

Study of The Implementation of Poverty Reduction in Central Lombok Regency, Indonesia

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Submission date: 18-Oct-2022 04:57PM (UTC+0700)

Submission ID: 1928593528

File name: n_of_Poverty_Reduction_in_Central_Lombok_Regency,_Indonesia.pdf (230.16K)

Word count: 5005

Character count: 27524



DOI 10.18551/rjoas.2021-05.03

STUDY OF THE IMPLEMENTATION OF POVERTY REDUCTION IN CENTRAL LOMBOK REGENCY, INDONESIA

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ABSTRACT

Central Lombok Regency is one of the districts with the highest number of people living in poverty in West Nusa Tenggara Province. Various programs and activities have been rolled out to overcome these problems, one of which is the Family of Hope Program or Program Keluarga Harapan (PKH). PKH is a program aimed to provide conditional social assistance to poor families who are designated as PKH beneficiary families. This program has been running since 2011 in Central Lombok Regency. This study aims to describe the implementation of the program in Central Lombok Regency as a form of poverty reduction, as well as to reveal the obstacles and challenges encountered in implementing the policy.

KEY WORDS

Program Keluarga Harapan in Central Lombok, poverty, social assistance, prosperity.

"Kemudian daripada itu, untuk membentuk satu pemerintahan negara Indonesia yang melindungi segenap bangsa Indonesia and seluruh tumpah darah Indonesia, memajukan kesejahteraan umum, mencerdaskan kehidupan bangsa and ikut melaksanakan ketertiban dunia yang berdasarkan kemerdekaan, perdamaian abadi and keadilan sosial".

² Pursuant to which, in order to form a Government of the State of Indonesia that shall protect the whole people of Indonesia and the entire homeland of Indonesia, and in order to advance general prosperity, to develop the nation's intellectual life, and to contribute to the implementation of a world order based on freedom, lasting peace and social justice.

The above statement is an excerpt from the fourth paragraph of the preamble to the 1945 Constitution of the Republic of Indonesia which contains the objectives of the establishment of the Unitary State of the Republic of Indonesia or Negara Kesatuan Republik Indonesia (NKRI) which was proclaimed on August 17, 1945. One of the goals Indonesia stands for was to promote general prosperity. This implies a clear and straightforward meaning that advancing the general prosperity is the duty and responsibility of the government in order to carry out the functions of the state.

To advance general prosperity means fighting poverty. Significantly suppress the number and percentage of poor people over time as well as to increase the capacity of the citizens to be able to fulfill their basic needs independently and sustainably. In order to achieve the goal of increasing the general prosperity, series of developments are designed and carried out.

³ Development is not the purpose of the country, but rather the means or paths taken to achieve the goals of the nation being founded. It must serve fully to the goals of the nation and it must be open to correction and revision if the processes and results are deemed to have failed or been slow in achieving the country's goals.

Development gained momentum during the New Order era (1967-1998). It was during this period that it became the main focus of the government, with economic development as commander in chief and political stability as the main condition. The New Order regime did it almost perfectly during its more than three decades in power.

Development is designed using the Five Year Development Plan or Repelita pattern in which development planning and control is fully in hands of the central government. This centralized development results in rapid economic growth, at the same time it gives birth to



large inequalities and disparities. In the form of gaps between cities and villages, central and regional, and Java and outside Java.

The new order collapsed, the reform order came. A centralized development approach was replaced by regional autonomy. Poverty alleviation programs in the era of regional autonomy were in the form of social assistance that was distributed directly to target groups or families. One of them is the Family of Hope Program or Program Keluarga Harapan (PKH). This program has been launched nationally since 2007 with initial trials on 508 thousand recipients in seven provinces. Ten years later, in 2018 the total number of beneficiaries nationally increased to 10 million families with a total budget allocation reaching 17.5 trillion.

PKH is a program which provides conditional social assistance to poor families who are designated as Beneficiary Families or Keluarga Penerima Manfaat (KPM) after going through multilevel verification. The Ministry of Social Affairs calls PKH the epicenter and center of excellence for poverty reduction that synergizes various national social protection and empowerment programs.

According to Habibullah et al (2017), PKH as a poverty reduction program is not only in a short-term dimension to help alleviate the burden of spending on poor families as in general other social assistance programs, but there is a long-term dimension of the program to break the poverty chain through improving the condition of human resources at the family level. This is possible because it requires beneficiary families to use education and health services in their immediate environment and will ultimately encourage the increased use of education and health services for the poor.

PKH entered West Nusa Tenggara in 2011 including in Central Lombok Regency. Until 2019, it was noted that no less than 700 billion of the budget had been disbursed through PKH targeting more than 70 thousand poor families. Central Lombok Regency is one of the eight districts in the West Nusa Tenggara Province which is also included among the ten poorest provinces in Indonesia. Referring to the Central Statistics Agency or Badan Pusat Statistik (BPS) data in September 2020, the percentage of poverty in NTB is still above 14 percent. One percentage is considered large and far above the national average, which is recorded at 9-10 percent each year.

Besides using a qualitative approach with data collection methods in the form of interviews with predetermined sources, this study also collected primary data through direct interviews in the field as well as secondary data obtained from Central Lombok Regency BPS, Central Lombok Regency Social Service, and Central Lombok PKH Secretariat. Data were analyzed inductively by drawing general conclusions from the symptoms or events found in the field.

LITERATURE REVIEW

According to Kurniawan in Khomsan (20152), poverty is a condition where the income of a person or family is below a certain poverty line. If a person's income is below the poverty line, the deeper that person is trapped in poverty. By quoting the Copenhagen Declaration, Khomsan described "poverty as a condition in which a person is unable to fulfill his basic needs, including food, drink, sanitation, housing, health, education and information".

Chambers in Nasikun (2001) describes that poverty is an integrated concept which has five dimensions, namely: poverty, powerlessness, vulnerability to face emergencies (state of emergency), dependence, and isolation, both geographically and sociologically.

To measure the level of poverty, the Central Statistics Agency (BPS) uses the concept of the ability to meet basic needs (basic needs approach) as an approach to measure poverty levels. According to BPS, the poor are those who have an average monthly per capita expenditure or expenditure below the poverty line.

BPS distinguishes poverty lines into two groups: food and non-food poverty lines. Food Poverty Line or Garis Kemiskinan Non Makanan (GKM) is the value of minimum food expenditure, which is equivalent to 2,100 kilo calories per capita per day. This basic food commodity package is represented by 52 types of food commodities ranging from



vegetables, tubers, fruit, fish, to oils and fats. Meanwhile, the Non-Food Poverty Line or Garis Kemiskinan Non Makanan (GKNM) is the minimum requirement for housing, clothing, education and health, represented by 51 types of commodities for urban areas and 47 types of commodities for rural areas.

METHODS OF RESEARCH

This research used a qualitative approach. The qualitative approach seeks to find meaning, understanding about a phenomenon, event, or human life by being involved directly and / or indirectly in the researched, contextual, and comprehensive setting.

This research took place in Central Lombok Regency. Researchers chose this location because the number of poor people is among the largest in West Nusa Tenggara Province. The informants in this study were collected using a purposive sampling based on the cluster where the informants know about the program which is implemented in Central Lombok Regency. The number of informants in this study was not initially determined because it used the Snowball Sampling approach, at the end of the study the total number of informants interviewed reached 17 people.

In research, data collection procedures were carried out through observation, interviews, and documentation. The validity of the collected data was checked through triangulation. Triangulation is done by obtaining the same data from the subject or other sources using a different method from the first source. Conducting triangulation is intended to increase the accuracy of research data, thus leading to the accuracy of research results. This method can at the same time prevent excessive subjectivity.

RESULTS AND DISCUSSION

PKH is a conditional social assistance program targeting the poorest citizens. It is designed to reduce the expenditure burden and to increase the income of poor families. At the same time, this program could encourage changes in behavior and independence of program recipients to access health, education and banking services. The recipients have the obligation to have health checks at health facilities, participate in learning activities at educational facilities, and attend regular group meetings.

The names of the program recipients come from integrated data compiled by the government under the Integrated Social Welfare Data or Data Terpadu Kesejahteraan Sosial (DTKS). DTKS contains socio-economic and demographic information on approximately 40 percent of the population in Indonesia with the lowest welfare status. DTKS collects detailed data including the names of the poor in the first decile. The number of individuals recorded in the DTKS of Central Lombok in February 2021 reached 195,757 families and 580,986 individuals. That number is equivalent to 56.14 percent of the total population of Central Lombok, which amounts to 1,034,859 people.

The result shows that updating the DTKS, which is carried out using the right and sustainable method, has proven successful in clearing errors in program recipient data, so that program recipients are truly poor citizens or families. On the other hand, updating poorly and unsustainably will result in inaccurate DTKS, even deviating far from the target. So that program recipients sometimes get the wrong target, namely reaching rich people, car owners or big shops.

This study found several obstacles in improving the quality of DTKS data, including:

First, there is no standard procedure regarding the data updates.

Article 4 paragraph 1 of the Regulation of the Minister of Social Affairs Number 5 of 2019 explains that data collection on DTKS is carried out by the Regency / City Government. Through data collection, the government enters new data, verifies it and updates existing information in the district. Regarding this data collection, the Central Lombok government recruited operators from each village to run the social welfare information system or Sistem Informasi Kesejahteraan Sosial - New Generation (SIKS-NG) application used to update DTKS.



Since the data updating process carried out by the village operator was not guided by standard procedures, the collection process did not describe the stages and individuals who had to be involved, who proposed, verified, or updated everyone's information on the DTKS. The village operator only received DTKS data that had been decided through village meetings. There is no guideline on how data was obtained.

In the practice, it is usually the head of hamlet who reaches out to each participant. It's just that often the head of hamlet relies on memories related to the profile of his residents. In fact, they should have been provided with a number of form sheets containing a list with several indicators which the village operator later could input on the application. Because if it is only based on memory, it is very likely that people will enter data incorrectly.

Second, the village operator's funding sources are not clear.

The workload of the village operator is very heavy and vital. A village operator must process about 67 variables for one household. In fact, one village has an average of 1,500 households. Even if there are two or three operators in a village, the burden is still relatively heavy. On the other hand, many villages in Central Lombok do not prepare budgets for operators. The reason is that the work letter or operator decree is issued by the district's Social Service so that the government does not feel obliged to provide honoraria for operator officers. Meanwhile, for villages that have allocated honoraria, the amount is only around 200-350 thousand rupiah a month which is far from feasible. With low wages and a large workload, it is difficult to expect the operators at the village level to perform well in updating data accurately, procedurally, and continuously to ensure that recipients of the program or other social assistance programs are right on target.

Third, the synchronization of the DTKS master data with PKH program data is still problematic.

Field findings show that PKH program data managed by PKH facilitators and master data managed by SIKS-NG operators are out of sync. If a person is deemed unfit to become a PKH participant, the facilitator will be excluded in the validation and verification process. However, if the DTKS master data is not updated, at the next opportunity that person will re-enter as a PKH participant.

Improvements in master data at DTKS should be in line with improvements in PKH program data. Village operators who control the DTKS data and PKH facilitators as program data holders need to coordinate. Otherwise, the quality and accuracy of the data could be weakened and the program targets will not be achieved.

The issue of data quality is a general description in Indonesia. The Corruption Eradication Commission or Komisi Pemberantasan Korupsi (KPK) presents a number of findings related to the updating of the DTKS, including:

- There are 16,700,000 people who are included in the DTKS but do not have National ID;
- There are 1.06 million people on DTKS who have multiple National IDs;
- There are 234,000 other people who have died and are registered on DTKS;
- From the DTKS which is equivalent to the National ID, 17,783,885 other family members were still identified, including the head of the family, husband, wife, children who are not registered on DTKS;
- There are 884,000 eligible recipients of PKH but not registered on DTKS;
- 1 million non-cash food assistance or Badan Pangan Non Tunai (BPNT) recipients are not registered on DTKS.

PKH participants will get the amount of assistance according to the components they have. However, to get their rights as aid recipients, each participant has a list of obligations as stipulated in Article 7 of the Minister of Social Affairs Number 1 of 2018 as follows:

- a) Mandatory health checks at health service facilities in accordance with health protocols for pregnant / lactating women and children aged 0 (zero) to 6 (six) years;
- b) Mandatory participation in learning activities with an attendance rate of at least 85 percent of the effective learning days for twelve-year old school-age children;
- c) Must participate in activities in the field of social welfare according to the needs of



families with an elderly component starting from sixty years old and / or people with disabilities.

PKH is a promising poverty reduction program. In the form of cash, if synergized with complementary programs, such as non-cash food assistance, Smart Indonesia Card or Kartu Indonesia Pintar (KIP), Healthy Indonesia Card or Kartu Indonesia Sehat (KIS), gas subsidies and electricity subsidies, should be able to reduce poverty significantly. In fact, it often happens that the use of PKH funds has not been able to increase the calorie consumption of program recipients. Cash assistance is still widely used for other purposes. In addition, the number of beneficiaries who were not on target was still quite large as well as administration issues that prevent the recipients from accessing the benefits. All of these are real challenges in the field that stem from the weak coordination of the parties involved. If PKH participants are negligent in carrying out the three obligations above, their assistance can be postponed or even canceled. How is the practice in Central Lombok? At least eight challenges were found related to fulfilling the obligations of PKH participants:

1. Cash is used for school needs:

This fact is indeed found and also confirmed by the BPS survey results. Even though the burden of spending on PKH program recipients for the education sector has been reduced through the Smart Indonesia Card program. In fact, some PKH recipients did not receive their complementary program in the form of the Smart Indonesia Card. Other field findings show that the money received from the Smart Indonesia Card is divided equally among all students so what poor students actually get is not enough to pay for school. And PKH money is used outside of the proper allocation.

2. The education sector lacks coordination:

The inappropriate use of PKH money for school needs shows that the role of the local government in charge for education is still weak. PKH participants should be able to enjoy free school fees at the primary and secondary education levels. The field findings informed that there was no policy for tuition fees exemption for PKH participants.

Another phenomenon is that many poor people who are registered on DTKS have children who dropped out of school. This phenomenon can be seen in the statistical data in Central Lombok in 2020. The net enrollment rate (NER) for secondary education is only 81.18 percent. Meanwhile, the Gross Participation Rate reached 87.51 percent. This means that more than 10 percent of the population in that age dropped out of school or did not attend education according to their age.

3. Issues in administration:

One of the obstacles in implementing PKH is the failure of potential participants to open online accounts. As a result, the money was failed to be disbursed. This failure to open an online account occurred for years, causing them fail to receive their rights even though they were already registered as beneficiaries. The main cause is related to the administration and the form of a National ID or other problem.

4. Not all PKH participants receive all types of assistance:

PKH participants come from DTKS in the first decile, the lowest decile, and the lowest strata of poverty. All participants should have the right to access all types of social assistance such as non-cash food assistance, Smart Indonesia Cards, Healthy Indonesia Cards, gas subsidies and electricity subsidies.

However, the field findings in Central Lombok were not like the expectation. Quite a few PKH participants did not receive food, some did not receive the Smart Indonesia Card, some did not receive non-cash food assistance. If PKH participants do not receive complementary programs, the PKH money they receive will not be sufficient to support their other needs. So that the impact did not meet the goals because of the minimal support from other social assistance as a complement to it.

5. PKH recipients are not just poor people:

Not all PKH recipients are poor people. Although the program targets people with the lowest income strata, there are participants who are clearly capable. Such as teachers, rich farmers, established breeders, head of hamlets and even head of village. Meanwhile, there are still many really poor families who did not get the access.



6. Some PKH Participants are not registered on DTKS:

DTKS is the master data for all social protection programs run by the government. PKH participants are the population recorded in the DTKS for the first decile, the lowest decile, showing the poorest population clusters.

However, there are many participants whose names are not on DTKS. This becomes an obstacle in integrating the program with other complementary programs. When this phenomenon was confirmed to several parties, they generally stated that it was a matter of data management nationally, not in the regions.

7. Role of local government and Regional House of Representatives:

In the implementation of PKH, there should be a commitment to finance from the Regional Revenues and Expenditures Budget of five percent of the total incoming budget. This commitment has not been fully implemented in Central Lombok. In addition, the implementation of PKH has received less attention and monitoring from members of the Regional House of Representatives in Central Lombok Regency, especially in terms of budget allocation for assistance programs to strengthen the economic resilience of the beneficiaries.

8. Coordination between Operators, Village Officials and PKH Facilitators:

The field findings provide information that the relationship between the three actors above is not always harmonious. Indeed, there is no open conflict. However, unity of movement and intense coordination did not occur even though they are the main spearheads in the field. Accuracy and synchronization of master data and program data can occur if these three key actors work in the same rhythm and strong coordination. If the opposite is the case, the quality of both master data and program data will remain an issue.

Field findings show that most of the funds received by PKH participants were used up for consumptive purposes, and even that consumption was not related to an increase in calorie consumption. To encourage the success of the program in reducing poverty, PKH needs a mentoring program that focuses on strengthening and empowering the economy of the participants. The mentoring program in question is targeted to strengthen the income side of the program recipients. One of the field findings found in this study was the formation of a cooperative that was initiated by PKH facilitators together with their assisted participants.

The cooperative started from a savings and loan cooperative then began to move into the productive sector. Initially, the cooperative prepared school necessities for children, such as school clothes, bags and shoes. Currently, the cooperative has started providing business capital assistance to its skilled members. The assets and money circulation of the cooperative are increasing, within a year the funds that have been loaned to members reach more than four hundred million rupiah.

Unfortunately, the empowerment of the cooperative that established by PKH participants did not get enough support. The cooperative office provides convenience in administration of registration, but the follow-up after the cooperative is established is still weak. The role of local government is needed to strengthen the cooperative institution.

The pattern of economic strengthening targeting PKH participants has not been widely implemented in Central Lombok. This role requires local government intervention in collaboration with the facilitators to strengthen the institution of the participants. PKH needs a mentoring program that can increase family income, so that the participants are not trapped as lifelong program recipients, nor are they trapped in poverty for life. The program can contribute effectively to poverty reduction if it is overtaken by other programs.

There are still some parties who doubt the program's contribution to reducing poverty. This doubt arises from the observation that the life of PKH alumni who have run out of components is still poor.

One of the breakthroughs that the government continues to promote is to encourage independent graduation for PKH participants whose economic levels are adequate. Independent graduation can be a marker or indication of the success of the program when it increases the income of the beneficiaries.

Independent Graduation can target the beneficiary families who are wrongly targeted and whose socioeconomic lives are progressing to become more capable or prosperous.



Field findings show that by February 2020, from more than seventy thousand beneficiaries, only twenty of them were submitted independent graduations, proposing to resign as PKH participants.

CONCLUSION

PKH is a program initiated by the government since 2011 in Central Lombok Regency with the target of a person or family who is the poorest or known to be in the lowest income strata on DTKS.

PKH participants are sourced from the Integrated Social Welfare Data or Data Terpadu Kesejahteraan Sosial (DTKS). However, the management and the update system of DTKS data is optimal so the program and other social assistance programs are sometimes misdirected. The absence of standard procedures for updating data, unclear sources of funding in updating data, along with synchronization between master data and program data are major problems related to data management of DTKS.

As for the implementation of PKH in Central Lombok Regency, a number of field problems were encountered, including: most of the PKH money was used for school needs, lack of coordination of policy makers in the education sector, administration issue, lack of economic empowerment for participants, integration of the PKH program with other government programs, strengthening the role of local government and The House of Representatives in encouraging the success of the program, as well as efforts to encourage independent graduation as a key indicator in PKH success.

SUGGESTIONS

In encouraging the implementation of PKH to reduce poverty and inequality in Central Lombok Regency, the government needs to make a number of improvements in program implementation, such as:

1. Establish standard procedures and adequate funding allocations in updating the DTKS master data involving village operators and village officials;
2. Improve coordination between PKH facilitators and village officials and operators who handle the SIKS-NG application;
3. Local governments provide priority services in handling administration through the civil population service;
4. Increase coordination between social assistants and regional officials that have cross-cutting program targets, such as the education office, health office, cooperative office, or other regional officials;
5. Increase the role of the House of Representatives in overseeing and providing budget allocations to support the implementation of PKH in Central Lombok Regency.

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