

CASE STUDY OF PKH (CCT INDONESIA) IN SUMBA BARAT AND KEDIRI

Dinar Dana Kharisma

Abstract

Indonesia launched a pilot of conditional cash transfer (CCT) program called Program Keluarga Harapan (PKH) on 2007. Its beneficiaries are very poor households which have pregnant women and/or 0-15 years old children in it. PKH requires them to access education and health services as recompensation of the cash transfer.

PKH has been designed to be a better social protection system in Indonesia. Indonesia's government provides many protection for poor people, such as scholarship, health insurance, food (rice) stamp, and unconditional cash transfer, but they are not coordinated well and each of them has their own target. In the end Indonesia has several kinds of social protection but does not have a coordinated single system which integrate them. PKH is hoped to be a starting point for better system, at least to integrate all of those protection schemes and build better database of poor people who need to be protected.

Even though PKH is one of the best solutions for better social security system in Indonesia, it is also a complicated program. It needs very good preparation, and also quite long and expensive starting investment. Many sectors are involved in this program and good coordination will be needed among them. Good quality of data becomes priority, an exact targeting on the start and very good system for data updating during the program will be required. It also needs high quality human resources to operate this program

Unfortunately, Indonesia almost has no time. Both of government and people need this program. Based on this condition, PKH was launched under a very fast preparation. Now, it has already more than one year after the launching. There are some positive progress related to education and health, but there are also problems. The very fast preparation has created a not so perfect implementation. The differences among pilot areas also contributes some specific problems.

According to that condition, we arranged a case study for PKH in district of Sumba Barat and Kediri on March and April 2008. It collected information through indepth interview and focus group discussion with almost all of PKH's stakeholders in those districts. From PKH's officers, local government, beneficiaries and non beneficiaries, leaders, medias and NGOs. We do hope that we can summarize the main problems and find the solutions. Also, if we can discover its achievements, it will the strength of this program which will be the reason to continue and develop PKH.

The paper then, tries to present the study result. It will be a summary of PKH's implementation in those two districts and some thoughts about possible solution for its problems.

Keywords: social protection, CCT, sectoral coordination