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Social Safety Nets To The Quality of Life in Indonesia

Jamaruddin

College of Law, Government and International Studies, Universiti Utara Malaysia

Rozita Binti Arshad

College of Law, Government and International Studies, Universiti Utara Malaysia

Abstract

Social safety nets (SSNt) is a form of government involvement in providing assistance to need live of the poor and vulnerable for increase the quality of life people. This study is the introduction of the concept of SSNt and quality of life. The method used is the analysis of documents and analysis of the literature. The result of the analysis indicate that there are a lot of SSNt program in Indonesia and effectively the equality of life.

Keyword : Social safety nets (SSNt), quality of life, poor communities.

Knowledge: Based on the 1945 Constitution Indonesia article 34 verse 2 that: "Countries to promote social security system for all the people and empower the weak and not able to in accordance with human dignity". Therefore the government in say succeeded in improving the welfare of or quality of life of both aspects of the revenue or all the ease of facilities such as health, education, infrastructure, transportation, housing, power source, assets, environment, safety, tourism commerce and others. According to Mahathir Mohamad (1999) that the progress of a country can be measured based on the quality of life of society that increases both sustainable development.

According to the Central Statistics Agency (BPS, 2016) that poverty line Indonesia using income standard Rp. 334.706/USD26.5/percapita/month (rate of oneUSD = Rp.13,000). Based on the standard until March 2016 there 28.01 million people below the poverty line (BPS, 2016). Thus, to reduce poverty The Government of Indonesia has been running various ongoing SSNt program which begins when the economic crisis in 1998 because of the level of poverty reached 49.5 million people or 24.2%. This program is able to reduce the level of poverty and become 28.01 million people or 10.8% in March 2016. Various studies also shows that the SSNt program to the poor and the amount can give impact to the improvement of the quality of life of the people (Devereux, 2002; Tabor, 2002; Ravallion, 2003; Sumarto et al., 2005; Emil, 2006; Ansel, 2011; Pradhan et al., 2013; Rozita and Ummu, 2014).

SSNt in general is divided into three forms, (i) cash transfers, (ii) in-kind transfers, (iii) public works. Cash transfers aid more run in developed countries (Tabor, 2002; Emil, 2006; Ansel, 2011; Pradhan et al., 2013; Rozita and Ummu, 2014).

2006), but rather in the countries to build more in the form in-kind transfer (Tabor, 2002; Sumarto et al., 2005; Pradhan et al., 2013; Rozita et al. 2014). Whereas in the countries less build more using the public works (Smith and Subbarao, 2003; The World Bank, 2014). cash transfers and in-kind transfers in expects can repair quality of life, however the quality of life of the individual or community can in the measuring by subjective and objective (Ventegodt et al. 2003).

Purpose research: This study attempted to look at from the aspect of literature and documents analysis about social safety nets programs on the quality of life that is run by the Government of Indonesia.

Literature Review:

1. Lierature Analysis: Social Safety Nets (SSNt) has three general principle i.e. (i) SSNt assistance generally focus on the social safety thoroughly, (ii) SSNt assistance consists of cash transfer and in-kind transfer, (iii) public works with conditional or un conditional or both of them. Therefore, based on a review of 475 SSNt programs in 146 countries (World Bank, 2014). SSNt are a component of social protection, such as Diagram 1.

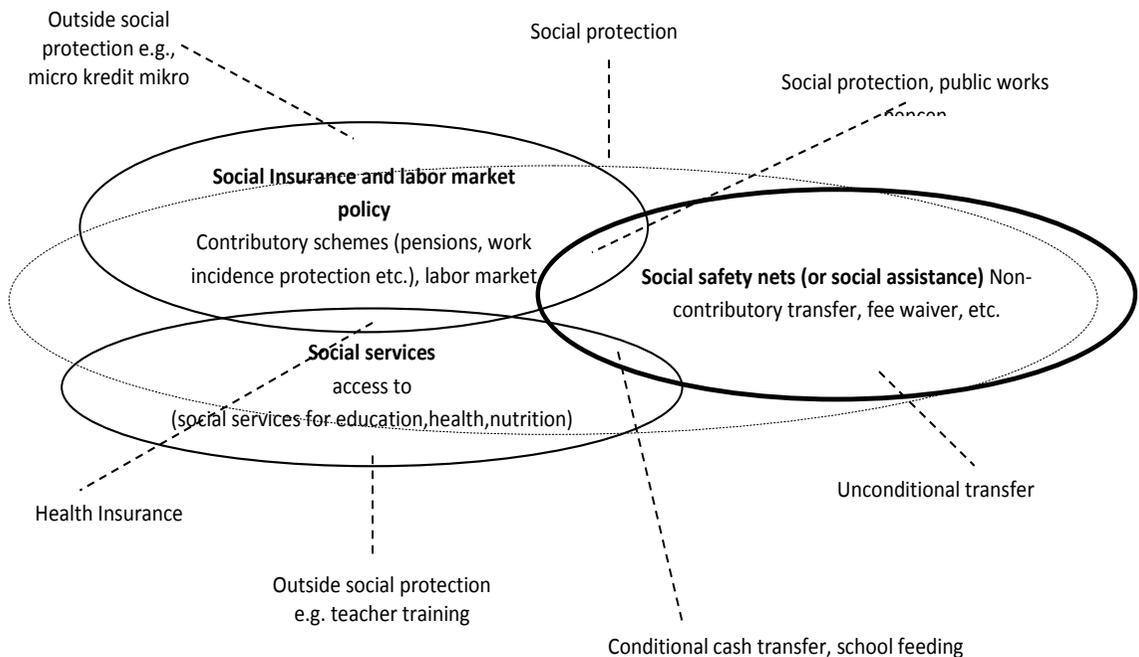


Diagram 1. SSNt are a component of Social Protection Systems (World Bank, 2014).

Many forms of SSNt running in various countries, but basically the World Bank divided 5 (five) i.e.; (i) conditional cash transfers, (ii) unconditional cash transfers, (iii) conditional in-kind transfers, (iv) unconditional in-kind transfers, dan (v) public works (cash transfer or In-Kind transfer).

Cash	Unconditional cash transfer	Conditional cash transfer	Public work
In-Kind	Unconditional In-Kind Transfers	Conditional In-Kind Transfer	
	Unconditional	Conditional	Public Work

SSNt important for low-income or a crisis while and are given assistance essential supplies, cash aid for the elderly, children and disability (Grosh et al., 2008). According to Tabor (2002) that is more than 80% of cash transfers carried out in developed countries, this support with the study Emil (2006) that has Euro, US, Japan and Australia generally cash transfer to the individual or the family, home subsidy, family allowance and tax relief for single parents, incentive workers, school fee assistance children. Then according to Ashraf (2014) that SSNt is formal assistance and informal assistance. Formal assistance from the government while informal assistance is not government such as family assistance, NGO (Non Government Organisation), FBOs (Faith-Based Organisations). FBOs is a collection of the catholic religious in the United States who every year help people financially or not financially (Ashraf, 2014).

Program SSNt in the developing countries including Indonesia as unconditional or conditional cash transfer, lighter or school free they wanted, health services, food subsidy, electric, clean water, housing, transportation, skills training and others (Tabor, 2002; Sumarto et al., 2005; Rozita et al., 2012; Pradhan et al. 2013), special countries less build many use public work especially for unemployment labor such as repair or rebuild public assets and infrastructure community (Smith and Subbarao, 2003; The World Bank, 2014).

Meanwhile SSNt in Indonesia generally conditional cash transfer is assistance school fees (BSM) for poor student at the elementary school or high school and family hope program for health and education. Family hope program funding to help nutrition of pregnant women, nutrition student and school fees. Therefore, this program can reduce the spread of poverty inter generational (Economy Survey OECD Indonesia, 2015).

According to Ari (2014) that Indonesian government strategy to improve the quality of life through poverty alleviation programs in to three groups, (i) the first group are programs to household target such as subsidized rice, family hope program, assistance for school fees, free health and free education, (ii) the second group are the programs to community. This program is community-based such as program of community empowerment, (iii) the third group are the programs for small and medium merchants. Therefore, the government provides soft loans scheme or people's business credit.

The concept of quality of life was found much difference of opinion by experts depending on the measurement and perception of quality of life. Therefore, the concept of quality of life is growing and dynamic, and there is no accepted accurate. (Dalia and Juozas, 2007; Azahan et al., 2006). However, United Nation Development Program (UNDP) (2015) the measure quality of life with human development Indeks (HDI) e.g. life expectancy at birth, expected years of schooling, mean years of schooling, gross national income (GNI)

per capita or purchasing power parity (PPP). World Health Organisation (WHO) to measure the quality of life the individual's perception of physical health, psychological, social relationships, freedom and environment (Marvin, 1997). Millennium Development Goals (MDGs) to measure quality of life with poverty, health (child mortality, maternal health, HIV dan AIDS, Dengue and other diseases), social (gender equality and empowerment of women, global cooperation) and environment (World Bank, 2015).

According to Harun and Idris (2012) to measure quality of life of the indigenous people in Malaysia with the quality of life of the Index indigenous weighted (IKHOAw) e.g. index of water supply, index of electric supply, the house is strong and comfortable, index of sanitation, index of engine, ability to live societal and free of disease. Meanwhile Ventegodt et al. (2003) an integrative theory of the global quality of life can be observed from subjective to the objective. The subjective quality of life is how good a life each individual feels he or she has. Each individual personally evaluates how he or she views things and his or her feeling and notions. The objective quality of life means how one's life is perceived by the outside world such as biological order, realization of life potential, fulfillment of needs and cultural norms.

2. Document Analysis: Indonesia is one of developing country with a very high poverty rate, for the year 2013 (28,5 million people or 11.47%), 2014 (28,2 million people or 11.25%), 2015 (28,5 million people or 11.22%) and 2016 (28,01 million people or 10.86%). According to central statistic of Indonesia (Statistics Indonesia, 2016) that standard line poverty with income Rp.334,706/USD26.5 per capita per month (exchange rate USD 1=Rp.13,000). The average consumption of the poverty line in Indonesia is not yet using world bank standard, i.e. USD 1.25/day or USD 37.5/month (Statistics Indonesia, 2015). If Indonesia use standard USD 2/day or USD 60/month, the Indonesian poverty rate take up 50% (<http://www.indonesia-investment.com>). Meanwhile Malaysia the average national poverty line in 2014 was RM830/month (Free Malaysia Today, 2014), but Food Agriculture Organisation (FAO) is not based on income, but limit minima caloric human need is 2,100 kilo calories.

There is a difference the measurement poor families in Indonesia between the government institution, central statistic of Indonesia (BPS, 2010) measure poor families with a minimum of five (5) criteria, i.e. (i) floor area of more less eight m² per people; (ii) the house is not the cement floor; (iii) source of drinking water from rain water or the wells are not protected; (iv) there is no toilet, (v) no assets, (vi) the total monthly family income is ≤ Rp.350,000/RM100/USD 29), (vii) expenses for food more than 80%, (viii) food side dishes (beef/fish/egg) does not variation.

Meanwhile, the population family planning board of Indonesia (BKKBN) measure quality of life, i.e. (i) eat two or three times a day, (ii) family members have clothing different from home, work, school and travel, (iii) part of the floor cement, (iv) carry out religious order, (v) when a child is ill sent to hospital, (vi) family members regularly perform praying, (viii) the least once a week to eat beef/fish/egg, (ix) all the family

members get a minimum one new dress every year, (x) floor area of house a minimum eight m² everyone, (xi) all members of the family of the last three months in a healthy condition, (xii) a minimum one family member aged 15 years or older have regular income, (xiii) all the family members aged 10-60 years could read Latin, (xiv) all children aged 5-15 years old can attend school, (xv) increase knowledge religion, (xvi) part of the income in saving, (xvii) eat together at least once a day and used for communication with family members, (xviii) participate in community living environment, (xix) recreation together outside the home a minimum one time in six months, (xx) get the news of newspaper/TV/magazine, (xxi) give donations regularly or specific time for social activities.

Therefore, to improve the quality of life, the Indonesian government continues to increase the budget for social assistance such as in 2010 (Rp. 68.6 trillion/USD 5.7 billion), in 2012 (75.6 trillion/USD 6.3 billion) and 2014 (Rp. 91,8 trillion/USD 7.6 billion) (Ministry of Finance, 2014). The government programs is free healthcare, free education through the operation cost school (BOS), unconditional cash transfer, (direct cash assistance or BLT, direct assistance society or BLSM, social welfare savings program or PSKS), conditional cash transfer (hope family program or PKH, assistance school fees or BSM, subsidized rice or Raskin,), public work (subsidized housing, community empowerment or PNPM) and revolving loans or credit.

The following explanation details SSNT program for poor families in Indonesia;

a. Free health: Free health is a fee waives for the poor or vulnerable to the fees paid by federal, state or local government the government. This program was conducted by the ministry of health in 2005 until now (Ministry health, 2010). Free health program based on government of rules number 101 of 2012 concerning aid recipients of health insurance and then strengthened by regional regulation or the governor.

The implementation of free health has benefits for the poor community (Nurmeilita, 2010; Hadi et al., 2001) and support the quality of life through health facilities free such as medicine and treatments (Aishah 2013; Sumarto et al., 2005). This program helps reduce health an expense and improve the people's physical care. Therefore, the physical healthy people will have an impact on employment and income.

The developing countries generally use official and unofficial cost in health service because of lack government finances, meanwhile the number of patients continues to grow (Bitran and Gideon, 2003). Free health programs in Indonesia, Thailand and Cambodia better and more effective because health workers such as doctors, nurses and midwives in the given financial compensation or incentive compared with other countries such as Ghana, Kenya and Zimbabwe. The other hand, there are still many people who not understand about the free health because no maximum disseminate information to poor communities (Bitran & Gideon, 2003).

Therefore, According to Bitran and Giedion (2003) that free healthcare efficient when; (i) there is no leaks, such as the non-poor receive free health in Thailand and Chile; (ii)

criteria for receiving free health must be clear; (iii) the patient's family should be given cost of transportation and food during at a hospital; (iv) staff have sufficient knowledge and skill, (v) health staff and the poor have to know the rights and duties respectively, (vii) fight against stigma that is not difficult to free health participants. Supported study Dwicaksono et al. (2012) that health access, limited service information and far from the home can cause low the quality of public health .

b. Cash Transfer (unconditional cash transfer and conditional cash transfer): Cash transfer program in Indonesia are implemented by the Ministry of Social and Ministry Education as follow;

- (i) BLT/BLSM/PSKS is unconditional cash transfer given to the poor and implemented by Ministry of Social with the aim of helping the basic needs because of the impact of fuel increases or inflation. This assistance starting in 2005 until now, but not continue every year. In 2012 the central government given to 18.5 million families during the 12 months of Rp.600,000/RM184/USD50 per family per three months with the national budget of 2.1 billion USD (Tempo, 2012). According to Tabor (2002) that financial assistance to poor families and vulnerable groups to avoid worse poverty. This is supported by researching Dede (2006) that this assistance be beneficial to the community in their daily needs.
- (ii) Hope family program (PKH) is conditional cash transfer. This program implemented by Ministry of Social and the starting in 2007 until now. Receiver program in 2013 was 2.4 million households to almost 70% of district in with an average Rp. 1.4 million until Rp. 2.8 million per year depending on the number of family members in the program (Nazara and Rahayu, 2013; Ari, 2014). Criteria receiver PKH program is a child under six years old or have children of primary school age (7-12 year) or children of junior high school age (12-15 year) and pregnant mothers. This program a purpose to improve the social economy, the education children, health of mothers care and nutrition fulfilling for pregnant mothers ((Nazara and Rahayu, 2013).
- (iii) Assistance school fees or BSM is conditional cash transfer for poor student. This program implemented by Ministry of Education and starting in 2008 until now. Financial assistance in 2014 to primary school children (USD 37.5/student/year), junior high school (USD 62.5/student/year) and senior high school (USD 83.3/student/year). This program a purpose to fulfillment school equipment such as shoes, bag, clothes and stationery) and has given more than 11.1 million students (Ministry of Education, 2014).
- (iv) Scholarships for poor student at college (Bidik Misi) is conditional cash transfer. This program implemented by Ministry of Education and starting in 2008 until now. This program has given more than 91 thousand students with the budget USD 76.1 million/Rp. 914 billion (Cabinet Secretary, 2014).

Cash transfer (BLT/BLSM/PSKS, PKH, BSM and Bidik Misi) to support the society in fulfillment basic need such as nutrition, education and health care. This program is accordance with the purpose the Human Development Index (HDI) and Millenium Volume-III, Issue-V

Development Goals (MDGs) such as eradicate extreme poverty and hunger, achieve universal primary education, reduce child mortality and improve maternal health. Meanwhile, according to Rozita and Ummu (2014) cash transfer able to help fulfill the needs of family or single mothers.

c. Free Education: This program was conducted by the ministry of education in 2005 until now with the goal to improve the quality of education and student achievement. The Central government provides free education through the school operation cost (BOS). BOS funds continued to increase from 2005 (Rp 5.14 trillion/USD 0.42 billion), 2007 (Rp. 9.84 trillion/USD 0.82 billion), 2009 (Rp. 16.4 trillion/USD 1.36 billion), 2011 (Rp 19.86 trillion/USD 1.65 billion), 2013 (Rp 27.48 trillion/USD 2.29 billion) and 2014 (Rp 28.17 trillion/USD 2.34 billion) with exchange rate USD 1 = Rp.12,000 (Cabinet Secretary, 2014). This program is also supported state and government budgets.

Government of rules number 47 of 2008 on compulsory schooling section 9 paragraph one that “the central government, states and districts ensure the implementation compulsory schooling minimum on basic education free of charge”. Then, paragraph nine that “Indonesia citizen compulsory school aged who have parents or guardians cannot pay education, central or local government a compulsory provide financial aid for education according to the rules” (Government of rules, 2008: 5).

Although not pay school fees, but the cost of transportation and school supplies are also necessary. According to Ahmad et al. (2013) that the average cost per month for transportation fees is Rp. 150,000/RM 43/student. Therefore, the cost of transport for poor students must get priority in budget school operating cost (BOS).

According to Kattan (2006) that there are 76 countries had identified five categories of costs in school fees i.e. fees, cost of books, uniforms, public donations and costs of other activities. There are seven countries including Indonesia uses five categories. The high cost of education has a negative impact on school participation and drop-out rates. Oxfam (2001) proved that main reason children do not attend school because they cannot pay school fees. Supported study Deininger (2013) that the main factor is school fees, family or parents education, community involvement, quality and relevance of education, disabled, value or cultural norms.

Therefore, the family income is one of the factors an influenced the increase school participation rates in all levels of education, so it is important to be considered in estimating the cost of education (Bray, 1996). The low income of poor families led 50 of 100 poor people are not able to attend senior high school (medium-term of national development planning, 2014), because more than 70% still to be dependent parent (Gozali, 2005).

Education is very important for a child, for example the Government of Brazil gave compensation to the parents of USD 8-10/month/student so school child (Ansell, 2011). According to Fox (2003) that education is important. Therefore, the budget must be an increase education subsidies which are not targeted. This study was supported Baez and

Camacho (2011) at Columbia which found the increase of 4-8% poor children can attend from primary school to senior high school because of their financial support. Free education to increase enrollment, reduce dropout rates, increase the average year schooling, literacy and education levels, which ultimately increase the productivity and income.

d. The Nasional Program of Community Empowerment (PNPM) Mandiri: The National Program of Community Empowerment (PNPM) Mandiri. This program was conducted by the Ministry of Regional Development Lagging of Republic Indonesia in 2007 until now. PNPM Mandiri is a combination of several programs to empower communities such as development district program (PPK), regional development marginal program and special (P2DTK), poverty alleviation program in urban area (P2KP), social and economic infrastructure development program (RISE), economic empowerment of coastal communities program (PEMP) and the joint venture group (KUBE) (ILO, 2012). PNPM Mandiri program for the construction of social and physical infrastructure in counties and villages in Indonesia. This program is a poverty alleviation program that involves elements of society. In this program always begins with a discussion on the construction of priority projects.

Therefore, all elements of the village community together set the stage plan, the implementation of the monitoring and evaluation, through the development process of participation, critical awareness and community independent of poor people's group. The program a purpose to make people not as objects, but as subjects of poverty alleviation. The program budget of the central government and then transferred to the account of every village with the name of the Village Fund Allocation (ADD).

e. The childbirth assistance program (Jampersal): The childbirth assistance program is funding from government to check the pregnancy, childbirth service including prevention of pregnancy after childbirth and care of newborns (Suplemen, 2011). This program begins in 2011 until now with the purpose of reducing maternal and infant mortality rates. The high mortality rates in rural areas mainly because not assisted health workers (Aryastami et al., 2014). Jampersal program consists of childbirth care including check before and after childbirth conducted at the health center or hospital with treatment rooms class three. The central government provides a budget of Rp 1.2 trillion/USD 0.1 billion for 2.6 million maternity's in 2011 (ILO, 2012). Implementation of this program are many people who do not know and understand because of minimal service information including as important of additional funding and personal in villages (Aryastami et al., 2014).

f. Child social prosperity program, disability and elderly: Child social prosperity program is a conditional cash transfers specifically for children with social problem. This program consists of five group i.e. (i) abandoned children, abandoned teenagers (6-18 years), street children (6-18 years), children have legal matter (6-16 years) and disabilities children (0-18 tahun) (Decision of the Minister of Social Republic of Indonesia number 15 of 2005). The program budget for 2011 is Rp. 287 billion/USD 0.2 million). This program has provided assistance to abandoned children (142,530 people's), abandoned teenagers (6,

925 people's), street children (4,200 people's), children have legal matter (930 people's) and disabilities children (1,750 people's) (ILO, 2012). Meanwhile for poor elderly exceeding 60 years and no income will be given cash assistance Rp. 300,000/month and finally disabilities are given the cash transfer and stay in a rehabilitation center based on Presidential Instruction Number three of 2010.

Various programs being undertaken Indonesian government has been to improve the quality of life. International scale for measuring of the quality of life that has been agreed is based on the human development index (HDI). UNDP data or United Nation Development Program (2015) show that Indonesia ranks 110 in the world or fifth in ASEAN after Singapore, Brunei Darussalam, Malaysia and Thailand, as following table:

Table
HDI ranking of countries in ASEAN in 2014

No.	Country	levels	Index
1.	Singapura	11	0.912
2.	Brunei Darussalam	31	0.856
3.	Malaysia	62	0.779
4.	Thailand	93	0.726
5.	Indonesia	110	0.684
6.	Filipina	115	0.668
7.	Vietnam	116	0.666
8.	Laos	143	0.575
9.	Kamboja	143	0.555
10.	Myanmar	148	0.536

Source: <http://hdr.undp.org/en/data>.

However, based on Figure 1.1 that HDI Indonesia continues to increase rather than 0.606 (2000), 0.635 (2005), 0.665 (2010) and 0.684 (2014). According to the Human Development Report (HDR) Indonesia in 2015 that the rate of life expectancy increased from 68.3 (2010) to 68.9 (2014), the expected years of schooling from 12.5 (2010) to 13 (2014), the average years of schooling from 7.4 (2010) to 7.6 (2014). Meanwhile Gross National Income (GNI) per capita of over 27 million rupiah (2010) to over 43 million rupiah (2014).

Result of Analysis: Based on the analysis of literature and documents showing SSNt program such as financial aid and non financial or both. This program can be effective in multiple countries improving the quality of life (Devereux, 2002; Ravallion, 2003; Sumarto et al., 2005; Ansel, 2011; Pradhan et al., 2013; Rozita and Ummu, 2014). In Brazil successful reduce poverty from 12% (2003) to 4.8% (2008) through Lula's cash-transfer programs to the poor, aid to small farmers, and labor and pension reform, universal health care, food card, etc. (Ansel, 2011). Either in Bangladesh in the study Pradhan et al. (2013) that SSNt also reduced from 2005 to 2010 decreased by 8.5% (40% to 31.5%). Meanwhile Indonesia from 2010 to 2015 poverty rate of decline slow or 2% only (13.3% to 11.3%).

Many programs SSNt have been implemented Indonesia government, but not followed reduction poverty rate is not appropriate a goal of National medium term development plan 2009-2014 (Statistics Indonesia, 2016; Ministry of Finance, 2014).

Therefore, some of factors influence the effectiveness of SSNt programs i.e, (i) common criteria for measuring poverty of some of department, (ii) the delivery system is not appropriate, (iii) update data recipients continuously, (iv) increasing the quantity, quality, knowledge and skill is an engaged in the distribution of aid, (v) system and clear rules in the distribution of aid, (vi) the limited financial factor, then choosing the type of the assistance must be more selective and equitable, (vii) the limited infrastructure such as ICT (information, communication and technology) can influence the distribution of aid, (viii) the type assistance is not necessarily the same in each area or village due to different local culture.

Conclusion: In the study shows that Social Safety Net (SSNt) programs give the impact for the poor and vulnerable. Meanwhile, Indonesia poverty rates tend to fluctuate or slow, but still give a positive influence to increase the Gross National Income (GNI) per capita from USD 8,267 (2010) to USD 9,788 (2014) (Survey Economy OECD Indonesia, 2015). Human Development Index (HDI) Indonesia also increased the rate of life expectancy, the expected years of schooling, the average years of schooling and GNI parity purchase per capita (GNI PPP).

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