

Improving the Quality of Life for Beneficiary Families Through the Family Hope Program in Sopai District, North Toraja

Resky Sirupang Kanuna^(⋈), Juanda Nawawi, and Nurlinah

Hasanuddin University, Makassar, Indonesia reskykanuna@gmail.com

Abstract. The Family Hope Program is one of the government initiatives designed to reduce social welfare issues. This program offers poor and vulnerable families conditional cash assistance. These requirements pertain to enhancing the quality of human resources, specifically health and education, as a measure of a prosperous life. This research examines how the Family Hope Program (PKH) has improved the quality of family life in Sopai District, North Toraja Regency. This research is qualitative and descriptive—observational, interviewbased, and document-based data collection techniques. The technique for data analysis employs data reduction, presentation of data and derivation of conclusions regarding the improvement of the quality of life as measured by health and education indicators using Dunn's public policy evaluation theory, specifically effectiveness, efficiency, adequacy, equity, responsiveness, and precision. Through the implementation of the hopeful family program, it was demonstrated that beneficiary families' quality of life could be enhanced. Based on the evaluation criteria of public policy, it is evident that the quality of life of the beneficiary families has improved, as made evident by the education component, namely the increase in children's school enrolment rates, and the health component, namely the increase in the number of mothers and children receiving health checks at health services, as well as the increase in immunization recipients and life expectancy.

Keywords: Evaluation · Family Hope Program · Quality of Life Improvement

1 Introduction

Poverty has transformed into a global issue, with people living below the poverty line in every country. Quantitatively, poverty is characterized by a low standard of living or the absence of other assets, although, on a qualitative level, poverty as a condition of human life is unachievable. Poverty affects a country's education, health, economic capacity, and political participation. Multiple factors, including economic, sociological, anthropological, policy, technological, and global change factors, all contribute to the multidimensional nature of poverty (Wrihatnolo, 2002, p. 121).

The Indonesian Government has implemented numerous policies and programs to reduce poverty to enhance the quality of human resources and alleviate poverty—Law

No. 13 of 2011 on the Treatment of the Poor. The Government categorizes poverty reduction policies and programs into three policy groups through the National Team for the Acceleration of Poverty Reduction (TNP2K) under the coordination of the Vice President of the Republic of Indonesia (*clusters*).

In recent years, the Family Hope Program, administered by the Ministry of Social Affairs, has been one of the most popular government programs designed to reduce social welfare problems (PKH). Following Regulation No. 1 of 2018 issued by the Minister of Social Affairs of the Republic of Indonesia, the Family Hope Program is a program that provides conditional social assistance to poor and vulnerable families and individuals registered in the integrated data of the poor handling program. This program offers cash assistance to Beneficiary Families (KPM) to improve the quality of human resources, with a note indicating compliance with health and education requirements as an indicator of a prosperous life.

The Family Hope Program aims to enhance the quality of life of Beneficiary Families by improving family health, increasing school enrollment for KPM children, and reducing the number of underage workers in Indonesia. To achieve this objective, the Family Hope Program in the health sector aims to encourage beneficiaries to have their children and pregnant women routinely examined at the local health services. The objective of the Family Hope Program in the education sector is to encourage Beneficiary Families to enroll their children in school and to fulfil their attendance commitments.

This program has been operating as planned, but it cannot be disconnected from obstacles, such as the increasing number of PKH Beneficiary Families over the past five years and the accuracy of PKH beneficiary data in the field. Initial observations revealed that among Beneficiary Families with high asset ownership, the condition of the tiled house walls did not correspond to indicators of low-income families, indicating that the aid was off-target at first glance. In a separate instance, there are Beneficiary Families (KPM) with other fixed incomes, so it's considered unworthy of being called a poor family. In contrast, some households have been excluded from the PKH Beneficiary Families (KPM), despite having greater physical and economic needs than registered PKH recipients. As a result, it is feared that the targeting will be inaccurate.

Beginning in 2015, the North Toraja Regency has been implementing PKH for five years. The number of KPM PKH recipients is known to rise yearly, according to the data report on the *Final Closing* of PKH in North Toraja Regency. In the five years of program implementation, there was a significant rise in the number of KPM recipients of PKH in the Sopai District, from 400 in 2015 to as many as 823 in 2020, an increase of 105.75%. The PKH program is presented as a solution to improve the community's quality of life by alleviating poverty through increased participation in health and education; however, an increase in the PKH KPM indicates that the number of poor people in North Toraja Regency is increasing.

Because not all public policy programs can achieve their goals, it is necessary to evaluate them to determine a policy program's outcomes. The purpose of policy evaluation is to determine the reasons for a previously implemented policy's failure or whether a previously implemented public policy achieved the desired results. According to Winarno (2011: 229), evaluating public policies is generally considered an activity involving estimation, substance, implementation, and impact. In this instance, evaluation is viewed as

a functional activity, with policy evaluation occurring not only after the policy process but throughout its entirety.

The policy evaluation criteria developed by Dunn (2003:610) include *effectiveness* is alternative achieves the desired results (*effect*) or accomplishes the action's goals. *Efficiency is* relative to the effort required to achieve a particular level of effectiveness. Regarding the extent to which a level of effectiveness satisfies a need, a value, or an opportunity to create a problem, *adequacy* refers to the extent to which a level of effectiveness is adequate. *Equity* pertains to legal and social rationality and refers to the distribution of outcomes and efforts among various social groups. Smoothing-oriented policies are those in which outcomes (e.g., units of service or monetary benefits) or expenditures (e.g., monetary costs) are distributed equitably. The *responsiveness* of a policy refers to its ability to meet the needs, preferences, or values of specific community groups. *Appropriateness* is related to rationality, and substance, because the question of the appropriateness of a policy is not related to individual criterion units but two or more criteria in combination. *Accuracy* refers to the value or worth of the program objectives and the validity of the underlying assumptions.

The authors use the above descriptions as the foundation for their research on "Improving the Quality of Life for Beneficiary Families through the Family Hope Program in Sopai District, North Toraja.

2 Method

This research utilizes a qualitative descriptive method. Observation, interviews, and focus groups were used to collect primary data, while secondary information was gathered through document studies. The obtained data were then analyzed qualitatively, interactively, and descriptively, including data collection, data presentation, data reduction, and conclusion drawing (Sudirman & Rifai, 2021). Data collection from informan Local Government, PKH Facilitator in Sopai District, Coordinator of Facilitator for North Toraja Regency, Beneficiary Family in Sopai District, health service Officer at Sopai District representatives from health facilities; elementary, junior high, and high school teachers in the Sopai District are representatives from educational facilities. The criteria developed by Dunn (2003: 610) consist of the five criteria listed in the Table 1.

3 Result

Quality of Life Improvement

Public Welfare Since the start of independence, various Poverty Reduction Strategies have been employed to reduce poverty. Since the fundamental goal of development is to improve the community's welfare, poverty alleviation efforts have always received a great deal of attention in the development programs that have been applied thus far. The family of hope program, as one of the poverty alleviation programs, has improved the welfare and quality of life of the beneficiary families, according to the findings of the research. This demonstrates that the implementation of PKH in the Sopai District can produce positive results with the help of 823 PKH participants in terms of reducing the

Criteria Type	Question
Effectiveness	Have the desired outcomes been realized?
Efficiency	How much work is necessary to achieve the desired outcome?
Adequacy	How much does achieving the desired outcome resolve the issue?
Alignment	Are costs and benefits distributed equitably between various groups?
Responsiveness	Do policy outcomes meet specific groups' requirements, preferences, and values?
Accuracy	Is the desired outcome (objective) truly valuable?

Table 1. Policy Evaluative Standards

Source: Dunn (2003: p. 610)

needs of participants. However, this result is insufficient to reduce the poverty rate. Here are the poverty statistics for the Sopai District.

According to Table 2, the number of poor people in the Sopai District in 2015 was 34.37% and will continue to decline to 27.88% by 2020. In addition, the poverty rate, which stood at 15.19% in 2015, decreased by 12.01% per year until 2020. This indicates that the people of the Sopai district are beginning to improve their quality of life as the number of poor people decreases. As one of the poverty alleviation programs, the Family Hope Program unquestionably contributes to reducing the number and proportion of poor people. This is demonstrated by the fact that, through PKH, the community receives cash assistance for education, health, and basic needs. Some PKH participants even utilize assistance funds for begin new business. This business is growing so that it can support the lives of people who were originally categorized as poor to become prosperous and financially independent people.

Education Component The level of education of a region's population indicates the quality of its human resources. The greater the proportion of highly educated residents in a region, the higher the quality of its human resources. These high-quality human resources will be easily integrated into the workforce, increasing income. Consequently, indirectly, the level of education can also reduce poverty.

No **Poverty Indicators** 2015 2016 2017 2018 2019 2020 1 Number of impoverished 34.37 33.02 33.41 30.68 28.64 27.88 2 The proportion of the Poor Population 15.19 14.57 14.65 13.37 12.41 12.01 3 Poverty Intensity Index 3.89 3.76 2.20 2.21 1.99 1.75

Table 2. Poverty Indicators

Source: torutkab.bps.go.id

School Participation Rate	2015	2016	2017	2018	2019	2020
7–12 year	99,3	99,34	99,82	99.17	99.31	98.97
13–15 year	93,48	97,71	96,04	96.26	96.43	96.63
16-18 year	85,6	82,49	79,14	80.97	80.34	80.14

Table 3. School Participation Rate

Source: torutkab.bps.go.id

Quality education enables the development of quality human resources. Therefore, enhancing the quality of education must continue, beginning with expanding the population's access to educational opportunities. The number of residents who utilize educational facilities. This is evident based on the percentage of the population that attends school. The School Participation Rate can be used as an indicator of school enrollment in a given region (APS). The following is the school enrollment rate for the Sopai District.

The Table 3 demonstrates that from 2015 to 2020, the school attendance rate for all age groups increased. In 2015, the Family Hope Program in Sopai District was initiated. The Family Hope Program seeks to enhance the quality of life of Beneficiary Families by addressing their health and education needs. To reduce the number of underage workers and improve the quality of human resources, the Family Hope Program in education aims to inspire Beneficiary Families to enrol their children in school and empower them to satisfy their attendance commitment. The increasing School Participation Rate from 2015 to 2020 demonstrates the success of the family of hope program in enhancing the quality of life of beneficiaries. Increasing school enrollment will reduce illiteracy rates and increase the labour force quality, thereby reducing household poverty.

Health Component Life expectancy at birth (Life Expectancy At Birth) is the average number of years a newborn will live in a specific year. The population's high health status can be utilized as an indicator of the success of health and socioeconomic development programs, which can indirectly significantly raise life expectancy. In regions with better health, each resident has a longer average life expectancy, allowing them to earn higher incomes, thereby increasing national savings and investment, boosting social and economic growth in the region. Life expectancy in a region differs from that of other regions based on the quality of life attainable by the population (Fig. 1)

The life expectancy at birth of the population of North Toraja Regency has increased steadily over the past five years. Prior to the implementation of the Family Hope Program



Fig. 1. Birth Life Expectancy in Sopai District, North Toraja

in 2015, the life expectancy rate in the Sopai District was 72.80, and it increased each year as the PKH program progressed. In 2019, the life expectancy at birth in North Toraja Regency achieved 73.35 years; in 2020 it rose to 73.39 years. This number rose by 0.04% to the 2019 life expectancy of 73.35 years. This means babies born in 2020 will have a life expectancy of 73 years.

As evidence that the Family Hope Program is improving the quality of life in the community, the life expectancy at birth has increased. The Family Hope Program requires that pregnant women, toddlers, and the elderly have regular access to health services, integrate healthy living behaviors, and receive assistance in enhancing environmental health. Increasing life expectancy indicates a rise in the number of elderly individuals who are susceptible to a variety of diseases, including depression, dementia, mental and psychological disorders, insomnia, and organ system disorders. It is a challenge for the health sector to arrange better health services, particularly for the elderly population, and the Family Hope Program addresses the concerns of the elderly by allocating \$600,000 per quarter to special assistance for the elderly, with the optimism that this assistance will be used to sustain the lives of the elderly.

In addition to life expectancy, nutrition and body resistance also demonstrate improved health quality. Nutrition and disease resistance is one of the most important factors in achieving good health. Immunization is also required to develop and improve a toddler's disease resistance. Immunization is the process of increasing a person's immunity to a disease so that if exposed to it in the future, he will not become ill or only experience mild symptoms. Numerous children under the age of five die each year from preventable diseases that can be averted through immunization. Several infectious diseases are included on the list of Immunization Preventable Diseases (PD3I): tuberculosis, diphtheria, tetanus, hepatitis B, pertussis, measles, polio, inflammation of the brain's lining, and pneumonia. Vaccinated toddlers will be protected from these deadly diseases, which can cause disability or death. The percentage of children under five who have been immunized in Sopai District is listed Table 4.

The family of hope program requires toddlers to make regular health visits to health services to receive optimal health services, including administering all recommended immunizations. Before a baby turns one, the Government has scheduled five complete basic immunizations, including BCG once, DPT three times, polio four times, measles

Type of Immunization	Achievement of Immunization			
	2018	2019	2020	
BCG	96.95	96.94	97.99	
DPT	91.12	92.17	93.51	
POLIO	92.10	93.80	97.38	
CAMPAK	63.31	80.60	81.46	
HEPATITIS B	91.07	93.34	93.55	

Table 4. Percentage of Toddlers Immunized in Sopai District, by Type of Immunization

Source: torutkab.bps.go.id

once, and Hepatitis B four times. In the interim, immunizations consisting of DPT-HB or DPT-GB-Hib and measles are administered to children under the age of three (toddlers). During the School Children's Immunization Month, primary school-aged children receive booster immunizations (BIAS). Since 2018–2020, there has been an increase in the proportion of children under five who have received immunizations, as shown in the table above. This demonstrates that PKH participants' commitment to the component has been met by their regular use of health services, improving their quality of life.

The Family Hope Program Evaluation Research findings on the evaluation of PKH in the Sopai District (Langda Village, Tombang Langda Village, Salu Village). In 2015, the Family Hope Program implementation in the Sopai District of the North Toraja Regency entered its fifth year. The criteria developed by Dunn (2003: 610) consist of the five criteria listed in the Table 5.

Table 5. Evaluation of PKH Implementation in the District of Sopai for 2015–2020

No	Evaluation Criteria	Achievements	Conclusion
1	Effectiveness: Have the desired outcomes been accomplished?	a. Education Component The objective is met by increasing the school enrollment rate from 2015 to 2020. b. Health Component Increased life expectancy and the proportion of children under five eligible for immunizations in Sopai District.	It has been operating effectively
2	Efficiency: How much effort is necessary to achieve the desired outcome?	a. Education Component Facilitator monthly meeting with KPM to interact socially and remind them of the requirements of the education component, namely the participation of school-aged children, which is assisted by validation of mentors to each school in the Sopai subdistrict. b. Health Component Facilitator monthly meeting with KPM to interact socially and remind them of the health component's requirements, namely the participation of pregnant women and toddlers in routine health checks in health services, as evidenced by validation of companions with midwives and officers from each health service.	It has been operating efficiently.

(continued)

 Table 5. (continued)

No	Evaluation Criteria	Achievements	Conclusion
3.	Adequacy: To what extent does achieving the desired result resolve the issue?	Beneficiaries' improved quality of life has allowed the Family Hope Program (PKH) to solve problems in the Sopai District. This is demonstrated by the fact that, since the inception of the PKH program in 2015, 27 KPM have graduated independently due to their independence and financial viability.	Enough has been accomplished.
4.	Alignment: Are costs and benefits distributed equitably among various groups?	c. Education Component Each recipient receives the same Tuition Fee Assistance based on their education category: IDR 900,000 for elementary school, IDR 1.5 million for junior high school, and IDR 2 million for high school. d. Health Component Each recipient with a health category receives the same amount of Health Fee Assistance, which is three million rupiahs for children under six and three million rupiahs for pregnant or breastfeeding women. e. Social welfare Each recipient receives the same amount of Social Welfare Assistance, with the categories of social welfare being Severe Disability and Elderly, each receiving Rp 2,400,000. With a notation that PKH assistance is only provided to the category of low-income family groups identified by the integrated data on poverty.	PKH Implementation Limited to Groups of Poor Families Living in Poverty; Integrated Data
5.	Responsivity: Are policy outcomes responsive to specific groups' needs, preferences, and values?	The implementation of the Family Hope Program has proceeded as planned. It has provided satisfaction to recipients of PKH assistance funds in the Sopai District, as evidenced by the number of aid funds received by KPM without any deductions in the hope that these aid funds are utilized as effectively as possible for each component that is destined for the health component, education component, and social welfare component.	Already responsive

No	Evaluation Criteria	Achievements	Conclusion
6.	Accuracy: Are the goals and values of this program consistent with the PKH facts on the ground?	The implementation of the hope family program is appropriate and consistent with the program's objectives. The family of hope program aims to eliminate poverty by enhancing the community's quality of life through health and education. In Sopai District, the health component has been effectively implemented, as evidenced by the rise in health service utilization. It is anticipated that the education component will reduce illiteracy rates, improve the quality of human resources by reducing the number of underage workers, and ultimately reduce poverty rates.	Implementation is suitable

Table 5. (continued)

4 Conclusion

Based on the findings of research and analysis carried out by researchers on the Family Hope Program (PKH) in Sopai District, North Toraja Regency, it can be determined that the process of implementing PKH has been proceeding following the program's intended purpose, namely to improve the quality of life of PKH participants through participation in health. And education. Based on the assessment criteria of public policy, it is evident that the quality of life of the beneficiary families has improved, as made evident by the education component, namely the increase in children's School Participation Rate, and the health component, namely the increase in mothers and children receiving health checks at health service, as well as the enhance in immunization recipients and life expectancy.

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