



The Impact of Social Safety Net Implementation amongst Fishermen Community in Surabaya City, Indonesia

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Abstract

The study aims to explain the problematic of Social Safety Net (SSN) implementation amongst fishermen community in Surabaya City, Indonesia. The source of data is from 36 fishermen in 7 sub district of Surabaya City, and 2 from government officers. The research uses qualitative method and thematic in analyzing data. The finding shows that SSN have positive impacts amongst fishermen community, but only few fishermen benefit from the program. So the government should increase the SSN program beneficiaries among the fishermen.

Keywords: Social Safety Net, Fishermen Community, Impact

Introduction

Surabaya government has responsibility to eradicate poverty in coastal community. the poor people living in coastal community have many deprivation and are vulnerable in facing “shocks” in economic, season and other conditions. Eventhough Surabaya city is one of Indonesian cities that has 165 urban villages and around 17 fishermen villages and also one of the maritimes cities in Indonesia, but it still faces poverty. This can be seen from income, education, health and housing (Ekowanti, 2012; Dinas Pertanian dan Perikanan Kota Surabaya 2017; BPS Kota Surabaya, 2017).

Surabaya City government have implemented SSN program through food aid, education, and health. Also, refer to Sustainable Development Goals programs aims to alleviate poverty. despite the implementation of SSN program, but poverty still exist amongst coastal fishermen in Surabaya City(Kalimang, 2015). So this research will explain the SSN program in coastal community in Surabaya City.

Literature Review

Concept of Social Safety Net (SSN)

Social Safety Net (SSN) is an intervention program introduced by the government to decrease the level of poverty. The program was introduce by the government to help the poor people in the state. In wider definition, SSN is social welfare services provided by a community of individuals both at local levels or the state (World Bank, 2000).

From this definition, SSN is not only provided by the government, but also by community. It can be in form of a program or a service with aims to eliminate poverty.

Basically, government intervention program on anti-poverty is divided into three categories based on the poverty condition: income generation (productivity-enhancing interventions) aimed at the poor who have low productivity, safety net (direct transfer or productivity-restoring interventions) targeted to those people that are vulnerable and social welfare (direct transfer) addressed to the problem of poverty due to dependency or inability to work (Devereux , 2000).

Moreover, SSN is social welfare services provided by a vulnerable community of individuals both at the state or local levels. This is in line with definition of SSN by World Bank, SSN programs aim to protect families from shocks, natural disasters or other crises for the poor and vulnerable people (Devereux, 2000).

Implementation of SSN in other countries

Based on World Bank (2017), the program of SSN is not only to protect families from the impact of natural disasters, economic shocks, and other crises, but also to improve billions of poor and vulnerable people's lives and livelihoods. In 2017, 69 million people were lifted from absolute poverty (means those that live less than US \$1.25 a day) and at the same time, 97 million people also uplifted from relative poverty (means the people who live in the bottom twenty percent of the income or consumption distribution but vulnerable to be poor). It shows that SSN serves as an important tool in reducing poverty.

The importance of SSN to curb poverty has been realized by many countries. even in developed countries they have been doing SSN since hundreds years ago, take the example Health Insurance Program which was implemented in Germany in 1871, United Kingdom in 1991, Switzerland and 1946 in the USA. Even there is a special unemployment program called Unemployment Insurance which was held in France in 1905, Australia in 1945, United Kingdom in 1911 and



ASA in 1935. All programs aim to provide citizen protection from poverty (Grindle, 2002). Recently, SSN continues to be high priority in eradicating poverty. It is based on the fact that SSN covered only 25% of the extreme poor in lowermiddle and low income countries, and one-tenth to one-fifth of the poorest (20% of population) in Sub-Saharan Africa and South Asia region, where most of the global poor live. By contrast, in upper-middle-income countries the amount of SSN covers 64% of poor people. This condition put the countries to launch poverty alleviation programs. For instance in Zambia, Dominican Republic, Nicaragua, Brazil, Jamaica and Chile have cash transfer for the poor. Cambodia and Bangladesh support the poor by giving scholarship program. Beside they provide health insurance and training to encourage the poor to do small businesses. India established employment opportunities for unskilled labor and in Bangladesh has food distribution, training income generating, basic literacy base on micro assets training together with health and nutrition awareness program (Grindle, 2002).

From those programs it can be seen that SSN Programs are many, including subsidies for household bills, job placement, housing re-assignment, education, health, or other cash and in-kind transfers targeted to poor and vulnerable households, in order to protect families from the impact of natural disasters, economic shocks, and other crises (World Bank, 2017). Devereux (2000) asserts that SSN at least consists of social services (health and education in particular), social insurance program, cash transfer and in-kind transfer, and income generating programs to target the poor.

Discussion: SSN Implementation in Surabaya City

Surabaya City government implement a SSN to alleviate poverty, in the form of cash transfers, education, food assistance for the elderly, rice and staple food assistance, home building assistance, food assistance for disabled people and health. These SSN programs are divided into several programs, namely: 1). Hope Family Program (Program Keluarga Harapan/PKH) which provides basic aid, plus cash transfer for poor families children schools fees, pregnant women or the elderly (elderly) 2.) Food assistance programs for the advanced age and 3) Food assistance for disabled people.

1. Food Aid

Under this program, the Surabaya city government aid in form of rice and other basic materials such as eggs to poor families. The quantity of rice is 10

kilos and 1 kilo of egg given once in a month. This program is called Non-Cash Aid Program (Program Bantuan Non-Tunai/PBNT). From 36 informants, only 2 families (informants S, N) who received PBNT assistance.

Furthermore, for food assistance for elderly people will be delivered one time a day, in the morning to their homes. The elderly here means those who are over the age of 70, and will get food that consist of rice, vegetables and side dishes. This is very good program to maintain the nutrition for elders. but from 36 informants, only 1 family (informant E) who received food assistance from the government.

Even though the people who receive the rice assistance are few, but the program gives positive impact to the receivers. No need to spend money to buy rice and eggs, because they have already got it from government. This is emphasized by the opinions of the informant S. "Yes thank God, no need to buy rice anymore when my wife gets it from government." (Informant S, 2018).

2. Cash Transfer

This cash transfer assistance program is packaged under Hope Family Program (Program Keluarga Harapan/PKH). Recipients of the PKH program are BPNT recipients who have school children, both at the elementary school (SD) level, junior high school (SMP) and high school (SMA), or elderly family members (aged 70 years and over) and pregnant families. Cash transfer program recipients will get IDR. 1,800,000 or USD. 128.57 a year divided into 3 times. First disbursement is IDR 500,000 or USD. 35.71 second IDR. 500,000 or USD. 35.71 or and third IDR. 300,000 or 21.42. From 36 informants, only 3 informants received the cash transfer program.

The utilization of this cash transfer is clear, whether for children's education, parents or disabled people. In this research, informants A explained that the people who received cash transfers used to pay for children's education because they received the program because they have school children.

Even though the number of informants who received cash transfers was not many, but the impact is positive for the recipients, especially in adding their income to meet children's educational needs. Moreover, informant E explained that the money is used to pay for school according to the instructions given by the government. Beside that, informant S, A and N felt encouraged in sending their children to school because of this assistance and even though the income conditions declined



due to the decline in fishing, they were not bothered to pay for their children's school.

In addition, informants S, A and N admitted that they had used cash transfer money to pay for school and made them more confident to be able to send their children to high school because they have guarantee of financial assistance from the government. Considering this cash transfer program is given until the child finish school. For elementary school students up to 6 years, junior high school up to 3 years and high school up to 3 years. When the child is elementary school, assistance can continue to junior high school and if in evaluation they are still eligible to receive assistance. So the belief to send children to school is increasing.

Eventhough the program is good as in increase school enrolment, but the number of people who receive this program in fishermen community are also few. Some of them feel they deserve to get it but in fact, the government didn't give it. According to the informant E, the people who get the program were selected by central government/Ministry of Social Affairs, based on Statistic Central Agency. The officer in the Surabaya City Social Service only serve as an implementor and evaluator. If the program will be misdirected, the facilitator from the District/City can submit that the recipient is not feasible and the final results are still determined by the central Ministry of Social Affairs.

This mechanism has problem in implementing the program, where the implementor in the District

face the problem to change or add the people who get the program. They only can purpose to change or add, but not in makig the decision. It depends on Central Government.

3. Health

In the health sector, the SSN is in the form of an independent BPJS program that gives free fees for treatment at the Pusat Kesehatan Masyarakat/Puskesmas (Society Health Center) or Hospital. The members of BPJS must contribute money each month which are divided into Level 1, Level 2 and Level 3. Those who do not take the BPJS get a Health Card from the government, with the same facilities as BPJS participants, which are free medical services. Out of the 36 informants, only 4 people participated in the BPJS program, while 20 people received health cards, and 12 people get Public Health Insurance (Jamkesmas). This means all informants enjoy social safety net in term of health.

Furthermore, other health services that fishermen follow are Family Planning programs by restricting only 2 children in one family by providing drug services to prevent pregnancy. From the interview, informant R mentioned that he gets free family planning from the nearest Integrated Service Post (Posyandu). Therefore, those who have many children (more than 2 people) are informants aged over 40 years, while for fishermen under the age of 40 have 1 to 2 children. The participation of informants in health services can be seen in this Table 1.

Table 1. Participation of Informant in Health Service

Health Program	Number	Percentage
Family Planning (Wives)	7	20
BPJS	4	11
Healthy Cards	20	56
Jamkesmas	12	33
Total	36	100

* Note: Family planning followed by fishermen wives

Table 1 shows the participation of informants in various health programs under the social safety net. Therefore, they can get services easily from midwives, nurses, doctors and medicine. The facilities obtained from the Integrated Service Post (Posyandu) at the kelurahan level, Community Health Centers (Puskesmas) at the sub-district level and hospitals at the district/city level. Besides that, all the informants explain the convenience of going to Posyandu or Puskesmas because they had a

Fisherman Card. With this Card, they get priority to get convenience and free of charge in terms of health. There are even special health workers from the sub-district who pay attention to and monitor the condition of the fishermen on a regular basis.

By obtaining various health programs, the informant W admitted that he was greatlyhelped, especially in terms of financing and medical services. When they get sick and go to the health center or hospital, they don't need to pay, even

