

# Healthy and Smart Generation Program in Poverty Eradication

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## ABSTRACT

The problem of poverty is still ensnare the Indonesian nation. Therefore, the government is moving to address the problem by issuing a continued reduction programs are Healthy and Smart Generation Program. The program is more focused on health and education is an important factor in influencing the level of welfare of a community. The problem of this research is how the match between the process of implementation of Healthy and Smart Generation Program 2016 conducted in the District Seluas Bengkayang with Operational Technical Guidelines. The concept used in this study is the evaluation. Type of this research is descriptive qualitative data. Informants consisted of: Chairman and Treasurer of the Project Management Unit, Facilitators, Fasilitator, Kader Village Community Empowerment, Regulatory and 5 beneficiaries. The evaluation of Healthy and Smart Generation Program in the district Shouts Bengkayang rated 5 stars indicators contained in the Technical Instructions of Operations, namely: the level of partiality to the poor, siding with women, concern for the future of children, transparency, accountability, participation and decentralization. The results of the evaluation in the District Seluas Bengkayang can be said to have not been successful, because there are still many who have not been in accordance with the Technical Guidelines Operational

**Keywords:** *Poverty, Healthy, Smart.*

## 1. Introduction

In 2007, the Government launched the National Program for Community Empowerment (PNPM) which is a continuation and development of the poverty reduction programs that have been running well as the District Development Program (KDP) and the Urban Poverty Program (P2KP). Based on the experience and education of health problems yet to get maximum attention and should receive serious attention in 2007, the government launched the National Program for Community Empowerment (PNPM) Healthy and Smart Generation. Through the program is expected to reduce poverty in Indonesia through improved health and education for generations to come.

Meanwhile, related to the goals of PNPM Generation in harmony with the three objectives of the Millennium Development Goals (MDGs), namely primary education for all, the decline in the death of children, and increasing maternal health, the implementation of activities at site continued, with the

implementation of activities related the achievement of the 12 indicators of health and education, namely: pregnant examined by a midwife, at least 4 times during pregnancy, pregnant women get at least 90 pills Fe (blood booster) during pregnancy, Birth treated by a doctor or midwife, Care postpartum (up to 40 days after delivery) at least 2 times the treatment by a doctor or midwife, Baby (<12 months) get a standard immunization is complete, Babies (<12 months) every month weighed and rising severity of each month at least 500 grams, Children ages 6 - 59 months receive vitamin A as much as 2 times a year, Toddler weighed regularly once a month, every mother ha miles and or partners participated in prenatal care and nutrition counseling least once a month, every parents / caregivers who have children aged 0-2 years participated in the care of infants and nutrition least once a month, every child aged elementary / junior high school yet, drop out school back to school, including children with special needs, and each child graduated from elementary school, including children with special needs attend school in junior high.

Evaluation Healthy Generations Program management program and can be studied from the intelligent deployment capability in planning, organizing, implementation, control and assessment. The planning activity is the preparation of a general overview of the problems and resources, prepare a work plan and draw up a program of priority activities of each field. Organizing activities among others the empowerment of resources, implementation of activities while implementing and controlling the activities of which provide educational services as planned, functional cooperation, guidance and monitoring implementation. For program evaluation activities which measure the level of achievement of goals and follow up on the assessment results.

The research was conducted in Bengkayang Seluas District of West Kalimantan, to get an overview of the evaluation of the Healthy Generations Program, and intelligent.

## **Literature Review**

### **A. Basic Concepts Program Evaluation**

According Sutisna (2000: 250) that: The evaluation program is another very important element of the overall process of managing the activities. Evaluation of the program, generally associated with optimizing the effectiveness and efficiency of the organization in achieving its goals. Evaluation is the process that determines how well the organization, programs or activities are being or have reached the purposes specified. In other words, the evaluation of the program is to compare the actual results with desired and formulate opinions on the action (*performance*) of the organization and its members are based on the comparison.

Activities program is very necessary to evaluate the systematic consideration, plans, causal analysis, preparation of evaluation instruments, drafting criteria, as well, with a clear description of the program. The considerations above are needed, especially to know the strengths and weaknesses of the program.

According Sutisna (2000: 252) that: The main function of the evaluation is to provide the correct information data concerning the implementation of a program, thereby

fostering the program can take the right decision, whether the program will be continued, delayed or thwarted altogether. And thus, program evaluation is an activity that should not be left behind in the implementation of a program. In addition, the evaluation function as an attempt to: (a) determining the level of progress of implementation of the program, (b) find the factors inhibiting the implementation of the program, (c) detect irregularities or oversight of program implementation and (d) obtaining materials for the preparation of suggestions for improvements, changes, termination and completion of the program.

So, using the program evaluation process effectiveness throughout the organization and each part can be determined. Not only the effectiveness of the programs and services of organizations that should be determined also the processes used by the management of the activities should be assessed. These processes are intended to improve the effectiveness of the organization in general and often directly affect the quality of the programs provided. At least periodic program evaluation should be conducted on the effectiveness of decision-making, planning, communication, and other processes that are used by management activities.

All activities are designed to help the organization achieve its objectives should be assessed. Program evaluation conducted by continuously very important therefore must be the cornerstone of any business improvement and readjustment in all fields of activity management. Inspectors will not be able to make suggestions for improvement of the organization and the desired program, unless they are available on the appraisal results.

### **B. Alleviation**

Social problem is a mismatch between the elements of culture or society, which endanger the life of a social group. (*Soerjono Soekanto*). Social problems arise due to the significant difference between the values in society with the existing reality. Human beings are born into the world is to be happy, prosperous, prosperous and successful (*Sabinus Beni, 2017: 17*).

Some of the social problems that occur that poverty has affected people prolonged and injustice.

1. Education is generally low because of poverty
2. Cultural factors: girls are more geared to settle down from the career
3. human resources are low
4. Ethics marriage loose, to fraud and cheating
5. habit of celebrating a massive lead to debt that increasingly impoverishes them
6. youngster lacked the fighting spirit to achieve goals.
7. Agricultural products are minimal and low price, transport difficulties also low price.
8. Agricultural businesses which rely on nature.
9. They wanted to increase agricultural output by creating wells but hampered by the cost of the game between the middlemen livestock prices, which determine the maximum price limit adverse seller.
10. Government assistance is often not up to the people
11. they have proposed roadwork but overlooked the government

### **C. Program Generation of Healthy and Smart**

Program Generation of Healthy and Smart is a continuation of the National Program for Community Empowerment (PNPM) which is a poverty reduction program in the field of education and health of the Ministry of Rural , Rural Development and Transmigration Republic of Indonesia through basic social services ranging from planning, implementation and monitoring and evaluation involving critical awareness and independence of the community especially the poor so that they open the object as a subject but as an effort to reduce poverty.

### **D. The general objective of Healthy and Smart Generation Program**

Encourage the participation of the whole society, especially the poor and groups of women, in decision-making planning, implementation, monitoring and preservation of development and to encourage self-reliance in accessing health and education services.

**The specific objective** covers:

- a. Facilitate the provision of maternal and child health services, especially for the intervention period of 1000 days of life, especially the poor and marginalized groups;
- b. Facilitate the provision of basic education services to include children with special needs and encourage children drop out of school and were not attending school to go back to school a minimum of completing secondary school education or its equivalent.

To achieve these objectives, it can be concluded that the Healthy and Smart Generation Program is a "community facilitation program in the framework of the planning and implementation of activities to improve the health of mothers and children, as well as increasing access the primary and junior secondary education". The targets of the program Healthy and Smart Generation Program is to provide maximum services to quality services such as health and education services to:

1. All the pregnant women,
2. breast-feeding mothers,
3. babies,
4. toddlers,
5. Children of primary school age,
6. Son junior high school age children.

### **2. Research Method**

Type of research used in this research is qualitative descriptive research is research that does not require testing of hypotheses and gather as much information to describe the phenomenon that occurs. Qualitative descriptive study aimed at studying the problems of society as well as the procedure applicable in the community and specific situations.

### **3. Discussion**

#### **A. Implementation Healthy and Smart Generation Program in the District Seluas Bengkayang**

Implementation of activities through several stages, namely:

- 1) Planning and Implementation of the use of funds Direct Aid Society (BLM) Healthy and Smart Generation fiscal year 2016. In connection with the planning of rural development activities in 2016

already carried out in 2015, the plan generation for 2016 is still done through forums facilitated through a phase of generation separately.

- 2) BLM use planning Healthy and Smart Generation fiscal year 2017. The 2017 BLM use planning done simultaneously or attached to the village planning process stages on a regular basis as it has been mandated by the Act Village.

Explanation Stages of Implementation of Healthy and Smart Generation into rural development in the location allocated BLM activities:

### 1. Preparation and Orientation

Preparation and dissemination of the preparatory activities and the introduction of the facilitation process of adjustment. This activity could also mean a review of activities the previous year and the preparation of next year improvement.

- a. Inventory of demographic data.
- b. Identifying educational infrastructure (SD / MI, SMP / MTs, the open school at the primary / junior, package A, package B, etc.).
- c. Identify the health services infrastructure, such as; IHC, Public Health Center (PHC), and Puskesmas (sub) as well as health cadres or cadres Posyandu in the villages.
- d. An inventory of educational programs / health has been or is running in the village / district.
- e. The average distance to the village center SD / MI in the villages / hamlets.
- f. The average distance to the village center SMP / MTs serving the community nearby villages.
- g. The average distance to the center of the hamlet to the health center or study center (nearest village).
- h. Identify the number of health workers (midwives) are placed to serve the villagers.
- i. Identify the number of education personnel (teachers) are placed to serve the villagers.
- j. Inventory Village Medium Term Development Plan (RPJMDesa) and Village Government Work Plan (RKPDesa)
- k. Receive information about the Village Building Index (IDM) location

1. Doing recapitulation RKTL activities and disbursements Multi activities carried out in the current year.

### 2. Inter-Village Meetings (MAD) Socialization

MAD activities were held to accommodate the purposes of the villages which have the same purpose to obtain information that is to be known throughout the district community. So MAD Socialization is not rendered as mere program needs. MAD Socialization was carried out to inform the planning system needs adjustment Healthy and Smart Generation into development planning system. Implementation of MAD Socialization activities discussed several things:

- a. Presentation Concepts and delivery phases of the technical adjustments Healthy and Smart Generation into rural development by the Facilitators.
- b. Mutual agreement between the village to run the Healthy and Smart Generation.
- c. A cooperation agreement between the village of Healthy and Smart Generation implementation and management institution Healthy and Smart Generation activities between villages.
- d. Performance evaluation program actors (facilitators and community actors).
- e. Submission of plan implementation of multi-year funding to walk, and an agreement to enter a multi fund activities in APBDesa changes
- f. of SAF funds use plan for the year.
- g. Plan decision disbursement of funds and the implementation of the current year (BLM Multi activity).
- h. Presentation of the 6-month assessment (while) the achievement of the success of the previous year.
- i. Socialization Village Building Index (IDM)
- j. Agree Deliberation schedule Village socialization

### 3. MD Socialization

MD Socialization is open to the public meeting in the village to promoting policies and the results of MAD socialization program. In MD Socialization discussed include:

- a. Understanding Community preparedness following the Generation Program
- b. Submission policies and integration programs Generation Program in rural regular development planning including

actors integration programs in regular development planning.

- c. Submission of the results of the decision in the MD Socialization
- d. Selection and decision KPMD and TPMD (actors who can be reassigned on the basis of good performance and a deal of deliberation) followed by the issuance of the Decree of the Head of Village
- e. Agreeing implementation schedule DTKS and reviews RPJM Village
- f. Plan a meeting with a group of program beneficiaries health or education, according to the type of activities funded;
- g. Monitoring and evaluation plan that will be carried out;
- h. Socialization of Rural Building Index (IDM) as the basis of rural development planning.
- i. Submission of the implementation of multi fund and an agreement to enter a multi activity in APBDesa changes

#### **4. Deliberation Hamlet Socialization**

Deliberation Hamlet Socialization is an open meeting for members of village communities to promote social programs and mapping the state of education and health. Social mapping is done with deliberation hamlet invites participants to describe the condition of education and health services as well as community members state target program on a map.

#### **5. Discussions Focus Target Group (DTKS) as part of the assessment of state of the village (PKD)**

Focus Discussion Group (DTKS) is carried out in order to review and discuss the potential and needs of the field of mother-child health and basic education in order to meet the size of the program's success and mainstreaming activities of basic social services as well as being part of the implementation of the Rural Condition Assessment (PKD).

#### **6. Meetings Formulation of**

Meetings formulation is a meeting TPMD involving the Review Team RPJMDesa / RKPDesa to formulate an action plan that is considered to meet the success of the program GSC

#### **7. inter-village meetings Allocation**

Deliberation between the Village is a forum to determine the allocation of funds BLM 80% based on the number of targets and the level of difficulty Village and 20% based on the successful achievement assessment results to be received by each village.

#### **8. Meetings Priorities**

Meetings priority is meeting to reformulate, priorities (including for those who do not get the service) and make recommendations on the activities to be undertaken by non-government, funded by the BLM program or from other funding sources, after consultation and obtaining input from relevant agencies on during the workshop.

#### **9. Village Consultation Determination of Proposed**

Deliberations village proposed development was held for clarification and dissemination of the recommendations of the meeting of priority on activities that have been prioritized based on feedback from the workshop, as well as to validate or establish the proposed activities that will be funded through the BLM GSC year for further validated through Determination Letter Sub district (SPC).

#### **10. Implementation**

To implement activities, villages CGU filed disbursement of funds to meet their individual needs. Of the funds for each submission of disbursement by the Fund Use Plan proposed by the Supervisory. In addition to the RPD, implementing activities Use of Funds also submit reports and evidence of the use of funds prior to the CGU to get the next disbursement. UPK will look at the suitability of the funds that have been received by the village with the progress or the progress of activities that occur in the field.

#### **11. Monthly monitoring of the achievement of the measure of success**

On a monthly basis, FK together KPMD and work teams TPMD will monitor the achievement level of the village to meet all measures of success, namely to recapitulate the card receiving health services maternal child health monitoring and attendance of students for the monitoring of education. The results of this recapitulation will be given to TPMD as a routine evaluation of the achievement of all

measures of success at the monthly meeting of the perpetrators of the village.

## **B. Operations Evaluation Program Generation of Healthy and Smart in District Seluas Bengkayang**

Results of the stages of the program showed that the level of participation from the community is still less than expected, which each do the stages of the program only by the actors at village level while community participation is still lacking, The impact of that result in missing the target and the implementation of the program less got control of society so that the end result in poverty reduction have not been felt by all the people in the District of Covering.

Openness and the principle of honesty offender program at the village level in conducting also into the public spotlight, the assistance provided is not in accordance with the provisions of the PTO, and there are many poor people who do not get the opportunity to obtain cash assistance in health of actors at the village level. This happens because of the following:

1. Understanding KPMD in facilitating the activity stage in Hamlet and in the village still less than optimal so that continued coordination both personally and globally through monthly coordination meetings.
2. PK understanding of the organizers and reporting activities that result in delays report on the use of funds thereby slowing the process of disbursement of the CGU to PK to be distributed to the community (beneficiaries).
3. Avocation PK in the village area.
4. PL understanding in helping FK in preparing the administration phases of activities that have not been going well and could not operate the computer / laptop.
5. Avocation KPMD & TPMD village especially during the harvest season and the rainy lead generation program activities and Intelligent be hampered especially at the village level and rural activities, participation and community KPMD & TPMD be reduced.
6. The data required for the preparation of the Assessment While 6 Monthly (12

indicators) are still lacking Valid and less support.

## **4. Conclusion**

Healthy and Smart Generation Program in the District Seluas Bengkayang has not done well, or in other words do not succeed in alleviating poverty in the areas of health and education. That is because the implementation of activity based on the principles of openness and honesty that resulted in misunderstandings KPMD and PK in organizing activities and reporting.

## **Advice**

From the conclusions above, we can give some suggestions as follows:

1. KPMD & TPMD participation in the execution of duties village and hamlet level is expected to allow the program to run smoothly according to the phases of the program. Coordination between the village government actors at the village level program is enhanced for the success and smooth running of the program.
2. Coordination and regular communication with sub district authorities will assist in solving the problems and constraints faced in the district as well in the village.
3. Capacity PL, PK, and KPMD to expedite the flow of phases of activity.
4. Replacement KPMD and PK are less committed to run the program at the village level.

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