

## The Integrated Social Protection for the Poor in an Autonomous Regency of West Java Indonesia



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**ABSTRACT:** Poverty in Bandung regency experienced a significant decline with figures reaching 1.01% from 2016 to 2018, where this decrease is in line with the implementation of the Integrated Social Protection System called “Sistem Layanan Rujukan Terpadu (SLRT)” and “Pusat Kesejahteraan Sosial (Puskesos)”. Through this system the Bandung regency government seeks to be able to provide integrated social protection to the community by improving the quality of life of the poor. This article aims to explain integrated social protection for the poor in Bandung Regency, West Java through the SLRT and Puskesos. This study used a qualitative method that uses to describe the process of implementing social protection in an integrated manner. The results showed that social protection efforts for the poor were through integrated social protection system carried out by implementing five aspects of services, such as one stop service, partnerships, service mechanisms programs, case management, and information systems interventions.

**KEYWORDS:** Poverty, Social Protection, Integrated Services

### I. INTRODUCTION

Poverty is also an unresolved problem, to date in Indonesia the poverty rate in 2019 is 9.22% or as many as 24.79 million people (BPS, 2019). Poverty is often associated with various risks that threaten human life and thus require a range of social protection from low-cost interventions such as food packages to expensive interventions such as housing or mental or physical health care (Desai, 2015). The poverty rate especially in the regency of Bandung in 2016 reached 7.61% where this figure continues to decline even in 2018 reaching 6.65% (Central Statistics Agency (BPS), Bandung Regency, 2019). This figure means that within a period of two years Bandung Regency was able to reduce poverty to 1.01%. Furthermore, this decline turns out to be in line with the commencement of the implementation of the integrated referral Service system (SLRT) program, namely in early 2017, where this program is a form of social protection program or in particular the integrated social protection program.

The social protection is a set of policies and programs aimed at overcoming poverty through improving community capacity, social protection can be said as an effort to reduce poverty, without the effort to overcome poverty, solving poverty alleviation will be difficult to achieve (Asian Development Bank, 2016). The difficulty of social protection efforts in Indonesia is caused by various things. Suharto (2013) said that often social protection is partial, residual and fragmented so that the existing service system is not effectively implemented. In addition, another problem is the uncoordinated social protection which causes the program to overlap between agencies from the center and the regions (Arulpragasam, 2016; Rauch, 2005). Other problems also caused by social protection are given more focus on poverty alleviation, yet do not pay attention to the sustainability of the lives of the beneficiaries (Mupedziswa, 2013). Such conditions become an obstacle to social protection for the poor and vulnerable poor so that they do not get the services needed to escape the net of poverty.

Based on this discourse, social protection cannot be carried out effectively if each service institution has goals, rules, funding mechanisms and an integrated service delivery process (Maxwell et al, 2018). Based on this, there is a new approach that provides services with a multi-sector approach, characterized by the regularity and interrelationship in service delivery between institutions known as integrated social protection (UNICEF, 2012). Integration in the program means done by coherent methods and models on the aspects of funding, administration, organization, and service delivery that are designed to create connectivity, alignment and collaboration within and between different sectors. Furthermore, the OECD (2019) added that integrated social protection facilitates cooperation and relations between relevant departments and areas of intervention, holistically addressing multi-dimensional vulnerability throughout the entire human life cycle. Then it can be stated that the integrated social protection approach is the novelty of poverty alleviation intervention efforts.

Various studies on integrated social protection were carried out in various European countries by Munday (2007) and the United States by Ragan (2003), Riccio, Dechausay, Miller, Nuñez, Verma, and Yang (2013), Africa precisely in Senegal by Bjorn Harald

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N (2008), South Africa by Kemp, Viljoen-Toet, and Booyzen (2012) and South America in Brazil by Schmied (2010). The results of this study indicate that poverty reduction efforts can be effective if the services are carried out in an integrated manner. This study studies the same topic by taking the case in Southeast Asia namely Indonesia. Integrated social protection is expected to be able to tackle poverty effectively and efficiently in Indonesia. In addition, integrated social protection can remove barriers for poor people so that all communities can receive fair and equal services (Bappenas, 2014). Therefore, this article aims to describe how the integrated social protection in efforts to reduce poverty in Indonesia. This study is based on case studies in one of the regions in Indonesia that carry out running programs in overcoming poverty problems. Every region in Indonesia has the right of autonomy to organize its own social protection so that the results of its implementation will be different. The location chosen in this study is in Bandung Regency, West Java Province.

### II. METHODOLOGY

This study used qualitative method. Qualitative research is used to describe and investigate carefully a program, event, activity, process, or group of individuals (Creswell, 2013). The object of research is the integrated referral service system (SLRT) program. Data were collected using focus group interview techniques, non-participatory observation and documentation studies and questionnaires. The selection of informants uses a purposive sampling technique where data sources are chosen based on certain considerations by researcher (Creswell, 2013). The consideration of selecting informants is determined based on people who are considered to know about the aspects under study or feel and experience situations related to the aspects under study. Informants determined by researchers are considered to be very related and can provide relevant and relevant information. The informants of this study consisted of program implementers including SLRT managers, supervisors, assistants, facilitators, local governments related, Puskesmas staff and beneficiaries.

### III. FINDINGS

Integrated Service and Referral System (SLRT) is a service system that helps identify the needs of the poor and vulnerable, and connects them to social protection and poverty reduction programs organized by the government, both the central, provincial and regency / city governments according to their needs. SLRT also helps identify complaints of poor and vulnerable people, make referrals, and monitor complaints handling to ensure that complaints are handled properly. This system optimizes the role and potential and sources of social welfare (PSKS) especially for services at the regional and village level. The objective of implementing SLRT is to increase the effectiveness and efficiency of social protection systems to reduce poverty, vulnerability and inequality.

The main target groups of SLRT are the poor and vulnerable groups (households, families, and individuals). Poor community groups are peoples who are below the national poverty line. Vulnerable groups are people who have the lowest 40% socioeconomic status based on the Integrated Database (List of Beneficiaries). The poorest and most vulnerable groups of people, including persons with disabilities, women / children displaced, elderly, remote indigenous peoples who are included in the 26 People with Social Welfare Problems (PMKS). The range of SLRT work in Bandung Regency covers all villages and sub-districts in Bandung Regency. Consists of 270 villages and 10 villages. Beneficiaries are all residents registered in the Integrated Database of Bandung Regency.

In order for the SLRT program to reach people in all villages and villages, a Social Welfare Center was formed, hereinafter abbreviated as Puskesmas. The Puskesmas is an institution that is integrated directly with the SLRT Regency so that services for handling social welfare become centralized by using one-stop service. The existence of Puskesmas at the village and kelurahan level makes it easy for the poor to reach social protection and poverty reduction services. The Puskesmas has the main task of carrying out integrated social protection in dealing with social welfare issues in the village and kelurahan such as supporting and facilitating updating of beneficiary data at the village or kelurahan level. Serve, handle, and resolve complaints of the poor and vulnerable poor according to their rights to receive social welfare services without barriers and discrimination for certain reasons. Conduct complaints of complaints of the poor and vulnerable poor to program managers / social services in the village / kelurahan or in Bandung Regency through SLRT.

#### *One Stop Service*

Services The SLRT and Puskesmas programs are carried out using a one stop services approach. Communities as recipients of services get a variety of program information through one door, so they can take advantage of various programs according to the needs and problems they face through one roof quickly, easily and completely. The poor can easily come directly to the Secretariat of the Puskesmas in the same neighborhood as the village or village office in each place. Until now there are 280 Community Health Centers in 270 Villages and 10 Kelurahan in Bandung Regency. While the beneficiaries themselves numbered 17,380 people in Bandung Regency.

One-stop services simplify service delivery, building consolidation between several parts of the government that runs a program that is interrelated, so that all parties benefit. Such conditions lead to building easier communication, simplifying the service delivery process, and forming close relationships between service providers. It also simplifies the process of monitoring and evaluating each of its service providers. Prior to the one-stop service, protection programs for the poor were run separately and not integrated with

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one another. This causes various problems that hamper the availability of services such as ineffective and inefficient service processes because one program cannot meet the various needs of beneficiaries. Second is the duplication of programs received by the beneficiaries due to the lack of communication between service providers. Third is that data from beneficiaries is different from one another so programs are often not on target.

### ***Partnership***

The sustainability of the SLRT and Puskesmas programs utilize a network of partnerships with various service providers to spearhead the service. The partnership aims to improve the quantity and quality of services and to be sustainable. The existence of partners certainly guarantees quality, quantity and continuity as well as having an impact on service. The existence of partners certainly makes the effectiveness of the service due to being the right party and moving in the relevant fields. The expansion of the service provider partnership network is aimed at increasing the types of services that can be provided by beneficiaries. SLRT is the main actor who establishes communication and coordination with service providers to work together to tackle poverty problems. The partnership is divided into two, namely with the providers and the second with other national and regional programs.

Partnerships that have been established with the SLRT and Puskesmas programs are with government service partners, private companies and Non-Government Organizations (NGOs). The various service providers that are intended include the Social Service, the Education Service, the Health Service, the Employment Service, the Cooperative and Trade Office, the Integrated Service Center for Women and Children Empowerment (P2TP2A), the Settlement and Gardening Service. While private companies such as PT Indonesia Power, State Electricity Company (PLN), corporate social responsibility (CSR) Santosa Hospital, CSR Soreang Hospital, CSR PT Magma, Free Maternity Hospital, Nafza Bumi Kaheman Rehab Home. While from NGOs namely Daarut Tauhid Foundation, Sapa NGO, Dompot Dhuafa, Bahteran NGO, Srikandi Patuha NGO, Regional Eye Committee, Amil Zakat Agency, the Stakeholders are a network of SLRT and Puskesmas programs in Bandung Regency. While partnerships with various national programs in various ministries such as the Smart Indonesia Program (PIP), the Family Hope Program (PKH), the Healthy Indonesia Program (PIS), the Work Training Center (BLK) program. The task of the regency SLRT is to facilitate the referral of beneficiaries to obtain additional services from various programs at the national level. In addition to the national program SLRT also facilitates additional services at programs at the regency, NGO and private sector level. The existence of various service partners allows the sustainability of the SLRT program to always be available. The limited budget for providing services can be helped by partners working together. Then also partners can provide additional services that cannot be fulfilled before. This can improve comprehensive services for the poor.

### ***Service Mechanism for SLRT and Puskesmas Programs***

The services provided by the SLRT as well as the Puskesmas consist of the distribution of information on the handling of the poor and poor, the data of the poor and poor, community complaints, identification, outreach, handling and referral services. The SLRT and Puskesmas programs do not directly provide services to beneficiaries however refer beneficiaries to get services from SLRT program partners. The SLRT and Puskesmas programs play a role in facilitation and coordination as well as liaising beneficiaries with service provider institutions.

Mechanisms and procedures for managing complaints and complaints by residents as follows: (1) Poor people come to the SLRT office in the Sabilulungan SLRT Secretariat to submit their complaints and problems, or poor individuals / families / households are visited by SLRT Facilitators in their homes, (2) Complaints and problems are received by the front office in the Information and Registration section and forwarded to the Review and Analysis section, or complaints and problems are recorded and analyzed by the Facilitator using the SLRT application system and forwarded to the Regency / City SLRT after being inspected and approved by the supervisor. Then, (3) the community is checked for status in the Integrated Data for Poor Poor Handling Program by the Review and Analysis section, if it is not in the Integrated Data for Poor Poor Handling Program, it is proposed as a pre-list for inclusion in the Integrated Data Program Poor Poor Handling after verification and validation, and if it is in the Integrated Poor Handling Data Program the complaints or problems are reviewed and mapped, to be forwarded to the Program and Services (back office) to be followed up in accordance with the complaints or program needs, (4) The Program and Services section provides more detailed information about complaints or programs needed, and further processing according to complaints or program needs. If complaints and programs needed by the community cannot be handled directly by the SLRT, then it is forwarded to the relevant program manager in Bandung Regency (SKPD or non-government), West Java Province or Central, and (5) The SLRT facilitator will inform the community about the status of the complaint.

The service procedure in Puskesmas generally covers five stages, which include registration, selection, placement, supervision and follow-up. Registration is a service acceptance activity that is desired by the community by attaching administrative and population requirements, including photos of residential houses with dotted coordinates. Then the selection, is a personal and non-personal identification activities to be able to obtain services from the Health Center which is then followed up. Furthermore, the placement stage is an activity to determine the services that will be received in accordance with the social problems they are experiencing and forwarded to the institutions that serve them, through the Sabilulungan SLRT. Next is supervision, which is

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monitoring the progress and success of the service process received, and the last is a follow-up that is a continuation of the process of service received followed by an increase and capacity development to be able to live properly in the community.

### *Case Management*

Social protection services for the poor are carried out by backoffice staff in SLRT Sabilulungan and Puskesmas. The social protection service approach uses case management to refer to beneficiaries with various assistance from service provider institutions. Case management carried out in the SLRT program seeks to coordinate and integrate the services needed so that beneficiaries can obtain the required services in a comprehensive, competent, effective and efficient manner so that the references given do not overlap or duplicate activities. Staff from the backoffice conduct planning assessments to help beneficiaries obtain the services needed. Next, the intervention is carried out by taking into account the standard operational procedures in the program that are needed by the beneficiary.

Case management activities to determine comprehensive services for beneficiaries. For example, Mr. RS's family consists of a wife, 2 children and 1 elderly person. The hospital doctor works as a construction worker, while his wife is a housewife. Father's son is a school-aged child and the elderly who live at home have acute pneumonia. The condition of Mr RS's house is unfit for habitation because it only has 1 room and has no toilet. In addition, Mr. RS's house is not electrified. Based on these problems case management activities to ensure the service program provided in the SLRT program can comprehensively help the family of the RS. Various service programs can be received by Mr. RS such as for his son getting the Indonesia Smart Card (KIP) service, for his elderly parents getting health services from Social Security Administrator (BPJS), for Mr. RS and his wife getting help with economic development programs such as joint venture group (KUBE) and for his residence getting help The house is not livable (rutilahu). SLRT facilitates the provision of health, education, housing and economic services to the family of Mr. RS. This is done by facilitating and coordinating the beneficiaries with the available service system. Thus, each case will be handled by various services in an integrated and coordinated way. Case management also minimizes the impact of duplicating the same service delivery from various service provider institutions on the poor.

### *Information System Integration*

The implementation of integrated social protection SLRT uses beneficiary data integration technology known as the Next Generation Social Welfare Information System, hereinafter abbreviated as SIKS-NG. The SIKS-NG information system provides a preliminary list that is the basis for beneficiary verification and validation. Furthermore, SIKS-NG consists of several components, namely the collection, processing, presentation and storage of social welfare data which is carried out in stages and continuously. With this application, it is expected that various welfare social assistance programs are right on target in accordance with the Integrated Social Welfare Data (DTKS), poverty data that has been verified and validated by the Ministry of Social Affairs together with the Regional Government. Reporting registration, or changes in SIKS-NG data are carried out in stages from the rural / urban, district, regency / city, provincial level to the central level through the social ministry.

The SIKS-NG system consists of one administrator, one manager, 31 supervisors (according to the total number of subdistricts) and 280 facilitators (according to the total number of villages and wards). All of these staff are equipped with IT gadgets and can use two different systems: Android-based applications or web-based applications. The staff who run the SIKSNG consist of administrators, managers, supervisors and facilitators. The administrator functions as a communication center between regional and central staff. The administrator's duties include: 1) creating a username and password for each staff member; 2) adding regional programs; 3) report problems related to application usage; 4) coordinate with the National Secretariat. Administrators use the web-based SLRT application. The manager is the organizer who plays the important role of making all references to various service providers. The manager uses the web-based SLRT application and covers all areas in Bandung Regency.

A supervisor is an SLRT administrator at the sub-district level. The supervisor's role is to review reports made by beneficiaries that cannot be handled at the village level. Supervisors can also forward reports to managers. The additional task of supervisors is to disseminate the SLRT program in their sub-districts and to coordinate with facilitators in disseminating the program in the villages. Monitors also use the web-based SLRT application with coverage only in their sub-districts. Different from other staff, the facilitator uses an Android-based application, filled with an Integrated Social Welfare Database. The application is installed on a tablet and is used to record reports made by households. This application also provides complete information about all available social welfare programs. The main task of the facilitator is to be the frontline in helping beneficiaries. The specific tasks of the facilitator include: 1) searching for beneficiary profiles; 2) verification and records of changes in population profiles; 3) integrated database validation; 4) to record beneficiaries; 5) to record the programs needed by the beneficiaries; 6) to record complaints. The SIKS-NG system updates beneficiaries every 6 months. Updating the data is done by adding and reducing the data that was done by deliberation between the Health Center staff and the village government. This is done to ensure that the potential beneficiaries are the people who really need it.

### IV. DISCUSSION

Based on the findings in the field, the SLRT and Puskesmas programs are integrated social protection programs. The target beneficiaries are poor and vulnerable groups who are unable to meet and access basic needs such as education and health. To reach the poor and vulnerable groups, SLRT established the Puskesmas as a miniature program in the villages and sub-districts. Services The SLRT and Puskesmas programs are carried out in an integrated manner with a one-location service model, the integration of various institutions and service programs, intervention planning using a case management approach and the existence of integrated information and data systems between the regions and the center. Integrated service activities can increase the effectiveness of services to beneficiaries, the efficiency of coordination and communication between service providers, as well as, minimizing the duplication of interventions towards beneficiaries (Ragan, 2003; Munday, 2007; Krigel et al, 2019; Barrientos, 2011; Setiawan, 2017; Fevola, 2006). The services provided by the SLRT program can improve the quality of social protection services for the poor.

SLRT and Puskesmas services are referral so that beneficiaries do not directly get the services they need but referral-based interventions. Referral services are carried out by facilitating beneficiaries to obtain services from various service providers in a comprehensive manner. The services provided in the SLRT program are social assistance. Barrientos (2010) said social assistance is an effort to distribute resources to help vulnerable groups, including the poor. In the SLRT program, few service interventions were found that empowered the poor. This is a challenge for planning interventions in the SLRT program because the future direction of integrated social protection will seek to empower the community to become independent by meeting three criteria, namely non-discrimination, participation and accountability (Carmona, 2009). Whereas the SLRT and Puskesmas programs provide services passively without involving beneficiaries to participate in empowering themselves to escape poverty.

This reference-based intervention is called Barrientos (2013) as an Integrated poverty reduction program. Integrated poverty reduction programs are one type of social assistance that combines various interventions with the aim of improving the welfare and ability of beneficiaries. This referral-based intervention is an innovation that distinguishes the SLRT and Puskesmas programs from the integrated service program. Other integrated service programs usually provide direct intervention according to the needs of the beneficiaries (Gates, 2014; Munday, 2013; Gannaway et al, 2008; Ragan, 2003; Estbrook, 2018). Integrated service programs in social protection in various other countries use funds from the central government to conduct interventions so that monitoring and evaluation of the sustainability of the program can be measured more clearly.

Indirect services in the SLRT and Puskesmas programs are caused by the absence of funds channeled by the government to provide services. The funds obtained from the Regency budget to fund program implementing staff. On this basis, the SLRT and Puskesmas programs established Collaboration with various service provider partners. Ragan (2003) states that collaboration with various service provider partners will have an impact on the availability of comprehensive and sustainable services. However, this study has limitations in assessing interactions between service providers and the SLRT Program. Collaboration and collaboration are aspects that can be seen further in the SLRT program with service providers.

### V. CONCLUSION

In conclusion, the SLRT and Puskesmas programs are social protection programs whose service activities are carried out in an integrated manner. Service integration can be seen from being integrated with the one-location service model, the integration of various institutions and service programs, planning interventions using a case management approach and the existence of integrated information and data systems between the regions and the center. Integration of services provides benefits to beneficiaries because they were able to solve problems and meet their basic needs. The positive impact of the SLRT program was due to partnerships with various service provider institutions so that existing services could meet the needs of beneficiaries. However, this study does not further examine the internal factors that make partners and SLRT programs work together. Further research is expected to see collaboration and collaboration between the SLRT Program and service providers.

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