EXAMINING THE EFFICACY OF CONDITIONAL CASH TRANSFER PROGRAMS IN REDUCING POVERTY IN YOGYAKARTA, INDONESIA

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Yogyakarta province in Indonesia plagued with persistent poverty challenges for decades. There were several ways to reduce its poverty rate; one is through conditional cash transfer (CCT) scheme. This study aims to measure the impact of CCT program of Family Hope Program (PKH) on hosuehold poverty proxied by food and non-food consumption expenditure using Propensity Score Matching (PSM) method. Using a large scale of survey data, this study disagregated the estimation in urban-rural areas. The result revealed that the PKH program has been successful in reducing poverty in impoverished households by significantly increasing their food and non-food consumption expenses. The program has had a more significant effect in rural regions than in urban. The impact is more profound in increasing food consumption expenditure. This underscores the program's effectiveness and the importance of its continuation or expansion to combat poverty further and improve the welfare of vulnerable households.

Keywords: Family Hope Program, Poverty, Propensity Score Matching, Consumption Expenditure
JEL Classification: I32, E21, F61

1.   INTRODUCTION

Poverty remains a significant challenge in various parts of the globe, including Yogyakarta, Indonesia. Policymakers are working tirelessly to resolve this multifaceted issue, and social safety nets have become a critical element of poverty eradication strategies. Social safety nets incorporate diverse interventions and programs aimed at providing targeted support to vulnerable populations, mitigating the adverse effects of poverty, and facilitating pathways to sustainable development. Many developing nations have implemented social safety net programs, such as conditional cash transfer (CCT), food or cash transfer, at a remarkable pace to address immediate poverty concerns and

prevent poverty from being passed down from one generation to the next (Agbon et al., 2013) Inclusive social protection and the disruption of the poverty cycle are two significant benefits of social safety net programs that have made them increasingly popular over the past two decades (Tutor, 2014). The program provides financial assistance to low-income households on the condition that they ensure their children attend school and receive regular health check-ups. The program encourages under-privileged families to prioritize investing in their human capital, with a focus on their children's well-being. It is considered a substitute for conventional welfare programs and a supplementary measure to enhance the availability of education and healthcare services (Milla, 2020).

This study delves into the province of Yogyakarta, located in Indonesia, which boasts a diverse population and is heavily populated. The province is plagued with persistent poverty challenges, including limited social protection mechanisms, unequal access to resources, and socio-economic disparities. Reports indicate that Yogyakarta's poverty rate stood at 11.49% in 2022, surpassing the national average and making it the province with the highest poverty rate among the Java Island provinces (Statistics Indonesia SRY, 2023). Unfortunately, poverty in Yogyakarta has persisted for over ten years, further compounded by inequality. Therefore, it is crucial to comprehend the effects of social safety nets in Yogyakarta to provide evidence-based policy decisions and enhance poverty reduction efforts (Harsono and Yuanjaya, 2020; Pekka, 2014).

Conditional cash transfer programs have become a fundamental component of Indonesia's social protection system, aiming to alleviate poverty, enhance human capital development, and reduce inequality. These programs encompass a wide range of interventions, including conditional cash transfers, subsidized healthcare, food assistance, education scholarships, and skills training initiatives. By targeting specific vulnerable groups such as low-income households, women, children, the elderly, and persons with disabilities. Family Hope Program *(Program Keluarga Harapan/PKH)* is the CCT programs received by low-income households in Indonesia, including Yogyakarta (Cahyadi et al., 2018).

Studies have shown that poverty reduction programs, like PKH, have had positive effects in various regions of Indonesia. In Manado, PKH has reduced education costs and encouraged more health examinations, resulting in improved household welfare (Setyawardani et al., 2020). Similarly, in South Sumatera, PKH has significantly increased household consumption among beneficiaries (Muharir and Hariani, 2021).

This investigation aims to explore the impact of social safety nets on household consumption expenditure as a means of reducing poverty, with a focus on the CCT program in Yogyakarta. Through this study, we hope to provide valuable evidence on the effectiveness of the program in eradicating poverty and contribute to the academic literature on poverty reduction strategies. Our ultimate goal is to identify best practices, gaps, and recommendations to inform evidence-based decision-making for sustainable poverty eradication efforts in Yogyakarta and beyond. The study will utilize impact evaluation methods to gain a comprehensive understanding of the effectiveness,

challenges, and potential of social safety net programs in the region. Our findings will be of relevance to policymakers, practitioners, and researchers working in similar contexts.

This current paper is dividen into five sections. Section 2 provide a literature review related to the CCT program. Section 3 describes the materials and methodology and Section 4 show the finsings of the study followed by discussion in Section 5. Finally, Section 6 provide a researh conclusion and policy recomendation.

2.   CCT PROGRAM: FAMILY HOPE PROGRAM

The Family Hope Program, also known as PKH, is a renowned social assistance initiative that provides cash transfers to eligible households. To qualify for this program, family members of Very Poor Households (RTSM) must meet certain criteria and comply with specific terms and conditions. This program is recognized worldwide as the Conditional Cash Transfers (CCT) or Conditional Cash Assistance program. The set conditions mandate regular attendance at educational and health facilities, particularly for school-age children, children under five, and pregnant women (Ministry of Social Affairs, 2021).

The Indonesian Government introduced the Family Hope Program (PKH) in 2007. This program offers conditional cash assistance to impoverished families to help them access vital health and education services. PKH aims to reduce financial pressure for the poorest households, while also investing in the future by improving health and education outcomes for future generations. By providing both short-term and long-term assistance, the government hopes to help PKH beneficiaries escape poverty permanently (Nazara and Rahayu, 2013).

Conditional cash transfer programs are a promising approach to tackle poverty in various countries. These programs provide cash payments to households that meet specific conditions, often related to accessing health and education services. By offering financial incentives, these programs alleviate poverty in the short term. However, to keep receiving the cash transfer, households must pledge to enhance their preventative healthcare practices and increase enrollment rates in education. These investments in human capital can help break the cycle of poverty across generations by improving health and education outcomes for children, creating better opportunities for their future (World Bank, 2011).

3.   MATERIALS AND METHODS

3.1.   Estimation Strategy

This study used an estimation strategy of impact evaluation to investigate the impact

of the CCT program on household poverty. The specific method applied is the Propensity Score Matching (PSM). PSM evaluated how the program affected the outcomes of both beneficiaries and non-beneficiaries. In this current study, the program estimated is CCT, particularly the Family Hope Program/Program Keluarga Harapan (PKH). The sample was divided into treatment and control groups using the PSM framework. The treatment group comprises households that receive CCT, while the control group does not. Further, the model is simplified into binary form with value 1 for treatment group and 0 for control group. Further, the model is simplified into binary form with a value of 1 for treatment group and 0 for control group. The outcome is measured by household poverty, which is proxied by household consumption expenditure in food and non-food items. The estimation is based on household-level data, assuming that each member consumes the same amount. The OLS regression can be used to explain the relationship between treatment and control groups and the resulting outcomes.

$$Y_i = \alpha X_i + \beta D_i + \mu_i, \tag{1}$$

where Y_i is the outcome or the household consumption expenditure, D_i denoted the beneficiary dummy (1=beneficieary/treatment group, 0 otherwise). X_i is the set of explanatory variables and μ_i captured the error terms. Equation 1 is the OLS regression that capturing the impact evaluation. However, in this study, the selection of beneficiaries could not be exogenous due to the eligibility criteria for receiving CCT. This means that the beneficiary dummy variable is endogenous, and if not addressed, it could result in biased outcomes (White and Sabarwal, 2014). The PSM approach is a quasi-experimental method that imitates the evaluation of a randomized control trial (RCT). Its goal is to replace the control/comparison group in the RCT by matching the treatment and control groups based on their propensity scores. This means that only the treatment and control groups with the same propensity score are used in the estimation process. After the initial steps are taken, the difference in outcome is calculated by determining the average treatment effect on the treated (ATT) using the difference in the average outcome between the treatment and control groups . The estimation could be expressed as follows:

$$ATT = E(Y_{i1}|D_i = 1) - E(Y_{i0}|D_i = 1). \tag{2}$$

$Y_{i1}|D_i = 1$ is the potential outcome for treatment group and $(Y_{i0}|D_i = 1)$ is for control group. Several assumptions are working with PSM. First, unconfoundedness means that the explanatory variable has no direct association with the outcome after estimation. Second, the sizable common support required matching the treatment group with a control group with the closest propensity score to eliminate the endogeneity issue.

Moreover, the propensity score can be estimated through probit regression, which evaluates household factors or characteristics that influence beneficiary participation

(Haughton and Khandker, 2009). The model can be written as follows:

$$PKH_i = \alpha_0 + \sum \alpha_1 X + \mu_i, \tag{3}$$

where PKH_i is dummy variable for beneficiary household status (1= household receive PKH/CTT (treament group), 0 otherwise(control group)) and X is the set of vector explanatory variables comprise of household head characteristics and dwelling as well as assets characteristics. Once the propensity score is calculated, the treatment and control groups are matched based on their similarity of the propensity score. This study employed two different matching methods. The first method was stratification matching, which involves dividing the propensity score interval into specific intervals. The second method was radius matching, where each treatment unit was matched with a control unit whose propensity score fell within the predetermined area based on the treatment unit's propensity score (Umaroh and Afifah, 2020). These matching methods result in an ATT, as expressed in Equation 2. Further, the estimation would be differenciated into three sub-sample namely in all region, urban, and rural households.

3.2. Data

Accurate and reliable data sources are crucial for rigorous analysis and evaluation of social safety net programs. This study used data from The Indonesian National Socio-Economic Survey (SUSENAS) in 2021 and 2022. The SUSENAS is a large-scale, nationally representative household survey conducted by the Indonesian Central Statistics Agency (BPS). SUSENAS collects comprehensive data on a range of socio-economic indicators, including income, expenditure, employment, education, health, and social assistance. The survey employs a stratified multi-stage sampling design, ensuring coverage across urban and rural areas and capturing the diversity of Indonesia's population. SUSENAS provides valuable insights into the socio-economic characteristics of households, including those benefiting from social safety net programs (Prayitno et al., 2018).

 This study analyzes households in the special region of Yogyakarta that fall below the poverty line in 2021 and 2022. The selection of households for this research is based on data provided by SUSENAS, which includes per capita expenditure and the poverty line calculated according to the regency level poverty released by Statistics Indonesia (2022).

Table 1. Sampel Selection

Household category as a relative poor	Urban (Receive SSN)			Rural (Receive SSN)			All		
	No	Yes	Total	No	Yes	Total	No	Yes	Total
No	3,698	388	4,086	1,608	530	2,138	5,306	918	6,224
Yes	930	514	1,444	250	170	420	1,180	684	1,864
Total	4,628	902	5,530	1,858	700	2,558	6,486	1,602	8,088

Table 2.   Descriptive Statistics

Variables	Definition	Treatment		Control	
		Mean	Std.dev	Mean	Std.dev
PKH (*n/%*)	=1 if household receive PKH, 0 otherwise	684/36.7%		1,180/63.3%	
Outcome					
Food	Household food expenditure in month (IDR)	1,268,590	552,847	1,215,582	595,655
Non-food	Household non-food expenditure in month (IDR)	764,076	423,102	823,810	516,893
Houeshold head characteristics					
Age	=1 if male, 0 otherwise	55.39	15.47	53.02	14.42
Marital status	=1 if married, 0 otherwise	0.868	0.338	0.847	0.360
Education					
No schooling	=1 if no schooling, 0 otherwise	0.061	0.240	0.054	0.227
Elementary	=1 if has some elementary education, 0 otherwise	0.456	0.498	0.371	0.483
Junior High School	=1 if has some junior high school education, 0 otherwise	0.196	0.397	0.197	0.398
Senior High school	=1 if has some senior high school education, 0 otherwise	0.251	0.434	0.307	0.461
Diploma	=1 if has some diploma education, 0 otherwise	0.006	0.076	0.017	0.129
College	=1 if has some college education, 0 otherwise	0.029	0.169	0.054	0.227
Self-employed	=1 if household head is self-employed, 0 otherwise	0.167	0.373	0.222	0.416
Dwelling and asset characteristics					
Under-five HH size	Number of under-five househod members	0.228	0.466	0.332	0.575
House	1=1 if HH own the house, 0 otherwise	0.857	0.351	0.754	0.431
Wall	1=1 if the wall is decent, 0 otherwise	0.895	0.307	0.924	0.266
Floor	1=1 if the floor is decent, 0 otherwise	0.468	0.499	0.597	0.491
Refrigerator	1=1 if HH own refrigreator, 0 otherwise	0.409	0.492	0.547	0.498
Air conditioner	1=1 if HH own air conditioner, 0 otherwise	0.003	0.054	0.008	0.092
Gold	1=1 if HH own min. 10 gram of gold, 0 otherwise	0.053	0.223	0.108	0.311
Motorcycles	1=1 if HH own motorcycles, 0 otherwise	0.792	0.406	0.786	0.410
Car	1=1 if HH own a car, 0 otherwise	0.020	0.142	0.032	0.177

Therefore, the analysis is concerned with estimating the impact of CCT on poverty among poor households to capture the specific impact for the vulnerable group. Table 1 show the sample selection in this study. In SUSENAS, there are a total of 8,000 households in Yogyakarta. Out of these, 1,864 households are below the poverty line. This study is based on a sample of 1,864 households, with 1,444 in urban areas and 420 in rural areas.

The descriptive statistics of the samples is presented in Table 2. There are 684 (36.7%) households that receive CCT program or included in treatment group. The treatment households had an average monthly food expenditure of IDR 1.27 million, while the control group spent slightly less at IDR 1.22 million. In contrast, the expenditure for control group is higher than the treatment group accounted for IDR 823,810 and IDR 764,076, respectively. Based on the data, it appears that the household heads in the treatment group were generally older than those in the control group, with average ages of 55 and 53 respectively. Most of the household heads in both groups were married, and while more individuals in the control group had higher education, the majority of household heads in both groups had completed only elementary education. In terms of employment, 16% of the treatment group's household heads were self-employed, compared to 22% in the control group. Out of the treatment group, 22% had at least one household member under the age of five, while the control group had 33%. In terms of dwelling characteristics, the households in the control group tended to have better dwellings and more assets than those in the treatment group. The only asset where the treatment group had more than the control group was motorcycles.

4.   FINDINGS

Probit regression calculates the propensity score for each observation in the treatment and control groups, presented in Table 3. It estimates the dependence on PKH or CCT status received by the household. The estimation were differenciated by regions. The probit regression showed that older household heads in rural areas were more likely to receive CTT. Education level of the household head has a significant impact on predicting program participation in urban areas. Those who graduate from elementary and high school have a higher probability of participating compared to those who graduate from college. Meanwhile in all and rural samples, the education show an insignificant effect. Households headed by self-employed individuals were less likely to participate in the program. In Indonesia, the self-employed are dominated by entrepreneurs and businessmen. In terms dwelling and asset characteristics, having children aged 0-4 seems to decrease the likelihood of participating in the program, except in rural areas where the results are insignificant. Additionally, households with good walls in their homes, refrigerators, gold, and cars are significantly less likely to receive the CCT program.

Furthermore, Table 4 displays the outcomes of the PSM framework's matching technique. These findings showcase the influence of conditional cash transfers on

household poverty, gauged by their food and non-food consumption patterns. The analysis reveals that conditional cash transfers have a beneficial impact on household food consumption expenditure across all sub-samples. There is evidence to suggest that households receiving the CCT program devote a higher percentage of their monthly budget to food, with an increase of 11.5%-12.6% compared to those who do not receive it. This impact in urban areas appeared ranges from 10.4%-12.6%, while in rural areas, the increase is around 11%. However, non-food consumption had a less significant impact compared to food consumption. By applying the stratification matching method, there was a 6% increase in consumption in the all estimation category and a 12% increase in consumption in rural households.

Table 3. Binary Probit Model Estimated

(Outcome variable =1 if beneficiary, 0 otherwise)

Variables	All Coefficient		Urban Coefficient		Rural Coefficient	
Age	0.00272	(1.05)	-0.00225	(-0.75)	0.0217***	(3.68)
Marital status	0.121	(1.30)	0.126	(1.20)	0.13	(0.59)
Education						
No schooling	0.208	(1.00)	0.405	(1.62)	-0.387	(-0.89)
Elementary	0.296	(1.81)	0.535**	(2.77)	-0.391	(-1.05)
Junior High School	0.22	(1.29)	0.454*	(2.31)	-0.565	(-1.40)
Senior High school	0.214	(1.29)	0.382*	(2.00)	-0.243	(-0.60)
Diploma	-0.00491	(-0.01)	0.238	(0.65)	-	-
College	Ref.		Ref.		Ref.	
Self-employed	-0.247**	(-3.16)	-0.175*	(-1.97)	-0.609**	(-3.22)
Under-five HH size	-0.211***	(-3.36)	-0.304***	(-4.17)	0.059	(0.42)
House	0.343***	(4.13)	0.315***	(3.55)	1.403***	(3.54)
Wall	-0.0883	(-0.79)	-0.154	(-0.96)	0.0773	(0.44)
Floor	-0.214**	(-3.25)	-0.230**	(-3.06)	-0.167	(-1.05)
Refrigerator	-0.249***	(-3.67)	-0.238**	(-3.10)	-0.370*	(-2.32)
Air conditioner	-0.385	(-0.85)	-0.383	(-0.85)	-	-
Gold	-0.429***	(-3.54)	-0.287*	(-2.25)	-	-
Motorcycles	0.285**	(3.28)	0.234*	(2.31)	0.495**	(2.66)
Car	-0.0033	(-0.02)	0.141	(0.65)	-	-
Constant	-0.871***	(-3.40)	-0.669*	(-2.24)	-2.654***	(-3.69)
N	1,864		1,444		396	
LR chi^2	127.14***		95.43***		59.76***	
Pseudo R^2	0.0519		0.0508		0.1104	

Notes: t statistics in parentheses; * $p<0.05$, ** $p<0.01$, *** $p<0.001$

a)   All
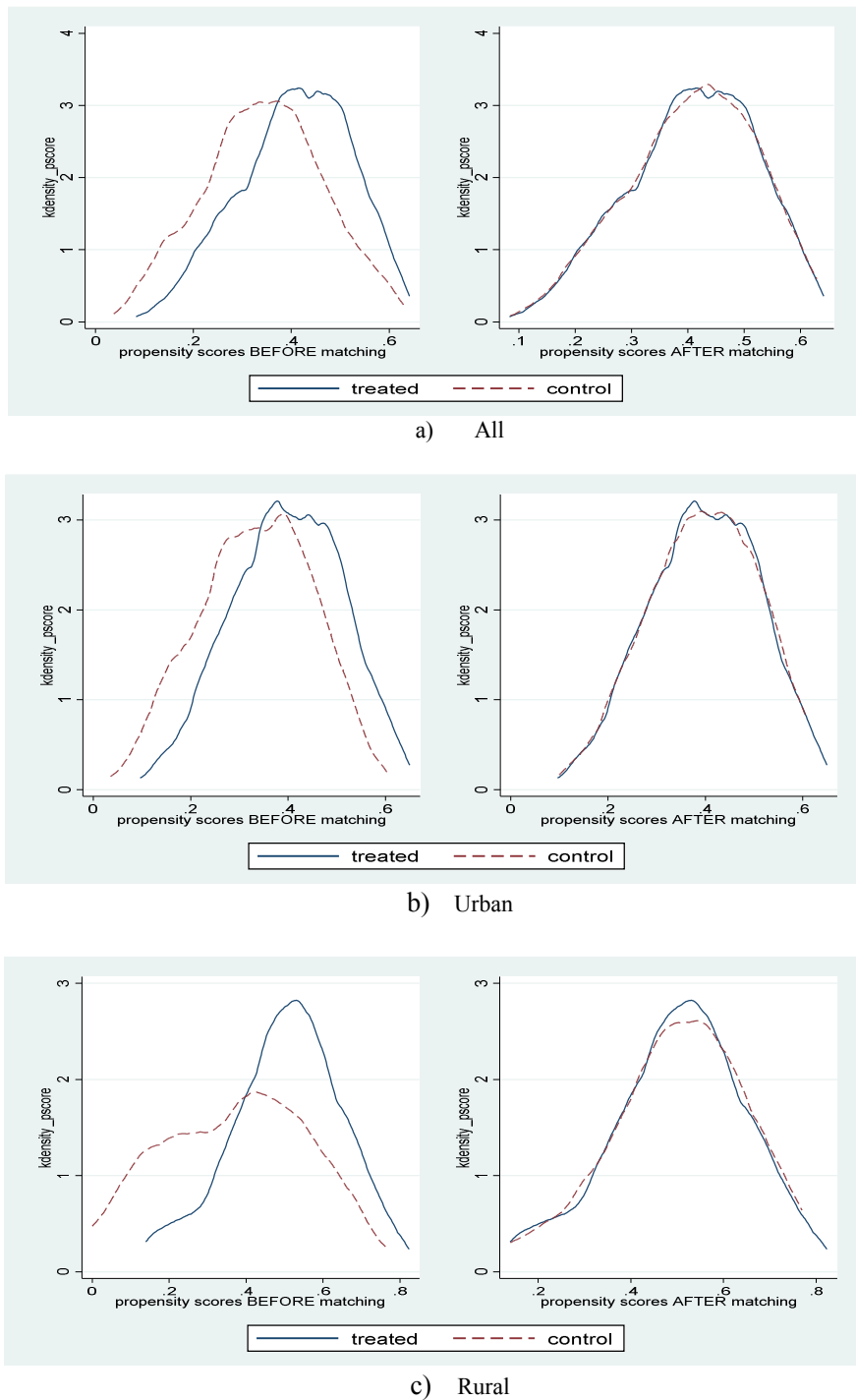

b)   Urban

c)   Rural

Figure 1.   Kernel Density Propensity Score before and after Matching

Table 4.   Average Treatment Effect of Social Safety Net on Household Consumption Expenditure

	Matching method	n. treat.	n. contr.	ATT	Std. Err.	t
Food						
All	Radius caliper	574	812	0.115	0.03	3.805***
	Stratification	684	1170	0.126	0.025	5.059***
Urban	Radius caliper	420	558	0.104	0.037	2.807***
	Stratification	514	914	0.126	0.028	4.518***
Rural	Radius caliper	54	50	-0.101	0.101	-1.004
	Stratification	166	202	0.111	0.051	2.191*
Non-Food						
All	Radius caliper	574	812	0.063	0.036	1.739
	Stratification	684	1170	0.066	0.026	2.524*
Urban	Radius caliper	420	558	0.054	0.043	1.238
	Stratification	514	914	0.028	0.035	0.799
Rural	Radius caliper	54	50	-0.041	0.109	-0.377
	Stratification	166	202	0.129	0.066	1.955*

Notes: * $p<0.05$, ** $p<0.01$, *** $p<0.001$

5.   DISCUSSION

This research aims to investigate the impact of the conditional cash transfer program on poverty levels in households situated in the Special Region of Yogyakarta. The study's results reveal that the Family Hope Program (PKH), a CCT initiative in Indonesia, has effectively alleviated poverty in impoverished households by boosting their food and non-food consumption expenditures. These findings suggest that CCT programs can enhance food security for households, thereby producing a favorable outcome. Moreover, these results was resonated with previous studies by Prayasta and Budhi (2021) which suggests that households may experience an improvement in their welfare through basic household consumption once they have benefited from PKH aid during the pandemic. This insight highlights the potential benefits that PKH can provide to households in need.

Overall, the PKH program has successfully fulfilled its objective of reducing poverty. Numerous studies have demonstrated a significant positive impact of the program on the

welfare of the Indonesian people, despite some adverse effects that have been observed. According to Rahmi and Ulfia (2022) research, analogous outcomes were observed in Aceh Province, particularly in the realm of poverty reduction. The PKH program was employed by impoverished households to enhance their well-being by augmenting their knowledge and availability of healthcare services. In 2019, it was observed that the Family Hope Program (PKH) had a noteworthy adverse impact on poverty in Indonesia. However, research has also demonstrated a significant positive effect of the PKH on the welfare of the Indonesian people (Resina et al., 2023). Overall, the PKH program has fullfilled the target poverty reduction.

Upon analyzing the implications of PKH, it was revealed that it had a more profound influence on rural regions compared to urban ones. This was evidenced by the favorable results in both food and non-food consumption for impoverished rural households, whereas only an upsurge in food consumption was observed for impoverished urban households. The number of poor households were more higher in rural areas, this government-led endeavor aims to enhance the well-being of rural communities while simultaneously curbing the prevalence of societal disparities (Latare et al., 2023). In general, the results indicate that the CCT initiative has yielded a positive impact on the beneficiaries' food consumption, thereby validating its efficaciousness and warranting its perpetuation or enlargement.

6.   CONCLUSIONS

This study has shed light on the impact of the Conditional Cash Transfer (CCT) program, specifically the Family Hope Program (PKH), on poverty levels in households located in the Special Region of Yogyakarta, Indonesia. The research findings reveal that the PKH program has been successful in reducing poverty in impoverished households by significantly increasing their food and non-food consumption expenses. These results demonstrate the potential of PKH to improve food security and well-being for vulnerable households.

Furthermore, this study has highlighted the differential impact of PKH on rural and urban areas. The program has had a more significant effect in rural regions, which aligns with its mission to improve the well-being of rural communities and address societal disparities due to a higher prevalence of poverty in rural areas. Overall, this research provides solid evidence of the positive impact of the CCT initiative on food consumption among beneficiaries. This underscores the program's effectiveness and the importance of its continuation or expansion to combat poverty further and improve the welfare of vulnerable households.

Therefore, policymakers should expand the program, ensure accurate targeting, conduct ongoing monitoring and evaluation, and provide comprehensive support services. Addressing urban poverty, involving communities, and maintaining adaptive management are crucial for sustaining these positive outcomes.

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