The Effectiveness of Working People's Poverty Surgery Program on Poor Households

Heliawati, Apiaty, Nurbaya, Mahsyur, Ainim, Siti, and Nabila

1 Agribusiness Study Program, Faculty of Agriculture, Hasanuddin University, 90245, Makassar, Indonesia
2 Public Administration Study Program, Faculty of Social and Political Science, Pepabri University Makassar, 90222, Makassar, Indonesia
3 Department of Soil Science, Faculty of Agriculture, Hasanuddin University, 90245, Makassar, Indonesia

Abstract. The Prosperous People Poverty Surgery Program is one of the Ministry of Agriculture programs which aims to alleviate poverty and empower the poor to increase income and welfare through integrated agricultural activities. One type of aid distributed was assistance from broilers distributed in Awo Village, Keera Sub-district, Wajo District, South Sulawesi Province. This study aims to determine the stages of implementing the BEKERJA program and determine the effectiveness of the BEKERJA program for Poor Households. In this study, the number of informants was 13 people consisting of 1 key informant, 10 main informants, and 2 supporting informants. The analysis method used in this research was a descriptive method with a qualitative approach. This study uses four indicators in determining program effectiveness: the accuracy of program targets, program socialization, program objectives, and program monitoring. The results show that the effectiveness of the BEKERJA program is less effective because the indicators used in measuring the effectiveness do not meet the effective criteria.

1 Introduction

Poverty is a complex problem experienced by most countries globally, especially in developing countries such as Indonesia. Poverty reduction has become the country's main development program because one of the development success indicators is reducing the poverty rate [1].

*Corresponding author: heliawaty_adwiawan@yahoo.com*
The government has made many efforts in poverty alleviation. One of them is the welfare of the community through poverty alleviation programs. Various development plans, policies, and programs that have been and will implement are essentially reducing the number of poor people. Every leader has a different way to reduce poverty, although the results are not the same.

The Indonesian government's attention to poverty outlines in the 2015-2019 National Medium-Term Development Plan (RPJMN). The reduction in the number of poverty to 10.86% in 2016 is one of the first targets of the government's agenda to improve people's welfare. To achieve this target, the government formulated a national development priority for 2015-2019, poverty reduction, with policies directed at respecting, protecting, and fulfilling the poor's basic rights [2].

The government's attention to the level of poverty carries out by issuing one of the programs, namely the Agriculture-based "Prosperous People Poverty Surgery (BEKERJA)" program issued by the Ministry of Agriculture through the Regulation of the Minister of Agriculture with the stipulation No. 20 / PERMENTAN / RC.120/5/2018 Decree of the Minister of Agriculture later amended No. 442 / Kpts / OT.050 / 6/2018. The government considers that one way to alleviate poverty is through the agricultural sector, which is considered capable of improving people's welfare and increasing income. The agricultural sector plays an important role in poverty reduction efforts in rural areas. Meanwhile, in urban areas, the manufacturing industry plays an important role in reducing poverty. The agricultural sector is the key and can be the leading sector in reducing poverty in aggregate, considering that the largest poverty rate is rural.

BEKERJA Program is an effort of the Ministry of Agriculture to alleviate poverty in land-based agriculture in three stages: the short term, medium-term, and long term.

In the BEKERJA program, assistance is given directly to Poor Households (RTM) in chicken/duck livestock packages, chicken/duck cages, vegetable plant seeds, fruit plant seeds, and plantation crop seeds. This assistance provides so that every RTM can make efforts to increase household income and improve welfare.

Government assistance does not meet the criteria for social assistance provided by the government to individuals, community groups, or government/non-government institutions. The BEKERJA program is a synergy of programs at the Directorate General and the Scope Agency of the Ministry of Agriculture to alleviate poverty and empower the poor. Based on the Regulation of the Minister of Agriculture of the Republic of Indonesia, government assistance for the BEKERJA program is carried out in the following stages:

- First: determination of aid recipients,
- Second: procurement,
- Third: distribution,
- Fourth: assistance.

In this study, researchers focused more on the BEKERJA program with assistance in the channel in chickens. It carries out in Awo Village, Keera District, Wajo Regency. However, the researchers' brief observations found inequality in the achievements of the low-income families of beneficiaries. For example, there are still many heads of low-income families who experience breeding failure so that none of the livestock can be bred, sold, or consumed. The researchers are interested in examining the extent to which the stages of program implementation and the effectiveness of the program with the research title The Effectiveness of the Prosperous People Poverty Surgery Program (WORKING) on Poor Households (RTM).
2 Research Method

This research used a qualitative approach, namely an approach which is also called an investigative approach. According to [3], qualitative research is a research procedure that produces descriptive data in written or spoken words from people and observable behavior. This approach is directed at the background and individual holistically.

The researcher chose this qualitative research model because the researcher intends to understand the phenomena experienced by the research subject, such as behavior, motivation, action, and understanding of how the effectiveness of the WORKING program in the research location.

According to [4], in qualitative research, data collection's main consideration is informants. Informants are people who can provide information about the situation and conditions of the research setting. The determination of the number of informants is flexible, meaning that the researcher can increase the number of informants in the middle of the research process if the information obtained is insufficient. In qualitative research, informants divide into three main informants, key informants and supporting informants. The main informant is a person who knows technically and in detail about the research problem to be studied or can be said to be the main actor in a story. Key informants are informants who have comprehensive information about the problems raised by the researcher. While supporting informants can provide additional information to complement the analysis and discussion of qualitative research.

Based on the explanation above, the informants in this study were 13 people consisting of 1 person in charge of the program for the Keera District area, recipients of assistance with ten heads of low-income families with each of the two heads of poor households in five hamlets in Awo Village.

The study using data collection techniques was interview, which is a way to obtain and collect data through question and answer dialogue or discussion with informants, seemed to know much about the object and research issues. In the interview, the researcher used structured and semi-structured interview techniques for key informants and supporting informants. In contrast, it uses the FGD (technique focus Group Discussion) for the main informants. Then, observation is a way to obtain data through direct observation of the research object to obtain information relevant to the object of research. And also using documentation techniques, is a record of events that have passed. Documents can be in the form of published writings, drawings, or monumental works of a person. The process of reviewing the existing data sources, documents, and researcher using them to expand existing data. This document publishes in articles, journals, and theses, information books, and etc.

This study used a descriptive method with a qualitative approach. The descriptive method aims to provide an overview of a society or a certain group of a symptom or phenomenon. Qualitative descriptive research is research aimed at observing and analyzing carefully and describing a particular phenomenon. This study will describe how the Effectiveness of the Prosperous People Poverty Surgery Program (BEKERJA) on Poor Households (RTM), especially in the RTMP (Agricultural Poor Households) in Awo Village, Keera District, Wajo Regency.
3 Results and Discussion

3.1 Implementation Stages Process

3.1.1 Determination of aid recipients.

"Yes, right, the data received was 338 Heads of RTM, and all recipients were on ordinary average people who need help. Because in Awo Village, on average, the people are less fortunate. So it is only natural that the number of recipients is higher than in other villages in Wajo Regency."

It also confirmed by the recipient RTM in the discussion forum. That it was true the total number of RTM recipients divide into five hamlets. Namely, 70 RTM heads in Dake Hamlet, 70 RTM heads in Appalaring Hamlet, 66 RTM heads in Abbueng Hamlet, 66 RTM heads in Bekkae hamlet, and 66 low-income families in Tosua Hamlet. So it can conclude that determining the recipients is following the number of selected recipients.

3.1.2 Procurement

"Yes, the village has checked the type of assistance before distributing it to the recipient, and we (the village) also participated in distributing the aid to the recipient RTM."

"First, we give money first. The amount is 500 thousand to make a chicken coop. There were only molds for one month. We gave the chickens' one sack of feed and medicines."

3.1.3 The Distribution
BEKERJA program held at the Glory Convention Center (GCC) Sengkang Building on Wednesday, August 21, 2019. The second meeting was the formation of the UPKK chairperson, who draw from village government officials. The government formed the UPKK (Group Activity Service Unit) at the Keera Subdistrict Office on Friday, September 6, 2019. UPKK members consist of the UPKK chairman, the UPKK treasurer, and the UPKK secretary for each hamlet. After that, a work Agreement is signed, which will last for three months after distribution. Two weeks after the formation of the UPKK, on Thursday, September 19, 2019, the UPKK fund was received by each UPKK treasurer.

First, the stages of distribution are the disbursement of funds for building a cage by each UPKK treasurer at Bank BRI Keera on Friday, September 20, 2019. Second, the distribution of funds for the construction of a cage directly to RTM recipients of assistance on Sunday, September 22, 2019. The third distribution of chicken seeds, animal feed, and medicines was carried out for five consecutive days, namely 14-18 October 2019. The fourth was medicine and vitamins. The researcher conducted in stages starting on October, November, and December 2019. The data was obtained based on interviews. Then it was confirmed by the RTM who received the program assistance.

3.1.4 Assistance

The district's mentoring process responsible for RTM is not optimal due to the lack of direct assistance in the field. The assistance provided by the subdistrict responsible for RTM was also not optimal due to the lack of direct assistance carried out in the field. For assistance by village government officials, namely the UPKK to RTM, this is following the assistance carried out for three months by visiting each hamlet once a week and providing contacts who can contact if there is something the RTM wants to ask. Meanwhile, the technical person in charge of the RTM is not optimal due to the absence of assistance through technical maintenance and other activities carried out for approximately three months of assistance.

3.2 Effectiveness Indicators Program

3.2.1 Accuracy of Program Target

First, the level of resilience and nutritional adequacy of poor households through food procurement through their production. Here is a list of the amount of consumption, deaths, sales, and chickens are still alive:

Table 2. Accuracy of Program Target

<table>
<thead>
<tr>
<th>No</th>
<th>Informant</th>
<th>Number Consumption</th>
<th>Number Death</th>
<th>amount of Seller's</th>
<th>Still Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hasan</td>
<td>8</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Pawennangi</td>
<td>5</td>
<td>32</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Jamaluddin</td>
<td>6</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Dahang</td>
<td>5</td>
<td>37</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>No</th>
<th>Informant</th>
<th>Number Consumption</th>
<th>Number Death</th>
<th>amount of Seller's</th>
<th>Still Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Nurdin</td>
<td>10</td>
<td>35</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Nurjannah</td>
<td>7</td>
<td>43</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>La Inti</td>
<td>2</td>
<td>43</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Daria</td>
<td>7</td>
<td>43</td>
<td>-</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Semma</td>
<td>3</td>
<td>41</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Duhaning</td>
<td>5</td>
<td>43</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>58</td>
<td>398</td>
<td>15</td>
<td>19</td>
</tr>
</tbody>
</table>

*Source: Processed Data 2021.*

3.2.2 Program Socialization

"It does not affect because there are still many chickens that die even though we have followed the recommended method, and also the socialization is still lacking because only general understandings to tell. We also already know."

3.2.3 Program Objectives
3.2.4 Program Monitoring

According to Mr. Jumardi, as the sub-district person in charge, the monitoring carried out by him was in the form of monitoring through the UPKK reporting of each hamlet. The location does once the assistance distribute. Then for monitoring from the village, each UPKK Chair and its members visit every week and collect data on chicken deaths. If there are sick or sick chickens or someone who wants to be asked by the community, they can contact each hamlet’s respective UPKK. I can also ask directly if the UPKK comes every week.

Whereas for technical officers, there was no form of monitoring carried out. It was said directly by the village that technical officers had never visited, let alone monitored each RTM’s livestock condition. Based on the information obtained, it can conclude that each hamlet’s responsible party and the UPKK can be running well in monitoring the program. It is only limited to monitoring but does not provide solutions to any problems regarding complaints and events at the location. For example, the feed problem that is not suitable for the type of livestock and the unsuitable medicines given to RTM. So that RTM takes its initiative in solving the problem.

4 Conclusions and Recommendations

First, the implementation process can be run according to the implementation sequence, starting from determining recipients who really are people in need and included in poor households. Secondly, the procurement gives according to the type of assistance, and none is lacking. However, broilers’ procurement is not following the location which garden farmers dominate. The three distributions went well and were carried out in stages, starting from allocating funds to construct stables to the distribution of livestock, feed, and medicines. The fourth facilitation was not.

Meanwhile, mentoring is very important in understanding poor households regarding techniques in maintenance and processing.

The indicators used in measuring the effectiveness of the BEKERJA program are as follows:

1) Judging from the accuracy of program targets, not achieved which can see from:
   - not achieving comprehensive and prolonged nutritional adequacy and resilience,
   - not achieving an increase in income due to the high mortality rate of chickens,
   - no innovation in the processing of aid so that it can be of high value,
   - the formation of economic institutions,
   - no processing and marketing of production products.

2) Judging from the program, socialization was not optimal due to the lack of socialization to recipient RTM as a center in the BEKERJA program related to livestock maintenance, processing, and handling.

3) Judging from the program objectives was not fulfilled, the program’s objectives were efforts to reduce poverty and empower communities. The following Table
6 shows that the lack of sales that can increase the income of poor households and the high rate of death every week results in no effort to increase production and added value of RTM.

4) It is sufficient fulfilled because the program's person is active, especially from the village, namely UPKK members. Meanwhile, the person in charge of the sub-district and district conducts monitoring online. It is limited to monitoring but does not provide solutions to any problems regarding complaints and events that occur at the location.

Based on the important points above, it can conclude that: The Prosperous People Poverty Surgery Program (BEKERJA) in Awo Village, Keera District, Wajo District was successful in terms of the implementation process while less effective in terms of poverty alleviation and community empowerment, especially Poor Households (RTM) seen following the indicators of the effectiveness of the program used. Of the four indicators of measuring effectiveness, three do not meet the program indicators, which can be effective.

Based on the conclusions, the suggestions that can give based on the results of this study are as follows (1) The government and agencies that wish to distribute aid to the poor should first look at the condition of the recipient's location. Then it is only possible to determine what type of assistance is appropriate for the location and local community habits; (2) For assistance in chickens, it recommends that the feed and medicines distributed adjust to the type of livestock given; and (3) In carrying out a program, especially for poverty alleviation programs, it is better to pay more attention to and maximize socialization, assistance, and monitoring.

References


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