013 concerning Handling of the Poor.

From the matters stated above, the actual implementation of PKH at least since the launching of the program, namely from 2007 to 2016 is not based on public policy which can be made a strong legal basis for achieving goals, this is in accordance with Chazali H. Situmorang said, as follows:²³ "Public policy as an objective is a mean and for achieving a goal. Public policy ultimately concerns the achievement of public goals. This means that public policy is a set of government actions designed to achieve certain results that are expected by the public as constituents of the government. This is certainly very contrary to the principle of the rule of law as referred to in article 1 paragraph (3) of the 1945 Constitution of the Unitary State of the Republic of Indonesia, which reads: The State of Indonesia is based on the Law.²⁴ And it also contradicts the general principles of good governance, namely, among others, the principle of legal certainty.²⁵ What is meant by the principle of legal certainty²⁶ is as referred to in the explanation of article 10 paragraph (1) letter a, is the principle in a state of law that prioritizes the legal basis of legislation, compliance, fairness, and justice in every government administration policy. Legal certainty has

the following three meanings: a. definite about the legal regulations governing certain government issues that are abstract; b. certainly regarding the legal position of the subject and legal object in the implementation of state administrative law; c. prevent the possibility of arising from arbitrary acts (eigenrichting) from any party.

In the 2007 PKH General Guidelines, among others, it was stated that the *Program Keluarga Harapan* (PKH) was not intended as a continuation of the direct cash subsidy program (SLT), which was provided in order to help poor households maintain their purchasing power when the government made adjustments to fuel prices. This program is a Conditional Cash Transfer (CCT) or in Indonesia called the *Program Keluarga Harapan* (PKH), which is a conditional cash assistance program given to Very Poor Households (RTSM) and in return the RTSM is required to send their children to school, conduct checks health including nutrition health and immunization for toddlers, as well as checking the content for pregnant women. For the short term, this assistance will help reduce the expenditure burden of RTSM, while in the long term it is expected to break the intergenerational poverty chain. The implementation of PKH in Indonesia is expected to help the poorest population, for the people most in need of a helping hand from anyone, namely people as stated in the word of Allah (al-Qur'an Surat al-Ma'arij [70:25]).

"and certain people in their property are available for (poor) people who ask and people who have nothing (who do not want to ask)"

The link with poverty TNP2K (National Team for the Acceleration of Poverty Reduction)²⁷, which was dissolved by President Joko Widodo, once issued poverty segmentation on 3 (three) categories, namely the lowest poverty layer, which was called very poor, the next layer was poor, and the next layer approached poverty (vulnerable to poverty) if we look at the implementation of PKH from 2007 to 2015 PKH targets are those who are very poor, known as Very Poor Households (RTSM) who were later changed to Very Poor Families (KSM) PKH assistance was designed and implemented sustainable at least until 2015.

With the establishment of the *Program Keluarga Harapan* (PKH) as a national program in the sense that PKH has reached provinces throughout Indonesia and its implementation is a collaboration between Ministries and Institutions, PKH is expected to continue to be implemented which was originally planned until 2015 in accordance with the achievement targets of the MDGs. Furthermore, PKH recipients will be gradually increased to cover all RTSM / KSM.²⁸ The target continues to develop from the first time, RTSM, then changed to KSM, then based on the 2016 PKH Implementation Guidelines expanded to Poor Families (KM), and even according to Minister of Social Regulation Number 10 of 2017 concerning PKH, which was then refined by Minister of Social Affairs Regulation Number 1 Year 2018

the target is expanded, namely, to become families and / or individuals who are poor and vulnerable. This means that the PKH program will continue to an undetermined time (multi years program), with the aim of no longer being at the lowest level of poverty called very poor, but for all poor families including those who are vulnerable to poverty, not only poor or vulnerable families but also in poor or vulnerable individuals.

PKH activities are divided into management in locations that have already implemented PKH and development in locations that are newly reached by PKH activities. PKH activities in locations that have implemented PKH include: assistance, distribution of assistance, verification, data updating, family capacity building meetings (P2K2) and membership transformation. While activities in new locations include: conducting targeting activities, providing PKH implementing HR, coordinating with PKH teams both at the Center and in the Region, conducting technical guidance, carrying out initial meetings, carrying out validation and distribution of first aid, updating data and conducting counseling and operator training the following year.²⁹

In accordance with the intent and purpose of the launch of PKH, namely the change of mindset patterns for RTSM / KSM from traditional patterns to the pattern of modern thinking, especially related to the components of health and education which is very basic as mandated in the 1945 Constitution. The question is why the PKH target is RTSM / KSM / Family or poor and vulnerable individuals? The answer is because they are not able to access various facilities to improve the quality of life, especially those that include education indicators. Therefore the target must be sorted and chosen, ie those who fall into the category of very poor or poor families who among others have school-age children but have not / not attended school and / or have children who have dropped out of school or dropped out of school due to lack of funds. This is in line with the data from the Central Statistics Agency (BPS) which states that the main cause of children dropping out of school is the lack of funds to continue attending school and the lack of interest of children to go to school, and statistical data at the provincial and district level shows that there are certain groups of children affected the most vulnerable impacts come mostly from poor families so they are unable to continue their higher level education.³⁰ If the RTSM / KSM has one or two, or all three, then they can be identified as participants of the *Program Keluarga Harapan* (PKH),³¹ which is the program who provide conditional cash assistance to RTSM / KSM Law Number 13 Year 2011 are familiar with the terms of the Poor, meaning people who have no source of livelihood and / or have a source of livelihood. And as a result, RTSM / KSM / KM are required to fulfill the requirements related to improving the quality of human resources, including education. Those who are determined to be PKH participants, first, they get a certain amount of financial assistance in the amount according to special conditions (for education, namely school age children

and / or school dropouts and / or children aged 6 (six) years to 21 (two) twenty one) years that have not completed compulsory education 12 (twelve) years) Second get professional assistance, which provides assistance by assistants in the form of socialization, advocacy, verification and validation.

PKH escort³² is someone who was recruited and determined by the Ministry of Social Affairs to carry out PKH mentoring tasks and is bound by the Ministry of Social Affairs Social Security Director's Decree, whose main task is to carry out all stages of PKH implementation, namely initial meetings, KPM candidate validation, data updating, verification of commitment to attendance in education and health services, guarding the distribution of aid, conducting family capacity building meetings (P2K2), handling complaints, making reports and resolving problems that arise in the implementation of PKH in the field.

Then, PKH's assistant is the eyes and ears of PKH to guarantee the work process in the field. The Ministry of Social Affairs requires that each companion insure themselves with funds provided. The companion's ethical values in mentoring PKH participants include: being patient, listening and not dominating, appreciating and inferiority, wanting to learn, being equal, being friendly and fusing, not patronizing, authoritative, impartial, judging and criticizing, being open and positive. The task of the last social companion as regulated in article 49 paragraph (4) of the Republic of Indonesia Minister of Social Affairs Regulation Number 1 of 2018.³³

For PKH Beneficiary Families that have received cash assistance, especially the education component (school-age children or drop-out children or children aged up to 21 (twenty one) years have not been able to complete 12 (twelve) years of compulsory education, the child it must be included in the school system. The money provided can be used for pocket money, buying shoes, school clothes, or school bags, so children are eager to go to school and their learning passion is expected to increase. In principle, the funds provided should not be used for school fees because this is already the responsibility and the Ministry of Education and Culture / local Education Agency or Ministry of Religion / Regional Office / Office of the Ministry of Religious Affairs.³⁴

2. Component

Determination of the education component in the *Program Keluarga Harapan* (PKH) policy, is based on the following statements:³⁵ The poverty level of a household is generally related to the level of education. The low income of very poor families causes the family to be unable to meet education needs, even at a minimal level. "Furthermore stated:³⁶ There are still a lot of Very Poor Households (RTSM) / Very Poor Families (KSM) who cannot meeting basic education and health needs due to the root of the problems that occur both on the RTSM side (demand side) and the service side (supply side). On the RTSM side, the

biggest reason for not continuing school is because there is no cost, work to make a living, feel that education is sufficient, and other reasons. Meanwhile, the problem on the service side (supply side) that causes low RTSM access to education, among others, is the unavailability of services and that are affordable by RTSM. Service costs that are not covered by RTSM as well as the distance between housing and service locations that are relatively far away are the main challenges for providers of education services. "The link with education, among others, stated:³⁷" Frequent absence of school due to illness causes school dropouts. Their health and nutrition conditions which are generally bad also cause them to fail in school. Some of the children of poor families, there are also those who have no benches at all because they have to help make a living for the family. Even though the number of elementary school participation is high, there are still many poor family children who drop out of school who do not continue to junior high school / MTs. "This condition causes the quality of the next generation of poor families to always be low and eventually trapped in the cycle of poverty.

IV. PROGRAM KELUARGA HARAPAN (PKH) TIMELINE

The *Program Keluarga Harapan* (PKH) was first conducted through a trial released in 2007 in Gorontalo by the United Indonesia Cabinet of Social Ministers under the leadership of President Susilo Bambang Yudoyono. The trials were carried out in seven provinces, namely: West Sumatra, DKI Jakarta, West Java, East Nusa Tenggara, North Sulawesi, Gorontalo, which were based on the 2007 PKH General Guidelines issued by the State Minister of National Development Planning / Head of the Planning Agency National Development (Bappenas) prepared by a Team between Ministries / Institutions consisting of National Development Planning Agency, Ministry of Social Affairs, Ministry of Health, Ministry of National Education, Ministry of Religion, Ministry of Communication and Information, and Central Statistics Agency (BPS). Particularly for the education component carried out based on PKH operations for Providers of education services issued by the Directorate General of Social Assistance and Security, and prepared by the same Team who compiled the 2007 PKH General Guidelines. PKH targets are very poor households (RTSM) (specifically for education) who have school-age children aged 6-15 and are required to enroll their children in SD / MI or SMP / MTs (including open SMP / Mts) and must attend school at least 85 percent of school days in 1 (one) month.

According to the 2007 PKH General Guidance Book stated, "if the trial phase is successful, PKH will be implemented at least until 2015. This is in line with the commitment to achieve MDG's, given that some of the indicators are also pursued through PKH". The five components of MDG's will indirectly be helped by PKH, namely the reduction of the poor and hunger, basic education, gender equality, reducing infant and under-five mortality, and reducing maternal mortality. With the continuation of the

family program of hope up to the present, then the real trial has been declared successful.

With the stipulation of PKH as a national priority program, there are 2 (two) things that experience significant changes for further development of PKH:

1. *PKH Targets*

Based on the 2007 PKH General Handbook, PKH targets are very poor households (RTSM), which have since been changed to very poor families (KSM) since 2012 consisting of mothers and children. This change is needed to accommodate the principle that the family is a unit that is very relevant to improving the quality of human resources.

Parents have a responsibility towards education, health and well-being and the child's future. Therefore the family is a relevant unit in an effort to break the chain of poverty between generations.³⁸ Besides that there are practical considerations, namely the existence of even distribution of targets, especially in the regions, which are still mostly in one poor household, more than a few very poor families (KSM). Then since 2016 the PKH target has been changed to Poor Family.³⁹

Finally, based on Article I number 5 of the Minister of Social Affairs Regulation No. 1 of 2018, the target *Program Keluarga Harapan* (PKH) is declared as the Service Recipient Family, namely the Beneficiary Family, which is the recipient of PKH social assistance that has fulfilled the conditions and stipulated in the Decree. These provisions are then reinforced in 3 which state that PKH targets are families and / or someone who is poor and vulnerable and is registered in an integrated list of poor people handling programs, has a component of health, education, and / or social welfare. The expansion and / or changes to the PKH target are also included in the formulation of the understanding of PKH Article 1 paragraph 1 and point 2 (Permensos Number 1 Year 2018) as follows:

- a. what is meant by the *Program Keluarga Harapan* (PKH), hereinafter referred to as PKH, is a program to provide conditional social assistance to families and / or someone who is poor and vulnerable who are registered in an integrated list of poor people handling programs prepared by the Social Welfare Information Data Center and designated as family of PKH beneficiaries.
- b. what is meant by PKH Access is the provision of PKH social assistance in areas difficult to reach both geographically, the availability of infrastructure, and human resources in particular.

For PKH Access, even though it has been outlined that⁴⁰ "Access PKH is stated as a social assistance program with special conditioning to increase the accessibility of poor and vulnerable families to basic social services in difficult-to-reach areas", it is difficult to implement in its implementation because the operational guidelines have not been established,

especially for the Regional Government / Social Service as the person in charge of the program to sort out and choose which PKH to access.

2. *PKH Component*

The PKH component, which began when PKH started, from 2007 to 2015, PKH targets only on the health and education component which is the most basic right that has not been felt by poor families. With a variety of thoughts that it is necessary to increase welfare for persons with severe disabilities and the elderly (age 60) who live in one family, the family has a component of education and / or health or a family that does not have the education and / or health component. Efforts to expand PKH participation by adding a component of social welfare (people with severe disabilities and those aged 60 years and over) will have a significant

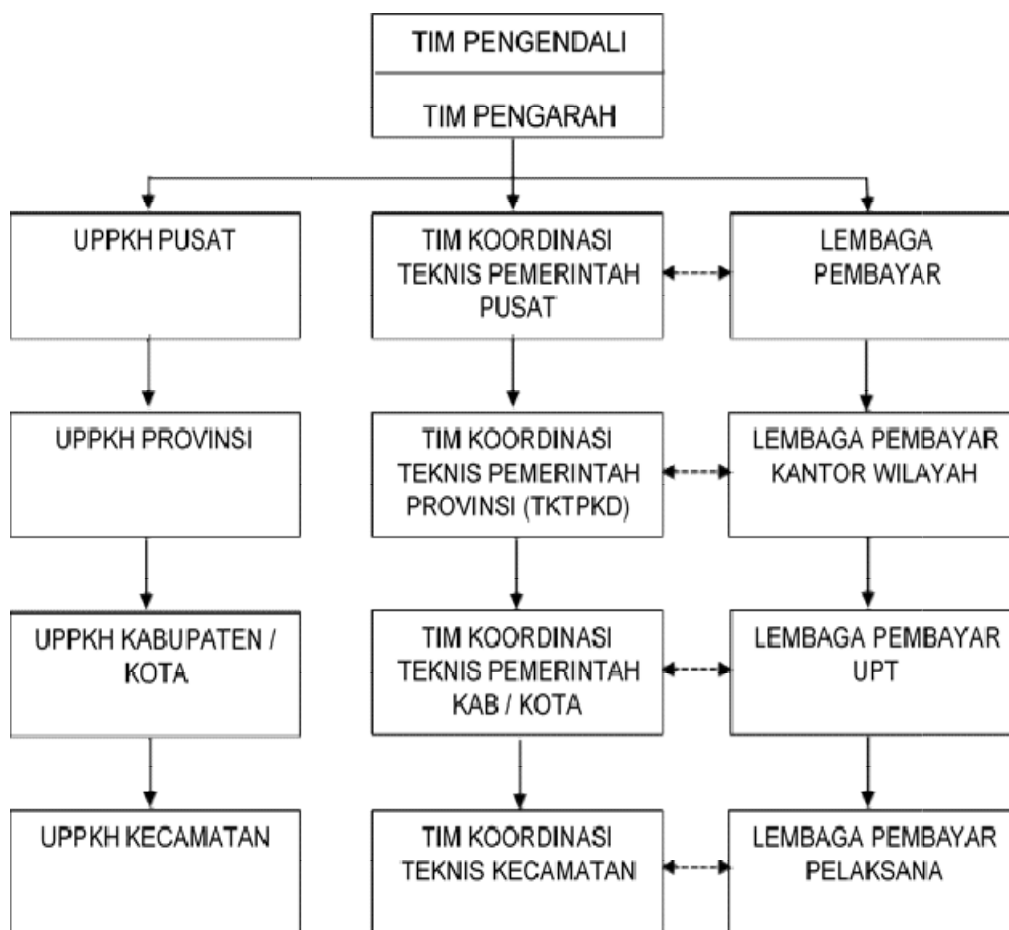
impact on the increase in the number of PKH recipients. in-depth is mainly related to the duties and functions of the Disability Persons Directorate and the Elderly Directorate of the Ministry of Social Affairs.

3. *Organizations*

Handling the *Program Keluarga Harapan* (PKH) before the enactment of Minister of Social Affairs Regulation Number 10 of 2017 concerning the *Program Keluarga Harapan* (PKH) as already amended by Minister of Social Affairs Regulation Number 1 Year 2018, is carried out by institutions as determined by Decree of Minister of Social Affairs Number 111 / HUK 2014 dated 17 October 2014 concerning Organizational Structure and Work Procedure of the Central Level *Program Keluarga Harapan* Implementation Unit, as shown below.⁴¹

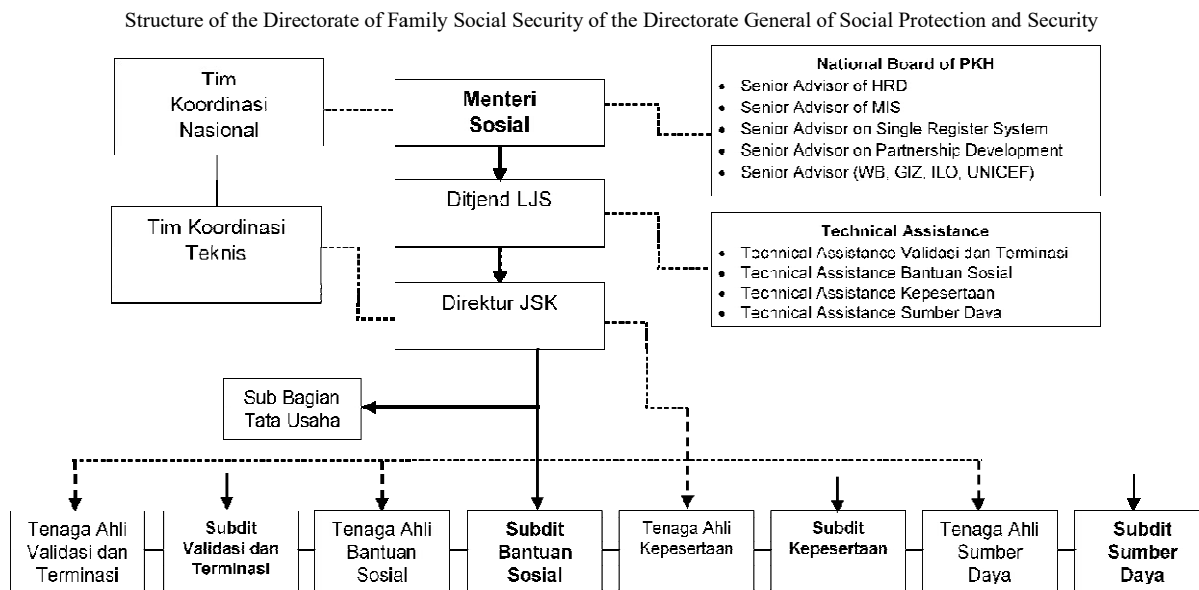
Picture 1

Institutional Framework of Central UPPKH



By stipulating the Minister of Social Affairs Regulation Number 10 of 2017 as amended by the Minister of Social Affairs Regulation Number 1 Year 2018 concerning PKH, it is automatically invalid. And the institutional framework based on the Republic of Indonesia Minister of

Social Affairs Regulation Number 10 of 2017 concerning the *Program Keluarga Harapan*, as enhanced by the Republic of Indonesia's Minister of Social Affairs Regulation Number 1 of 2018, is as follows:

Picture 2⁴²

From the picture of the organisation's structure, it is clear that the one who formally handles PKH is a structural institution, namely the Directorate of Family Welfare Assurance consisting of the Sub-Directorate of Validation and Termination. Sub Directorate of Social assistance Sub-Directorate of Participation, and Sub-Directorate of Resources; this is the organizational structure established based on the Republic of Indonesia Minister of Social Affairs Regulation Number 20 of 2015 concerning the Organizational Structure and Work Procedure of the Ministry of Social Affairs. While the others are non-structural, which includes the National Board of PKH, the National Coordination Team Technical Coordination Team, Technical assistance, expert validation and termination, social assistance experts, and resource experts. Such a structure will be a deficiency and the span of control becomes weak.

V. CONCLUSION AND RECOMMENDATION

1. Conclusion

Based on the results of the study on the Evaluation of the Family Program Hope can be concluded as follows:

- a. The *Program Keluarga Harapan* (PKH), which began in 2007, has experienced significant developments, both related to the area / area of the program's distribution, expansion of targets, and the addition of components. Particularly related to the education component, PKH has been able to improve access to education services in basic education, although it has not been able to realize the quality of human resources for the poor, this is partly due to the limited access to education services (initially).
- b. The poverty conditions of PKH KPM in general have not changed significantly, and mental

dependence on Government assistance in general is still quite alarming, but some have participated in independent graduations.

- c. In accordance with its objectives, PKH has been able to inspire and motivate the Poor family to send their children to school and to send their dropped-out children to go to school again.
- d. The target expansion, not only consists of Very Poor Households (RTSM) and / or Very Poor Families (KSM), but also develops in poor and vulnerable families and / or individuals; This means that the PKH target is not only for RTSM, which generally lives in unreached areas, especially in access to education and health services, but includes all families and / or individuals who are poor and / or vulnerable, even though poor families still prioritize those who are in the family.
- e. PKH in its implementation has not been fully supported by adequate legislation, especially in relation to the implementation of Law Number 11 of 2009 concerning Social Welfare and Law Number 13 of 2011 concerning Handling of the Poor.

2. Recommendation

- a. for the existence of legal certainty in the implementation of PKH, a stronger foundation is needed, in the form of a Government Regulation which is a further implementation of Article 18 of Law Number 11 Year 2009 concerning Social Welfare, and Article 29 of Act Number 13 of 2011 concerning Handling Poor. This recommendation is conveyed with consideration:
 - 1) The *Program Keluarga Harapan* has become a national program and has reached

- all Provinces and Regencies / Cities throughout Indonesia.
- 2) expansion of PKH targets, which have included all families and / and individuals who are poor and / or vulnerable.
 - 3) the addition of components, which are not only components of health and education, has included a component of social welfare, especially for persons with severe and elderly disabilities aged 60 years and over. This is also in accordance with the direction of President Joko Widodo on December 13, 2018 at the State Palace, which among other things stated "through the PKH the Government is present and shows the country's support for its people."⁴³
- b. To avoid and / or minimize dependence on Government assistance, in addition to family improvement programs there is a need for further guidance programs.
 - c. considering the broad target and the spread of the handling range and the amount of available budget ceiling, which is for 2018 amounting to Rp 17,520,807,819,000, with a target target (KPM) of 10,000,000, there is a need for sufficient and professional resources to handle families and / or individuals poor and vulnerable, and because it is not only handled by one director, but it needs a special body to deal with poverty, which can be in the form of "Indonesian Poverty Management Agency." Or one special Directorate General.

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END NOTES

¹Chazali H Situmorang, *PKH, Dulu dan Sekarang*, <http://www.jurnalsocialsecurity.com/kebijakan publik/pkh/pkh-dulu-dan-sekarang.html>

²Rahmat Salam (Editor). *Kemiskinan. Telaahan Konsep dan Penerapannya*. UMJ Press. Jakarta 2016, h 79

³Kementerian Sosial RI. *Pengetahuan & Kebijakan Program Keluarga Harapan tahun 2019*. Bahan Ajar 01 Bimbingan dan Pemantapan PKH. Jakarta 2019, h 12

⁴Iqro Global, *An-Nabawi Al-Qur'an Tematik Transliterasi & Tajwid Berwarna* (PT. Iqro Indonesia Global. Yogyakarta 2016

⁵Ibid., https://quran.ksu.edu.sa/index.php?l=en#aya=107_3 diakses tanggal 12 April 2019

⁶Dit Jaminan Sosial Ditjen Perlindungan dan Jaminan Sosial Kementerian Sosial. *Pedoman Umum Program Keluarga Harapan* (PKH), cetakan Ke-II Tahun 2014 (edisi revisi terbitan tahun 2007 s/d 2012) h 1-2

⁷Buku Pedoman PKH tahun 2007 pada halaman 7 dinyatakan sebagai berikut: Apabila uji coba berhasil, maka PKH akan dilaksanakan setidaknya sampai dengan 2015. Hal ini sejalan dengan komitmen pencapaian MDGs, mengingat sebagian indikatornya juga diupayakan melalui PKH.

⁸Pasal 1 butir 10 Undang-undang Nomor 52 Tahun 2009 Tentang Perkembangan Kependudukan dan Pembangunan Keluarga.

⁹Undang-Undang Nomor 23 Tahun 2002 Tentang Perlindungan Anak, sebagaimana telah diubah terakhir dengan Undang-undang Nomor 17 Tahun 2016.. Pasal 26 ayat (1) huruf a, yang berbunyi: Orang tua berkewajiban dan bertanggung jawab untuk mengasuh, memelihara, mendidik dan melindungi anak

¹⁰PT Insan Media Pustaka., *Al—Qur'anul Karim Tafsir per kata tajwid Kode. The Holy of Qur'an Al Fatih*. Penerbit: al Fatih Cetakan ke-5 2013, di distribusikan oleh PT Insan Media Pustaka., h 412 (Surat Luqman ayat 13-16)

¹¹DR Salamah Muhammad Al-Hariri, *Buku Pintar Sejarah & Peradaban Islam*, Penerjemah H.Mastui Irham, Lc dan H.Malik Supar., Pustaka Al-Kausar, Tahun 2016., h 853

¹²Yayasan Penyelenggara Penerjemah Al-Qur'an, disempurnakan oleh: Lajnah Pentashih Al-Qur'an Kementerian Agama Republik Indonesia. *An Nabawi Al-Qur'an Tematik Transliterasi & Tajwid Berwarna*. PT. Iqro Indonesia Global 2016.

¹³Salamah Muhammad al—Harafi. *Buku Pintar Sejarah & Peradaban Islam*. Pustaka Al-Kausar. Jakarta 2016, h

¹⁴Dalam Peraturan Menteri Sosial Nomor 10 Tahun 2017, yang kemudian diubah dengan Peraturan Menteri Sosial Nomor 1 tahun 2018, antara lain diatur mengenai: batasan pengertian *Program Keluarga Harapan*, tujuan, sasaran, komponen PKH, hak dan kewajiban KPM-PKH

¹⁵Kementerian Sosial RI., *Pengetahuan & Kebijakan Program Keluarga Harapan tahun 2019*.. Bahan Ajar 01 Bimbingan Pemantapan PKH, h 19

¹⁶Ibid, h iii

¹⁷<https://rightforeducatio.or/2017/10/access-education/>

¹⁸Rusdiana. *Kebijakan Pendidikan dari Filosofi ke Implementasi*, Pustaka Setia Bandung 2015, h 26-27

¹⁹Kementerian Sosial RI., *Buku Pedoman Pelaksanaan Program Keluarga Harapan (PKH)*. Edisi Tahun 2016, h 5-6

²⁰Republik Indonesia. *Pedoman Umum PKH 2007*., Direktorat Jenderal Sarana Komunikasi dan Diseminasi Informasi Departemen Komunikasi dan Informasi RI Tahun 2007., h 6

²¹Chazali H Situmorang. *Solusi Untuk Negeri, Gagasan Dan Pemikiran Tentang Jaminan Sosial Dan Kebangsaan*. P5M UNJ 2017 pada h 246 dan 249, menyatakan : untuk bidang Kesehatan “ tingkat kualitas kesehatan merupakan indikator penting untuk menggambarkan mutu pembangunan manusia suatu wilayah. Semakin sehat kondisi suatu masyarakat maka akan mendukung proses dan dinamikapembangunan ekonomi suatu Negara/ wilayah semakin membaik. Upaya lain yang dilakukan diantaranya meningkatkan akses masyarakat terhadap fasilitas kesehatan dan meningkatkan pelayanan kesehatan yang bermutu dan berkualitas, merata serta terjangkau, yaitu dengan memberikan pelayanan kesehatan gratis gratis bagi penduduk miskin”; untuk bidang pendidikan dinyatakan “ dalam beberapa tahun kedepan pembangunan pendidikan nasional masih dihadapkan pada berbagai tantangan serius , terutama pada upaya peningkatan kinerja

yang mencakup : (1) pemerataan dan perluasan akses, (2) peningkatan mutu, relevansi dan daya saing, (3) penataan tata kelola akuntabilitas dan citra publik, (4) peningkatan pembiayaan. Beberapa indicator output yang dapat menunjukkan kualitas pendidikan SDM, antara lain, AMH (angka melek huruf), tingkat pendidikan, APS (angka partisipasi sekolah), APK (angka partisipasi kasar), dan APM (angka partisipasi murni), indicator input pendidikan salah satunya adalah fasilitas pendidikan.

²²Kementerian Sosial RI, *Pedoman Umum Program Keluarga Harapan*. Direktorat Jaminan Sosial Keluarga. Edisi 2016., h iii s/d vi

²³Chazali H Situmorang., *Mutu Pekerjaan Sosial di Era Otonomi Daerah*. Cinta Indonesia. Depok 2013

²⁴Redaksi Kawan Kita., *UUD 45 &Perubahannya*. Penerbit : Kawan Kita 2008

²⁵Undang-undang Nomor 30 Tahun 2014 Tentang Administrasi Pemerintahan pada pasal 10 ayat (1), menyebutkan: Asas-asas Pemerintahan umum yang baik (AUPB) , meliputi asas a. kepatuhan hukum, b. kemanfaatan, ketidakberfahaman, kecermatan, tidak menyalahgunakan kewenangan, keterbukaan, kepentingan umum, dan peyanan yang baik.

²⁶Dr. Sahya Anggara, M.Si., *Hukum Administrasi Negera*., Pustaka Setia, Bandung 2018, h 48

²⁷Chazali H Situmorang, *Kartu"Janji" Dan Doa Para Paslon*., <http://www.jurnalsocialsecurity.com>

²⁸Direktorat Jaminan Sosial Ditjen Perlindungan dan Jaminan Sosial Kementerian Sosial. *Pedoman Umum Program Keluarga Harapan (PKH) Tahun 2013*., h 15

²⁹Kementerian Sosial RI. *Pedoman Umum Program Keluarga Harapan*, tahun 2015., h 33-34

³⁰Kementerian Sosial RI., *Pedoman Pelaksanaan Program Keluarga Harapan (PKH)*. Edisi Tahun 2016., h 4-5

³¹Tim Penyusun Pedoman Umum PKH Lintas Kementerian dan Lembaga. *Pedoman Umum Program Keluarga Harapan 2007*., h 6

³²Habibullah&Ivoniana. *Kebijakan Pendamping PKH*. P3KS Press 2013., h 23-24.

³³Peraturan Menteri Sosial RI Nomor 1 Tahun 2018 Tentang PKH, pasal 49 ayat (1) berbunyi: pendamping social bertugas : a. memastikan Bantuan Sosial PKH diterima oleh Keluarga Penerima Manfaat PKH tepat jumlah dan tepat sasaran; b. melaksanakan pertemuan Peningkatan Kemampuan Keluarga bersama Keluarga Penerima Manfaat PKH paling sedikit 1(satu) kali setiap bulan; dan c. memfasilitasi Keluarga Penerima Manfaat PKH mendapatkan program komplementer di bidang kesehatan, pendidikan, subsidi energy, ekonomi, perumahan , dan pemenuhan kebutuhan dasar lain

³⁴Chazali H Situmorang. *PKH, Dulu Dan Sekarang*., <http://jurnalsocialsecurity.com>

³⁵Tim Penyusun Pedoman Umum PKH Lintas Kementerian dan Lembaga. *Pedoman Umum Prom Keluarga Harapan 2007*., h 2. Dicitak oleh Direktorat Jenderal Sarana Komunikasi dan Diseminasi Informasi Departemen Komunikasi dan Informasi RI. Hal tersebut juga oleh Dit Jaminan Sosial, Ditjen Perlindungan dan Jaminan Sosial Kementerian Sosial., *op. cit* , h 4

³⁶Ibid., h 9

³⁷Ibid h 3

³⁸Kementerian Sosial RI., *Pedoman Umum Program Keluarga Harapan (PKH)*. Dit Jaminan Sosial Keluarga Ditjen Perlindungan dan Jaminan Sosial tahun 2013., h 18

³⁹Kementerian Sosial., *Keputusan Direktur Jenderal Perlindungan dan Jaminan Sosial Nomor 12/LJS/09/2016 Tentang Pedoman Umum Program Keluarga Harapan pada Lampiran Bab I sub A Latar belakang* .. Dit Jaminan Sosial Keluarga Ditjen Perlindungan dan Jaminan Sosial., Edisi 2016 ., h 1

⁴⁰Kementerian Sosial., *Pedoman Umum Program Keluarga Harapan (PKH)*. Dit Jaminan Sosial Keluarga Ditjen Perlindungan dan Jaminan Sosial, Edisi Tahun 2017. Buku 1 h 29

⁴¹Dit Jaminan Jaminan Sosial Ditjen Perlindungan dan Jaminan Sosial kementerian Sosial RI., *Pedoman Umum Program Keluarga Harapan (PKH) 2015*, h 74

⁴²Dit. Jam. Sos Keluarga Ditjen Perlindungan dan Jaminan Sosial Kemensos RI, *Pedoman Pelaksanaan PKH tahun 2017*. Buku VI Pengelolaan Sumber Daya Manusia PKH., h 3

⁴³Kementerian Sosial, *Pengetahuan & Kebijakan Program Keluarga Harapan Tahun 2019*