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Social Assistance System in Poverty Reduction in Indonesia and the Philippines

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Abstract

Poverty is increasing in the midst of the Covid-19 pandemic situation. Southeast Asian countries seek to reduce poverty through various social protection programs. Social protection in Indonesia and the Philippines applies a social assistance approach as a basic aspect of service delivery. This article aims to analyze the social assistance system in Indonesia and the Philippines in tackling poverty. The research method uses a literature study approach obtained from various reliable sources such as reputable journals, books, program reports, electronic media. The results showed that both programs were implemented by means of Conditional Cash Transfer (CCT). The target of the program in Indonesia is more inclusive because the elderly and disabled can be the beneficiaries. Then in the termination of membership, In Indonesia, there is an independent graduation mechanism where the assessment benchmark is based on the economic independence of the beneficiary. Meanwhile in the Philippines, the mechanism for termination of participation is only carried out if the beneficiary does not meet the requirements of the age of the child only.

Keywords
conditional cash transfer; social assistance; family hope program; pantawid pamilyang pilipino program (4Ps)

I. Introduction

Poverty is a problem that has not been tackled by governments in various Southeast Asian countries until now. Poverty conditions in Southeast Asia also experienced an increase following the Covid-19 pandemic at the end of 2019. Based on data (ADB, 2022) it was stated that the Covid-19 pandemic pushed 4.7 million people in Southeast Asia into extreme poverty last year. The pandemic also resulted in 9.3 million people losing their jobs. Increasing the poverty rate needs to be responded to by the government in Asean countries so that their people can get proper protection from the state. Covid-19

The outbreak of this virus has an impact of a nation and Globally (Ningrum et al, 2020). The presence of Covid-19 as a pandemic certainly has an economic, social and psychological impact on society (Saleh and Mujahiddin, 2020). Covid 19 pandemic caused all efforts not to be as maximal as expected (Sihombing and Nasib, 2020).

Furthermore, ADB (2016) says that social protection is a set of policies and programs aimed at overcoming poverty through improving community capacity. Social protection is important in dealing with poverty. Social protection can help increase quality economic growth, productivity, and reduce people's vulnerability to risks that may arise.

Ferreiria and Robalino (2010) classify social protection into two, namely, social assistance programs and social insurance programs. Social assistance system designed to reduce poverty by protecting the poor from the risk of negative effects caused by poverty. Meanwhile, social insurance is a system designed to overcome risks and to reduce poverty or prevent an increase in poverty.

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Furthermore, social assistance is divided into two types, namely Conditional Cash Transfers (hereinafter abbreviated as CCT) and unconditional cash transfers (UCT's) (Nainggola, 2012). The difference is that unconditional cash transfers are assistance to individuals or groups based on pre-determined eligibility criteria. Unconditional cash transfer programs such as elderly citizens, physical disabilities, children, and others, are unconditional cash transfers that are commonly run-in various countries. While the CCT program can be interpreted as the development of social assistance programs that seek to help increase the accumulation of human capital (human capital) as a way to break the cycle of inter-generational poverty.

Conditional cash transfers (CCT) provide cash to eligible recipients under certain conditions (Lagarde et al., 2009). These requirements may include the provision of incentives for education, health, height and weight measurement, immunization and nutritional supplementation. CCT appears to be an effective way to improve services for beneficiaries (Lagarde et al., 2009). In addition to reducing poverty, CTC also aims to alleviate poverty for future generations through the development of human resources (Behrman et al., 2017).

The main principle of CCT is to link cash transfers with changes in mindset and behavior, carried out by providing cash assistance to poor families, then giving actions that must be taken as conditions that must be verified such as school attendance and health care as a long-term human resource investment. This means that in the application of CCT there are various interventions from facilitators to target groups that are intense for a certain time to improve the quality of life in the future.

On the other hand, unconditional cash transfers (UCTs) have become a popular tool for fighting poverty in developing countries (Baird et al., 2013; Blattman et al., 2014). According to Haushofer and Shapiro (2016), UCT is related to flexibility. In addition, the cost of UCT is lower, because there is no requirement for monitoring. However, UCT has a weakness where the program approach is not in accordance with the objectives and not on target (Cesarini et al., 2015)

Various studies have shown the positive impact of implementing CCT programs in several countries, including improving the quality of education and health (TNP2K, 2013; Raharjo, 2015; Acosta and Velarde, 2015; Ozer, et al, 2016; Parker and Todd, 2017). Improving the quality of life and welfare of empowering the poor towards independence (Lahuo, 2010; Putri, 2014; Virgoreta, 2015; Rahmawati, 2017; Lestari, 2019; Kholis, 2019; Kuntjorowati, 2019; Sukri, 2020), and paying attention to family development and mainstreaming gender (Puspitawati, 2010; Suntiana, 2015; Hanif, 2015; Amin AR, 2016).

The implementation of the CCT program has also been carried out in Southeast Asian countries such as in Indonesia with the Family Hope Program (PKH) and in the Philippines under the name Pantawid Pamilyang Pilipino Program (4Ps). These programs apply the CCT concept as the basic basis for the services used. However, the implementation is carried out differently because there are differences in culture, goals and socio-economic conditions in each country. This article aims to examine the differences between the CCT social assistance systems in Indonesia and the Philippines in order to get a comprehensive picture of poverty alleviation in Southeast Asian countries.

II. Research Method

This article is a literature review to describe relevant concepts and theories in explaining the CCT social assistance system in several Southeast Asian countries. This article will conduct a literature search and research from various media such as books, journals, and other publications related to the topic of CCT social assistance to produce a comparative analysis of implementation systems in several Southeast Asian countries.

III. Result and Discussion

3.1 Social Assistance in Indonesia and the Philippines

PKH launched in 2007 is a conditional cash transfer program (CCT/BTB) that currently targets the poorest 20 percent of families. This program has covered ten million families since 2018. As a conditional social assistance program, PKH opens access for poor families, especially pregnant women and children, to take advantage of various health service facilities (faskes) and educational service facilities (fasdik) available around them. The benefits of PKH have also begun to be encouraged to cover persons with disabilities and the elderly by maintaining their level of social welfare in accordance with the mandate of the State constitution.

Through PKH, beneficiaries are encouraged to have access to and take advantage of basic social services in health, education, food and nutrition, care and assistance, including access to various other social protection programs which are complementary programs in a sustainable manner. PKH is directed to be the epicenter and center of excellence for poverty reduction that synergizes various national social protection and empowerment programs.

The CCT program in the Philippines is known as the Pantawid Pamilyang Pilipino Program (4Ps). Pantawid Pamilyang Pilipino Program (4Ps) was started in 2008. This program provides families with assistance from P500 ($11) to P1,400 ($32) every month. The amount of assistance depends on the number of children in the household and the provision of assistance is related to the educational and health requirements of the child. Some of these conditions require children to stay in school, attend regular child health check-ups and health checks for women who are pregnant. Since the start of the program until 2019, more than 5 million households have benefited from Pantawid Pamilyang. The program has "increased births in health facilities by skilled healthcare professionals by 20 percentage points" while increasing "

3.2 Social Assistance Program Implementation System in Indonesia

PKH launched in 2007 is a conditional cash transfer program (CCT/BTB) that currently targets the poorest 20 percent of families. This program has covered ten million families since 2018. According to the Minister of Social Affairs Regulation No. 1 of 2018, the objectives of PKH include: (i) improving the living standards of beneficiary families (commonly referred to as KPM) through access to education, health, and social welfare services; (ii) reduce the burden of expenditure and increase the income of poor and vulnerable families; (iii) creating changes in the behavior and independence of KPM in accessing health, education, and social welfare services; (iv) reducing poverty and inequality; and (v) introduce financial products and services to KPM.

To register for PKH, families must be included in the Integrated Social Welfare Data (DTKS) whose decile positions are calculated using the PMT method. DTKS is a database of the poorest percent of households in Indonesia, managed by the Ministry of Social's

Data and Information Center (Pusdatin). In addition to PKH, DTKS is used to target KPM for the Basic Food Program/BPNT, PIP, PBI-JKN, and electricity subsidies. To be included in DTKS, families can apply through the village head by bringing their Identity Card (KTP) and Family Card (KK). The village head holds a Village/Kelurahan Deliberation to discuss the eligibility of families for DTKS. If the family is deemed eligible by this deliberation, the village head will send the family list to the Social Service in the sub-district for verification and validation. The District Social Service will verify and validate family information through home visits, and the results will be inputted into the Next Generation Social Welfare Information System (SIKS-NG). Pusdatin uses this information in SIKS-NG to add or update family data in DTKS, including calculating family decile positions using the PMT method.

In addition to meeting the socioeconomic eligibility criteria, KPM PKH must at least meet one of the following criteria: (i) pregnant/breastfeeding women; (ii) children up to six years of age; (iii) children aged six to 21 years who have not completed the twelve years of compulsory education (including elementary, middle, and high school); (4) elderly 70 years old; or (5) people with severe disabilities (including physical and mental disabilities). After receiving a list of KPM PKH candidates from the Pusdatin, the JSK Directorate through the PKH facilitator conducts a validation process to check whether the information from SIKS-NG (eg family member name, age, Population Identification Number – NIK, marital status, pregnancy status, disability status, disease status) weight, highest level of education, main occupation, acceptance of complementary programs) are still relevant. The validation process is carried out by holding a validation meeting with all candidates at the village office or visiting the candidate's house if unable to attend the validation meeting. The PKH facilitator then submits the validation results to e-PKH. Families who meet the requirements based on the validation results will proceed to the opening of a Prosperous Family Card (KKS) account. Families can check their KPM PKH status through the website https://cekbansos. kemensos.go.id/ using the identity on their Identity Card (KTP). Families can check their KPM PKH status through the website https://cekbansos. kemensos.go.id/ using the identity on their Identity Card (KTP). Families can check their KPM PKH status through the website https://cekbansos. kemensos.go.id/ using the identity on their Identity Card (KTP).

The number of program criteria that families meet affects the amount of PKH benefits they receive. PKH provides benefits for up to four people in the family who meet the criteria above, with the following limitations: up to a second pregnancy; a maximum of two children aged 0-6 years; a maximum of one person for the elderly; and a maximum of one person for people with severe disabilities. Benefits are estimated to cover about 21 percent of the average monthly household consumption of the poorest ten percent (Holmemo et al., 2020). PKH assistance is distributed using KKS, a debit card for social assistance provided by the Government, every three months for regular areas and every six months for geographically difficult to reach (remote) areas.

KPM PKH must be registered and present at the nearest health, education, and/or social welfare facility and take part in the Family Development Session (FDS). In terms of health criteria, PKH family members must commit to visiting health facilities regularly. Pregnant women in the PKH program must frequently have their pregnancy checked and give birth in health facilities, while children under six years of age must be taken to a health facility (e.g., Posyandu) for general health monitoring (including weight and height), nutritional support, and immunization. Meanwhile, school-age children in PKH families must be enrolled in school and attend school for at least 85 percent of the effective school day.

The PKH facilitator verifies registration and attendance of KPM families at the facility on a monthly basis. In each cycle, KPM families who do not meet the program requirements/conditions will be subject to sanctions, for example PKH payments will be temporarily suspended. In addition to commitments related to these criteria, all PKH KPM members are required to participate in FDS organized by PKH facilitators at monthly group meetings. For FDS, KPM PKH families represented by mothers or adult women in the family (PKH administrators), are grouped between 25-40 people (usually per hamlet/RW). The FDS launched in 2014 is an educational session aimed at improving the knowledge and skills of KPM in five main areas: (i) health and nutrition; (ii) education and child care; (iii) family financial management; (iv) child protection; and (v) social welfare. Each module has multiple sessions that take approximately 120 minutes per session.

Beneficiary Families (KPM) of PKH participants who have been participating for 6 years are required to complete recertification. Recertification itself is an assessment as a final evaluation to review whether or not the conditions are feasible or not as a prerequisite for receiving PKH assistance. Recertification is a corridor or exit for KPM to end their membership, one of which is graduation. Graduation itself consists of natural graduation, graduation from the socio-economic update and independent graduation.

Furthermore, graduation is caused by several factors, both internally and externally. Internal factors relate to the awareness of beneficiaries to leave PKH participation. Ritziana (2021) found that KPM PKH's action in making decisions for independent graduation is a phenomenon that involves rationality and awareness within the individual in determining a choice that occurs because first there are actors who take action and have goals and secondly there are resources controlled by actors. . Another factor is the labeling and stigmatization of the community towards KPM which ultimately makes them choose to graduate independently even though they still meet the requirements to become PKH participants (Syamsulhakim and Khadijah, 2021).

3.3 Social Assistance Program Implementation System in the Philippines

The CCT program conducted in the Philippines is known as the Pantawid Pamilya program. The program is implemented by the Philippine government's Department of Social Welfare and Development (DSWD) and is partially funded through loans from the World Bank and the Asian Development Bank. Since its inception in 2007, the program has funded transfers to approximately one million households in 782 cities and municipalities in 81 provinces across 17 regions of the Philippines (Arulpragasam, 2011).

Pantawid Pamilya is intended to reduce poverty and encourage investment in human resources by providing cash transfers to poor households on condition that they meet basic health and education requirements (Crost, et al, 2016). To receive assistance, beneficiary households are required to ensure that their children attend school and receive various vaccinations and deworming treatments. Pregnant women are required to do health checks before and after giving birth regularly.

The Pantawid Pamilya program has the following objectives as the Philippine government's main poverty alleviation program:

1. Social assistance, providing financial support to very poor families to meet their immediate needs; and
2. Social development, breaking the cycle of intergenerational poverty by investing in the health and education of poor children through programs such as:
3. Health checks for pregnant women and children aged 0 to 5 years;
4. Reducing screening for worms in school children aged 6 to 14 years;
5. Enrollment of children in daycare, primary and secondary schools; and

6. Family development session.

Households eligible for this program are those whose per capita income is below the regional poverty line and has children aged 0–14 years. Per capita income is estimated by the Proxy-Means Test (PMT) based on the following indicators: household consumption, education of household members, occupation, housing conditions, access to basic services, asset ownership, housing ownership status. Finally, the list of households identified by PMT was validated through direct inspection and community meetings (Usui, 2011). The program was initially targeted at cities with a poverty rate greater than 50%, so that a large proportion of the population was eligible for cash transfers. For example, about 52% of all households qualify for transfers in the pilot sample villages (Redaelli, 2009).

1. Health assistance: P500 per household monthly, or a total of P9,000 annually
2. Education assistance: Funding assistance for elementary school children P300/month, junior high school P500/month and senior high school 700/month

For households with three children, one household can receive P1,400 monthly, or a total of P15,000 annually for five years, from the two types of cash grants provided to them. Then there is also rice subsidy assistance of P600/Month. The requirements that must be met by beneficiaries in order to be involved in the program are as follows:

1. Women who become pregnant, give birth in health facilities and receive pre and postnatal care
2. 0-5 years old, receive monthly nutrition, immunization check up
3. 1-14 years, taking deworming medicine 2 times a year
4. 3-4 years old, attending pre-school classes with a total attendance of 85%
5. 5-18 years old, attending class at least 85%
6. Parents, Attend Family development Session

The World Bank's impact evaluation found evidence that the Program was successful in increasing school enrollment and child nutrition outcomes, but no evidence of improvements in household, labor supply, or fertility (Chaudhury et al, 2013). The beneficiary's participation will end when all children are over 18 years old. There is no other mechanism to terminate the Pantawid Pamilyang program participation. Participants can be excluded from the program if they do not follow the conditional requirements that have been previously set.

Based on the findings related to the implementation of the Family Hope Program in Indonesia and the Pantawid Pamilyang Pilipino Program (4Ps) in the Philippines, the following conclusions can be drawn:

Table 1. Social Assistance Program Matrix in Indonesia and the Philippines

	Family Hope Program (PKH)	**Pantawid Pamilyang Pilipino Program (4Ps)**
Target Beneficiaries	- pregnant/breastfeeding women; - children aged six to 21 years who have not completed the twelve-year compulsory education (including elementary, middle, and high school); - elderly 70 years; - People with severe disabilities	- Households eligible for this program are those whose per capita income is below the regional poverty line - Having children aged 0–18 years - Pregnant Women at the time of the feasibility survey examination
Condition	- Beneficiaries must be registered and present at the nearest health, education, and/or social welfare facility and take part in the Family Development Session (FDS).	- Women who become pregnant, give birth in health facilities and receive pre and postnatal care - 0-5 years old, receive monthly nutrition, immunization check up

	- School-age children must be enrolled in school and attend school for at least 85% of the effective school day. - The elderly and persons with severe disabilities must also be registered with social welfare facilities and participate in appropriate social welfare activities at least once a year.	- 1-14 years, taking deworming medicine 2 times a year - 3-4 years old, attending pre-school classes with a total attendance of 85% - 5-18 years old, attending class at least 85% - parents, Attending Family development Session
Education	**Yes**	**Yes**
Nutrition and Health	**Yes**	**Yes**
Donation	- Pregnant and Breastfeeding Mothers IDR 3,000,000 - Children aged 0-6 years IDR 3,000,000 - Elementary school children Rp. 900,000 - Middle school children Rp.1,500,000 - High school children Rp. 2,000,000 - Elderly (>70 Years) Rp. 2,400,000 - Severe disability Rp. 2,400,000	- Health assistance: P500 per household monthly, or a total of P9,000 annually - Education assistance: Funding assistance for elementary school children P300/month, junior high school P500/month and senior high school 700/month - Rice subsidy P600/Month
Exit Strategy	- The beneficiary's participation has been 6 years and is declared not to meet the participation requirements - Beneficiaries are independent	- No more children under 18 years old - Not following the conditional requirements set by the government

Source: 2022 Research Results

The Family Hope Program and the Pantawid Pamilyang Pilipino Program (4Ps) both have targets with special conditions in order to become beneficiaries. The inclusiveness of the Family Hope Program places people with disabilities and the elderly into being part of the program. While the 4Ps program does not target these groups to be the target of the program. Then both the Family Hope Program and the 4Ps program both require beneficiaries to be registered in health facilities and 85% of their children are required to attend school.

Both programs provide services that focus on improving the quality of human life by providing adequate access to education and health. The World Bank (2013) stated that the CCT program was successful in improving children's nutrition and school attendance. However, in the 4Ps program there is a special service that requires beneficiaries to receive the worm vaccine twice a year. Meanwhile, in the Family Hope program, there is no specific mention of the health program that can be given to the beneficiary children.

Furthermore, the majority of the financial assistance provided is for education and health costs. The only difference is in the provision of assistance to the elderly and disabled in Indonesia. Meanwhile, the 4Ps program provides subsidies for rice with a value of P600 or $137 a year. Then, funds for health in Indonesia are greater than in the Philippines, namely the Family Hope Program which provides assistance of $ 208 per year and 4Ps of $ 171 per year. However, for education, the provision of assistance to the 4Ps program is greater than in Indonesia at all levels of education up to high school.

The next difference is in the termination of the beneficiary's participation. In the Harapan Keluarga Program there are two mechanisms for beneficiaries to be excluded

from participation, namely because they do not meet the requirements and the second is independent. Meanwhile, in the 4Ps program, participation is terminated naturally when there are no more children who are 18 years old and do not meet the membership criteria. The exit strategy for the Family Hope program is more inclusive because beneficiaries can leave if they have been verified to be economically independent. Ritziana (2021) found that KPM PKH's action in making decisions for independent graduation is a phenomenon that involves rationality and awareness within the individual in determining a choice that occurs because first there are actors who take action and have goals and secondly there are resources controlled by actors. Another factor is the labeling and stigmatization of the community towards KPM which ultimately makes them choose to graduate independently even though they still meet the requirements to become PKH participants (Syamsulhakim and Khadijah, 2021).

IV. Conclusion

The conditional cash transfer program has been carried out in Indonesia under the name of the Family Hope Program and in the Philippines as the Pantawid Pamilyang Pilipino Program (4Ps). Both programs focus on improving the quality of human life by providing access to services for education, health and human resource development. However, there are also differences, such as the target, where the Family Hope Program is more inclusive because it can receive beneficiaries from the elderly and disabled groups. Then for financing, the budget for the Family Hope Program health services is bigger than the 4Ps program. However, in the education sector, it is the opposite where the 4Ps program provides higher assistance to beneficiaries. Next is the mechanism for termination of participation in the two different programs. In the Family Hope Program there is an independent graduation process where beneficiaries who have been independently verified can apply to leave the program. Meanwhile in the Philippines, there is no self-reliance mechanism that can remove beneficiary participation.

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