ENHANCING TARGET ACCURACY: INSIGHTS INTO THE CASH SOCIAL ASSISTANCE PROGRAM

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Abstract

The purpose of this article is to describe the target accuracy concept in the Cash Social Assistance Program in the South Banjarmasin District. This article was arranged using a literature review method based on previous research. The literature review stage begins with identifying, evaluating, and interpreting all literature related to the research topic. Identification was carried out by searching online databases and the Internet, including Google Scholar and the UI Library, on research published between 2014 and 2023 using the keywords Target Accuracy and Cash Social Assistance Program. The evaluation was done by sorting the published search results in English or Indonesian so that 38 (thirty-eight) studies regarding targeting accuracy were completed. Based on a literature review of 38 (thirty-eight) previous research results, there are two conclusions based on literature review. In policy implementation, it is necessary to consider the factors that influence it. These factors influence the Implementation of the Cash Social Assistance Program, such as the apparatus quality, competence of the apparatus, availability of infrastructure, supervision of distribution, the use of old data, communication, resources, disposition, bureaucratic structure, facilities & Infrastructure, lack of awareness of bureaucrats in carrying out their duties, internet access, community identity that is not updated, form and content of policies, implementing organizations and policy environment, and the existence of gender issues. Meanwhile, in the context of policy evaluation, the performance, impact, and effectiveness of the Cash Social Assistance program need to be considered.

Keywords: COVID-19, Social Cash Assistance, Social Policy, Target Accuracy.
INTRODUCTION

On January 13, 2020, the World Health Organization (WHO) explained that the first case outside China was reported in Thailand (World Health Organization, 2020e). As of the end of January 2020, WHO (2020b) reported that the disease had infected 7,818 people, 82 of whom were in 18 countries outside China. As of the end of February 2020, WHO reported that more than 85,000 people had been infected in 53 countries (World Health Organization, 2020a). Currently, six countries in Southeast Asia have reported positive cases. By the end of March 2020, more than 750,000 people had been infected worldwide. WHO has reported more than 8.5 million confirmed cases, including more than 450,000 deaths (World Health Organization, 2020c). So, on 30th January 2020, the World Health Organization (2020e) declared the COVID-19 outbreak a global public health emergency, the sixth after the H1N1 outbreak in 2019 (Jebril, 2020), the polio outbreak in 2014 (Kamadjeu et al., 2014), the Ebola outbreak in West Africa in 2014 (Kamorudeen et al., 2020), the Zika outbreak in 2016 (Chang et al., 2016), the Ebola outbreak in Congo in 2019 (Green, 2017), and on March 11th, 2020, WHO declared COVID-19 as a pandemic.

Ciotti (2020) explained that the COVID-19 pandemic caused loss of human life, economic impact, and increased poverty because our health system was unprepared to deal with many patients requiring respiratory support therapy in a short time. Shi et al. (2020) explained that the SARS-CoV-2 virus is highly contagious, and most individuals in the general population are susceptible to infection. As of November 7, 2022, the World Health Organization (2020d) reported 6,578,245 deaths during the COVID-19 pandemic. In addition, according to Pereira & Oliveira (2020), the COVID-19 pandemic can increase levels of poverty and food insecurity due to the absence or weakness of political, economic, and social interventions to maintain jobs, as well as disruption of food production and distribution chains and reduced access to healthy food in many countries around the world, especially the poorest, where social and economic inequality, historically, has been great; the pandemic is increasing and exposing the vulnerabilities of poor populations.

Olivia et al. (2020) explained that Indonesia was late in responding to the COVID-19 pandemic because the Pandemic could not be overcome in any way, so it impacted economic growth, employment, and uncertain welfare, even though the government had responded to the impact of the COVID-19 pandemic such as addressing the needs of the poor and potential poor communities. Suryahadi et al. (2021) stated that implementing mobility and activity restrictions during the pandemic tends to prosper the formal and highly educated workers rather than the informal and low-educated workers, who continue declining wages, thus lowering economic growth expectations. According to Suryahadi et al. (2020), the implication is that Indonesia needs to expand its social protection program to help new and existing poor communities.

Nazara (2020) explained that social protection under the National Economic Recovery (PEN) in 2020 was meant to deal with the social impact of the COVID-19 pandemic and encourage economic recovery. Funds spent on Social Protection amounted to IDR 203.9 T,-. One of them is Cash Social Assistance (BST), an unconditional cash assistance program known as Conditional Cash Transfer (CCT), with an amount of IDR 37.40 Trillion.

Social Assistance Programs, according to Carter et al. (2019), target poor and vulnerable communities based on vulnerability categories and target low-income households. Social Assistance is a form of social protection based on Carter et al. (2019). According to Devereux &
Sabates-Wheeler (2004), social protection describes all public and private initiatives that provide income or consumption transfers to the poor, protect those vulnerable to livelihood risks, and improve the social status and rights of the marginalized, with the overall aim of reducing the economic and social vulnerability of poor, vulnerable, and marginalized groups. Social Protection is a form of social policy. Blakemore & Griggs (1975) explain that social policy aims to improve human welfare (although it often fails) and meet human needs for education, health, housing, and social security. Adi (2018) explains that social policy is in the operational realm or policy application phase when the policy has been implemented in government programs, both at the national and local levels.

One characteristic of an effective program can be measured by the accuracy of targets. Makmur (2011) states that if a program is right on target, then the organization's goals will immediately be achieved according to plan, and vice versa.

Banjarmasin is one of the cities in South Kalimantan with the highest number of poor people in South Kalimantan Province (Amaliah et al., 2021). Based on Integrated Social Welfare Data (DTKS) from 5 Districts in Banjarmasin City in 2019, South Banjarmasin District has the most significant number of people recorded in the DTKS, at 11,417. Kelayan Timur Village has the largest number of people recorded in DTKS, with a total of 20,030 (Dinas Sosial Kota Banjarmasin, 2018).

In implementing the distribution of social assistance in South Banjarmasin District, several challenges have been summarized based on information from the Banjarmasin City Social Service. First, Integrated Social Welfare Data (DTKS) collecting data uses Central Statistics Agency (BPS) data, approved by the Banjarmasin City Social Service, integrated with the Social Welfare Information System (SIKS) under the request of the Ministry of Social Affairs (Kemensos) in 2020 and DTKS data with a validity period once a year in 2021. Second, the community is not cooperative in updating data. First, many Beneficiary Families do not update their Family Card data because they have changed domicile or a family member has died but is receiving social assistance. Second, people forge Family Card data by using other addresses to get different types of assistance. Third, the distribution of social assistance is carried out by HIMBARA or the Association of State-Owned Banks (Bank Mandiri, BRI, BNI, and BTN) for the Family Hope Program (PKH) depending on the PKH Component, Cash Social Assistance (BST) of IDR 600,000, -/family/month and the Basic Food Program of IDR 150,000, -/KPM/month (Wulandari, 2021).

Based on that explanation, the question that becomes urgency for this literature review is the target effectiveness concept for Cash Social Assistance in the City of Banjarmasin. According to Neuman (2014), a literature review is a form of non-reactive research, which means that research data does not depend on the informants or respondent reaction because the source of research data is literature, which is an accumulation of knowledge that has been produced by previous research. Neuman (2014), has four purposes for the literature review which are related to the research for this article. First, to demonstrate familiarity and credibility with the concept of targeting accuracy of the COVID-19 Cash Social Assistance Program 19 topic. Second, demonstrate an understanding of the current plot and developments regarding targeting accuracy for the COVID-19 Cash Social Assistance Program. Third, integrate and summarize what is known regarding the concept of targeting accuracy for the COVID-19 Cash Social Assistance Program. Fourth, a learning tool and triggering new ideas related to the concept of targeting accuracy for the COVID-19 Cash Social Assistance Program to contribute in the development of social welfare studies.
RESULTS AND DISCUSSION

Various studies have been carried out regarding the Accuracy of Program Targets and the COVID-19 Cash Social Assistance Program. The search was carried out by searching online databases and the Internet, including Google Scholar and the Universitas Indonesia Library, for research published between 2014 and 2023 using the keywords Target Accuracy and Cash Social Assistance Program. Based on searches, 38 previous studies regarding the Accuracy of Program Targets and the COVID-19 Cash Social Assistance Program exist (Table 1).

Table 1. Previous research related to the analysis of the accuracy of targeting the cash social assistance (BST) program during the COVID-19 pandemic (Source: Self Processed).

<table>
<thead>
<tr>
<th>Thematic</th>
<th>Discussion</th>
<th>Researcher</th>
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<tbody>
<tr>
<td>Accuracy of Program Targets</td>
<td>Evaluation of the Accuracy of Program Targets The program cannot be said to be on target because it does not meet the program target criteria and participation in the program is low.</td>
<td>Mangkunegara (2014), Luthfiyah et al. (2015), Anneke et al. (2017), Satriawan &amp; Shrestha (2018), Sutanto et al. (2020).</td>
</tr>
<tr>
<td>Factors that influence the accuracy of program targets. There are several influencing factors, such as residential characteristics, demographic characteristics, database, legal basis, beneficiary criteria, pressure from certain parties, and the ability or purchasing power of beneficiaries.</td>
<td>Sitepu (2014), and Hikmawati (2015).</td>
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<tr>
<td>Evaluation of the COVID-19 Cash Social Assistance Program the BST program will run effectively if the program objectives and mechanisms have been achieved.</td>
<td>Rasdiana (2021) and Ramadita (2021) Susantyo et al. (2020), Pradani et al. (2021) Muga et al. (2021), Shafa (2022), Ruslan et al. (2022) and Wahyuni &amp; Sinaloni (2022), Khothimah &amp; Hertati (2021), Muthiah (2021), Melati &amp; Zulkarnaini (2021), Rosadi (2021), Anggraeni (2021), Dluha (2022), Yuhelmi</td>
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Based on discussions in previous research, 2 thematic studies were found: Analysis of Program Target Accuracy and COVID-19 Cash Social Assistance.

The first theme is Analysis Regarding the Accuracy of Program Targets. There are 2 discussions in the first theme consisting of (1) Evaluation of the Accuracy of Program Targets and (2) Factors that Influence the Accuracy of Program Targets. The first discussion on the first theme is the Evaluation of the Accuracy of Program Targets. The results of Mangkunegara's research (2014), show that the targeting of Community Health Insurance (Jamkesmas) is not entirely on target because there is still a number and value of under-coverage or beneficiaries who are eligible to receive assistance but do not receive aid and leakage. The research results of Luthfiah et al. (2015) show that 12.4% of the population receive Public Health Insurance but are not poor or almost poor. Apart from that, 56.4% of the population is nearly poor, and 41.1% of the poor have not received Jamkesmas, so Jamkesmas is still not on target. The research results of Anneke et al. (2017) show that the Family Hope Program (PKH) assistance for the education and health categories has been right on target after respondents who received the PKH program diligently attended school and children aged 0-6 years, pregnant women and postpartum mothers had the guarantee of adequate nutritional intake through routine checks, namely providing vitamins, immunizations, and regular weight measurements at the community health center in Tongkaina Village. The research results of Satriawan & Shrestha (2018) show that poor people's participation in the Poor Rice (Raskin) program is regressive because Indonesian people tend to buy rice in smaller quantities, they buy rice with lower frequency, and they have lower participation than with the number of communities Raskin distributions. The research results of Sutanto et al. (2020) show that the estimated probability of poor households being excluded from the Raskin program and non-poor households being included is 44.8 and 35.1%, respectively, which indicates that mistargeting occurs where eligible recipients are kept secret and reveal missing funds for ineligible families. The conclusion in this discussion is that the program cannot be on target because it has not met the target criteria, and participation in the program is low.

The second discussion in the first theme is about factors that influence the accuracy of program targets. The results of Sitepu's (2014), research show five factors that affect the accuracy of the targets of the Rice Subsidy program, namely the Database, suitability of the implementation of deliberations in accordance with the legal basis, clarity of beneficiary criteria, pressure from certain parties in society, and the ability or purchasing power of program beneficiaries. The results of Hikmawati’s research (2015) show that the provision of Health Insurance assistance has been right on target even though the Protection Program Data Collection (PPLS) data still uses 2011 data collection, so there is data irrelevant to current conditions. This research concludes that there are several influencing factors, such as residence characteristics, demographic characteristics,
database, legal basis, beneficiary criteria, pressure from certain parties, and the ability or purchasing power of the beneficiary.

The second theme is the COVID-19 Cash Social Assistance (BST) Program. The discussion in this thematic section is divided into two, namely (1) Implementation of the COVID-19 Social Assistance Program, and (2) Evaluation of the COVID-19 Social Assistance Program. The first discussion in the second theme discusses the Implementation of the COVID-19 Cash Social Assistance Program. The research results of Rosanti et al. (2021) show that several factors influence the implementation of the COVID-19 BST program, namely the quality of the apparatus, competency of the apparatus, availability of infrastructure, and supervision of BST distribution. Alamsyah’s research results (2022) show that the inhibiting factor in the implementation of BST COVID-19 comes from the use of old data originating from the Integrated Social Welfare Data (DTKS), which is the database for the distribution of social assistance nationally so that there are many discrepancies between the existing data and the data in field, for example, there is a list of recipients who have died or there are families who have moved their domicile. The research results of Puryanti et al. (2022) show that the implementation of the COVID-19 BST Program is influenced by communication, resources, disposition, and bureaucratic structure. The results of Pratama’s research (2022) show that the inhibiting factors for the program are facilities & infrastructure, lack of employee awareness in carrying out their duties, internet access, and lack of updated community identity. The research results of Makmur et al. (2021) show that the factors that influence policy implementation are the form and content of the policy, the implementing organization, and the policy environment. The research results of Gemiharto & Juningsih (2021) show that the communication approach in the Assistance Program is not yet efficient, so the positive impact of a policy is only felt in the short term. The research results of Onilla & Suryawati (2022) show that the responsiveness of policymakers can be seen from the bureaucracy’s ability to recognize the needs of the recipient community, the bureaucracy’s ability to set service agendas and priorities according to the needs of the social assistance recipient community, and the ability to develop service programs in distributing social assistance. The research results of Yaneri & Deswanti (2021) show that characteristics such as someone who is elderly, uneducated, female, and poor are more marginalized than someone who is ignorant and poor but is male. This research discussion concludes that several factors influence the implementation of the BST Program, namely communication, resources, disposition, bureaucratic structure, facilities & infrastructure, form and content of policies, implementing organizations, and policy environment, and gender equality issues.

The second thematic discussion in this research is the evaluation of the COVID-19 Cash Social Assistance (BST) Program. The research results of Rasdiana (2021) and Ramadita (2021) show that if data updating and validation of poor community data in the Integrated Social Welfare Data (DTKS) is not achieved, then the aspect of accountability to policymakers will not be achieved, especially for the BST Program. The research results of Susantyo et al. (2020), Pradani et al. (2021), Muga et al. (2021), Shafa (2022), Ruslan et al. (2022), and Wahyuni & Sinaloni (2022) show that the COVID-19 BST Program has an impact on meeting community needs, especially during the COVID-19 pandemic, even though the distribution and management of BST is not optimal. Research results Khothimah & Hertati (2021), Muthiah (2021), Melati & Zulkarnaini (2021), Rosadi (2021), Anggraeni (2021), Dluha (2022), Yuhelmi (2022), Nurhasanah (2021), Ladja (2022), Hariningsih (2022b), Rahman et al. (2021), Mufidah (2021), Andhika (2022), Parinton (2020), and Yolanda
(2022), Hariningsih (2022a), Rahman (2021), Mufidah (2021), Andhika (2022), Parinton (2020),
and Yolanda (2022) show that the BST program will be effective in implementation if the objectives
and mechanisms of the BST program have been achieved. This thematic discussion concludes that
the BST program will run effectively if the program objectives and mechanisms have been achieved.

CONCLUSION

Based on a literature review of 38 (thirty-eight) previous research results, there are
two conclusions based on literature review. In the context of policy implementation, it is
necessary to consider the factors that influence Policy Implementation. These namely factors
influence the Implementation of the Cash Social Assistance Program, such as the apparatus
quality, competence of the apparatus, availability of infrastructure, supervision of distribution,
the use of old data, communication, resources, disposition, bureaucratic structure, facilities &
Infrastructure, lack of awareness of bureaucrats in carrying out their duties, internet access,
community identity that is not updated, form and content of policies, implementing
organizations and policy environment, and the existence of gender issues. Meanwhile, in the
context of policy evaluation, the performance, impact, and effectiveness of the Cash Social
Assistance program need to be considered.

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