

***Kelurahan* as Data Source for Sustainable Development Goals**

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ABSTRACT

One of problems in SDGs implementation is about data. It is often found that the data are not valid or need to be updated regularly. The data play a decisive role in policy including the ones related to SDGs. In Indonesia, in terms of data rely on Indonesia Statistic Board. However, another source of data for comparison or any other purposes is also needed. Considering that the closest government level with people is *Kelurahan* (urban village). Hence, it assumed that *kelurahan* can be the agent of data source for SDGs. Therefore, this paper aims to check which data that available at *kelurahan*. This paper only checked data availability at *kelurahan* using indicators of SDGs goal no 1 that is no poverty. In total there were 14 types of data that were checked in this research. The research was conducted in 33 out of 69 *kelurahan* of Bengkulu City-Indonesia by using questionnaire that were filled out by the head or secretary of *kelurahan*. However, due of technical reason, the research samples were collected only from 30 *kelurahan*. This research involved 44 university students as the research enumerators. The results of the research are first, the data of poor people data were the most complete one data that *kelurahan* had; second, the health and disaster mitigation data were the ones data that *kelurahan* did not have. In conclusion, *kelurahan* is not ready yet as main source of SDGs data. However, data at *kelurahan* level could still be used as a comparison data.

Keywords: Data, Development, Poverty, Public Policy, Sustainable Development

1. INTRODUCTION

Data play a decisive role in public policy including in the Sustainable Development Goals (SDGs) policy (Kharazi et al, 2016). More over Kharazi et al (2016) mentioned that data for SDGs are not simple thing because the data that need to be processed are a big data. Another scholar Lu et al (2016) explained about five priorities of UN Sustainable Development Goals and one of the priorities is SDGs standardized and verified data. In order to collect data for SDGs, Lu et al (2016) argues that it is not only one agency who shall collect the data but it must also involve several agencies who share same principles.

In Indonesia, according to Presidential Decree No. 59/2017 about SDGs implementation that every ministry and government institution must provide and update their data that relate with SDGs. Furthermore, in the attachment of that Presidential Decree mentioned also about national targets for SDGs and there are two national targets regarding to the SDGs data. First is the enhancement of SDGs data providing and the quality of data. Second is the enhancement of accurate and on-time data and harnessing of the data for formulation and evaluation of development

Data in Indonesia are something that often emerges problem. It is mostly because they are not valid or need to be updated. Moreover, the government agencies often have different database for the same subject. The different database will lead into a misconception and false policy. For SDGs, the data that used mostly based on data from Indonesia Statistic Board (BPS), a government agency that manage about data and statistic. However, based on interview with head of BPS office of Bengkulu Province, a province where the research was conducted, BPS only have data for 8 of 17 goals of SDGs, other data that were not available in BPS must be collected from other agencies either public or private agency.

One of other government agencies that potentially has the data for SDGs policy is *kelurahan* (urban village). *Kelurahan* is the closest part of government tier with people. Every *kelurahan* lead

by a head of urban village or in Bahasa is called as *lurah*. A *lurah* has several staffs that work at a *kelurahan* office. In area where this research was conducted, every *kelurahan* had various numbers of staffs. It depends on the areas. For *kelurahan* which covered large areas and a big population, they had a greater number of staffs than the ones with a small area and a small population. Under the *kelurahan* there are other tiers that is RW and RT (neighbourhood). However, the neighbourhood is not the part of government tiers such as *kelurahan*. Even though, the heads of neighbourhood always worked closely and hand in hand with the *kelurahan*.

Since *kelurahan* working closed with people, they know well about people and community problems in their area including the development problem such as poverty. Thus, this research started with surmised that *kelurahan* had data that related with SDGs. Furthermore, this research aims to investigate what types of data that are available at *kelurahan* that relate with SDGs in particularly goal number one which is no poverty.

2. METHOD

This research was conducted in Bengkulu City, Bengkulu Province. The research sample was 33 *kelurahan* out of 69 *kelurahan* in Bengkulu city. However, due of technical reason, the research sample that collected only from 30 *kelurahan*. This research involved 44 university students as research enumerators. All *kelurahan* that became sample of this research were located in 4 sub district (*kecamatan*). The research chose two old *kecamatan* that had been established before decentralization era and two *kecamatan* were established after the decentralization era as a research sample.

This research used quantitative approach and is categorized as a survey research. Thus, in collecting data, this research used questionnaires. Questions in the questionnaires based on SDGs indicators on Presidential Decree No. 59/2017 goals number 1 which is no poverty. Over all, this research checked availability of 14 types of data. Besides that, observation also used as the collecting data tool in this research.

For collecting data process, enumerators visited every *kelurahan* that were the sample of this research and gave a questionnaire to the *lurah* to fill in the questionnaire. The *lurah* and staffs of *kelurahan* answered the questionnaire pertaining to the availability of certain data at *kelurahan* and if available they must write the exact number of the data. Most of enumerators could not collect the questionnaires back within one day due to some barriers such as the *lurah* was not in the office; the *lurah* needed an additional time to re-check the data and fill in the questionnaire and the most difficult hindrance one was the *lurah* rejected and unwilling to fill in the questionnaire. However, through some explanations and negotiations the most difficult hindrance could eventually well solved.

After all the questionnaires were collected by the enumerators then the questionnaires were processed by making classification into 14 types of data. Subsequently, some data transformed into percentages based on what data that each *kelurahan* had. Next step analysed each percents by compared among data in each *kelurahan* and between *kelurahan* as well. The 14 types of data that checked at the 30 *kelurahan* are as follows:

- 1) Poverty
- 2) National Health Insurance (Kartu Indonesia Sehat-KIS)
- 3) Rice for poor people (Raskin)
- 4) Family hope program (Program Keluarga Harapan-PKH)
- 5) Poor difable
- 6) Conditional cash transfer (BTB)
- 7) Clean water
- 8) Sanitation

- 9) School drop out
- 10) Health
- 11) Decent housing
- 12) Birth certificate
- 13) Electricity accessibility
- 14) Disaster mitigation

3. RESULTS

After collecting and processing the data from 30 *kelurahan* in Bengkulu City, the research have some results that can explain in this paper. First, all *kelurahan* did not have 100 percent complete 14 types of data. Poverty, in this case data of poor people, was the most complete data that most *kelurahan* had with 96,7 percent from 30 *kelurahan* had data about poverty in their area. However, most *kelurahan* synchronized data of rice for poor people as also poverty data in their *kelurahan*. The data of rice for poor people was the second most complete one data that *kelurahan* had since 90 percents *kelurahan* had this data. On the other hand, this research found that some *kelurahan* has always update their poverty data by conducting small research through collecting data of poverty from RT and RW of theirs area and of course the poverty data from *kelurahan* that conducting small research was different with rice for poor people data.

Secondly, this research also revealed the types of data that every *kelurahan* did not have. From 14 types of data surveyed, there were two types of data that found zero percent or every *kelurahan* had not the data at all. The health data was one of them. The health data checked in the *kelurahan* were data of birth delivery in the health facility; data of vaccination coverage; and data of contraception usage. All of the three types of the health data based on national target for SDGs that were written on Presidential Decree no 59/2017 about SDGs Implementation. When enumerators asked the *kelurahan* about these three-health data, *lurah* and the staffs admitted that they had not these data and subsequently suggested the enumerators to go to public health center (*puskesmas*) if they want to obtain these data. But with consider that the object of this research is *kelurahan*, then the enumerators did not follow the suggestion.

Furthermore, beside the health data, there was another data that every *kelurahan* did not have, This data was disaster mitigation data. Every *kelurahan*, surveyed in this research answered the questionnaires with the information that they did not have the data about disaster mitigation or any data pertaining disaster. Unlike the health data, this time the *lurah* and the staffs only answered that they did not have data about disaster and gave no suggestion or a recommendation to the enumerators to visit certain offices or places to obtain the disaster mitigation data.

The second lowest data in *kelurahan*, based on this research, were data about birth certificate. Based on this research only 26,7 percent *kelurahan* had data regarding birth certificate. The third lowest data in *kelurahan* were a conditional cash transfer data. the recapitulation of the research results as been as follows.

Table 1. Percentage of data in *kelurahan*

No.	Types of Data	Percentage of <i>Kelurahan</i> that have data (%)
1	Poverty	96,7
2	National Health Insurance	50
3	Rice for poor people	90
4	Family hope program (PKH)	60
5	Poor diffable	60
6	Conditional cash transfer (BTB)	40
7	Clean Water	70
8	Sanitation	66,7
9	Drop out	46,7
10	Health	0
11	Decent house	70
12	Birth certificate	26,7
13	Electricity	83,3
14	Disaster mitigation	0

Source: Author

4. DISCUSSION

As mentioned previously in the result section, most *kelurahan* synchronized data of poverty with data of rice for poor people. This is misleading because these two data are contrasly different. It is due to the fact that not all poor people were listed in rice for poor people data and it might be non-poor people listed in rice for poor people data. Based on data from *kelurahan* that performed small research to survey poor people in their area, the data of poor people in their area was significantly different with rice for poor people data in their area. Therefore, the data of poverty cannot be synchronized with rice for poor people data and if it is synchronized, it will lead to the data inaccuracy. This research presumed that *kelurahan* synchronized those two data since the staffs at the *kelurahan* had not gained any trainings about data management and they had insufficient knowledge to collect, manage and analyse data as well.

Every *kelurahan* had two data that were zero percent or no data at all. Those data were health data and disaster mitigation data. The reason why *kelurahan* did not have these data is because of different causation. In terms of health data, *kelurahan* did not have this data apparently because the *puskesmas* did not share their health data in their coverage area with *kelurahan* around the *puskesmas* (in the place where this research conducted, one *puskesmas* serves people in one or two *kelurahan*). Therefore, when the enumerators surveyed the health data in the *kelurahan*, the *lurah* or the staffs at *kelurahan* suggested enumerators to go to *puskesmas* to obtain health data. From this circumstance, it can be seen that *kelurahan* and *puskesmas* did not have a good collaboration. The circumstance with the absence of collaboration between the two institutions is not line with spirits of SDGs, that inclusive and no one left behind. In terms of disaster mitigation data, every *kelurahan* did not have the data as well. When this research collected data, the *lurah* and staffs not mentioned clearly the reason beyond why *kelurahan* had not mitigation disaster data. However, based on the observation when collecting the data at *kelurahan*, it presumes that *kelurahan* had not the disaster mitigation data since they never had any order from their superior to collect these data

As described on the table that the second lowest data were a data of birth certificate, this is true and in line with regulation change that was done by the government. In the past, *kelurahan* was an institution that involved in procedure of birth certificate issuance. However, since 2016 government have changed the regulation by Home Affairs Ministry Regulation No. 9/2016 about acceleration of birth certificate issuance. Through this new regulation *kelurahan* has no longer involved in the issuance of birth certificate. Any person who wants to apply for birth certificate can directly go to city registry office without through *kelurahan* first.

The third lowest data in the *kelurahan* was the conditional cash transfer or abbreviation in Bahasa as BTB. Only 40 percent of *kelurahan* that had the data of BTB. BTB is a program that is implemented through the family hope program or in Bahasa is called as PKH. The number of *kelurahan* who owned the data were supposed to be the same. If a *kelurahan* has a data of BTB, they must have the data of PKH as well. However, the unique finding was the number of *kelurahan* who had these two data were different. There were 40 percent *kelurahan* that had the data of BTB while there were 60 percent of *kelurahan* that had data of PKH. Therefore, there were *kelurahans* that had the BTB data but did not have the PKH one or in vice versa.

Based on this research, the findings that need to be highlighted and discussed are first, in low tier of government, there is no collaboration yet regarding to the data among government institutions. The condition of no collaboration is not in line of SDGs spirit that accentuate partnership between individual and institutions. Second, the data collection process in the *kelurahan* is still used manual method. If there is an android application for collecting the data or any harnessing of technology for collecting data in *kelurahan*, the *kelurahan's* data could have been complete and updated.

5. CONCLUSION

With the condition of data management in *kelurahan* that previously depicted in this paper. It can be said that *kelurahan* is not ready yet to become the main source data for SDGs. Even though *kelurahan* has almost complete data about poverty but the reliability of the data is still questionable because it was directly taken from RT and RW (neighbourhood) which might contain some biases due to some factors. Despite of that, the data of *kelurahan* can still be used as a comparison data. It is possible if Indonesian government wants to enhance function of *kelurahan* as not only for public service but also for collecting data for SDGs purposes. However, in order to enhance function of *kelurahan*, knowledge and skills of the human resources at *kelurahan* also need to be improved. Furthermore, the change of regulation pertaining to the tasks of *kelurahan* is also considered as essential. For further research, the investigation on the level of validity, reliability and consistency of the data on *Kelurahan* can be a potential future focus.

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