



The Implementation of Family Hope Program in Social Protection and Welfare in West Lombok

Ahmad Amir Aziz¹, Royani², Syukriati³

Faculty of Islamic Economic and Business, Universitas Islam Negeri Mataram^{1,2,3}

Jl. Gajahmada 100 Mataram, Nusa Tenggara Barat, Indonesia

Correspondence Email: ahmadamiraziz@uinmataram.ac.id

ORCID ID: 0000-0001-6297-5186

ABSTRACT

Social inequality remains a crucial problem in Indonesia. This paper intends to describe the implementation of the Family Hope Program as social protection and its impact on improving family welfare in West Lombok. This qualitative research used an analytic descriptive approach, with a case study in the village of Terong Tawah. The results of the study show that the program beneficiaries can experience welfare, manage family finances well, and meet what they need, not what they want. In addition to guaranteed health services, they are kept safe from a school dropout, especially for pregnant and breastfeeding women, as well as toddlers and children.

Keywords: Education, Family Hope Program, Health, Social Protection, Welfare

JEL Classification Codes: H53, I31, I38

INTRODUCTION

In Indonesia, some people remain to live in absolute poverty, which makes them unable to meet their daily needs, especially during the current global pandemic. Poverty refers to the notion of an individual's inability to meet the minimum basic needs for a decent life, in terms of economic, social, and spiritual (Marhaeni, Sudibia, Wirathi, & Dewi, 2014). Poor families are generally concentrated in rural areas and have low education. Their low level of education leads to low productivity, thus rewards are not sufficient to meet their needs of food, clothing, health, housing, and education. Consistently, they will also produce poor families in the next generation. This could create disturbing structured poverty.

On the occasion of the government bureaucracy reform implementation, government ministries and institutions (K/L) continue to build a better performance management system (Marzuki, Laksmono, & Subroto, 2020). One of the government programs to overcome this is the Family Hope Program or *Program Keluarga Harapan* (PKH). PKH is a program of providing conditional social assistance to Poor Families (*Keluarga Miskin/KM*) given to beneficiary families (*Keluarga Penerima Manfaat/KPM*), in which all KPM in 1 household is entitled to receive assistance if meeting the program participation criteria and fulfilling the obligations, related to the development of human resources, especially in the fields of health and education. In the health sector, the obligation is the examination of pregnant and breastfeeding mothers and nutritional intake provision and



vaccination for children aged 0 to 6 years. In the field of education, the obligations are participating in learning activities with an attendance rate of at least 85% of effective study days (Yuningsih, Sumardhani, & Hani, 2018).

The program targets are poor and vulnerable families registered in the integrated data for the Poor Handling Program with the criteria of pregnant/breastfeeding mothers, and children aged zero to six years. By education criteria, they are students of SD/MI children or the equivalent, SMA/MTs children or the equivalent, SMK/MA children or the equivalent, and children aged six to 21 years who have not completed 12 years of compulsory education. Since 2016, there has been an addition to the social welfare component, with the elderly criteria of 60 (sixty) years old, and people with severe disabilities (Social Affairs Ministry, 2020). The exceptionally destitute PKH beneficiaries are those whose salary is barely enough to live on or not settled, even those who have no revenue. Thus, different endeavors are required to tackle the destitution and progress the individual lives and wellbeing (Marnah, Husaini, & Ilmi, 2016; Wulandari, 2017).

Since 2007 the Indonesia Government has implemented the Family Hope Program as an effort to accelerate poverty reduction (Suleman & Resnawaty, 2017). Conditional Cash Transfer (CCT) is also known in various countries and has proven quite successful in overcoming poverty. Previous studies on PKH implementation in Indonesia produced different descriptions of findings. Virgoreta, Pratiwi, and Suwondo (2015) found that the implementation of PKH in Beji Tuban Village went well thus reducing poverty and improve the quality of human resources. Socio-economic conditions of very poor households (*Rumah Tangga Sangat Miskin/RTSM*) are increasing even though their socio-economic changes are not significant. On the other hand, Hambali (2018) underlined the ineffectiveness of this program implementation as the community uses the assistance money for other purposes such as buying personal needs, children's toys, and paying debts. The beneficiaries do not perceive the use of aid funds as a form of abuse, they consider it complete property and for the benefit of the family.

Especially in Lombok, a number of previous studies deserve citation. Murah and Arnila (2020) evaluated the level of efficiency, effectiveness, and responsiveness of the implementation of the Family Development Session Program for the Family Hope Program (FDS-PKH) in East Lombok Regency. The survey results indicated that the program's efficiency, effectiveness, responsiveness are the very good category. Conducted in Suralaga District, East Lombok, Nizar (2017) showed that since supported by factors of targeting accuracy, facilities, and mentoring activities, and the program benefits begin right away to the community in the health sector and education. It can minimize the number of childhood malnutrition, and stimulate children to be more enthusiastic about going to school.

Husain, Mohi, and Radjak (2021) underlined two sides of the success and failure of the program. Two indicators are considered to have gone well, namely the socialization program and the monitoring program. This can be seen from the activity of PKH facilitators in conducting outreach and program monitoring, either directly or indirectly. Two other indicators, the accuracy of the targets and main objectives of the program, have not been



achieved since some ineligible people received PKH. Besides, the use of funds is not in accordance with the objectives expected by the government.

Based on the mapping of previous studies, there are some gaps. Two previous studies on the implementation of PKH in Lombok stated the success of the program, while a recent study critically viewed that some of the government's programs were not on target. Therefore, this study aims to investigate how the implementation of PKH as social protection and its impact on improving family welfare in West Lombok.

RESEARCH METHOD

To answer the question methodologically, this study applied a descriptive methodology, which is an investigation to describe specific details of situations, scenarios, or social relationships that take place in the area of the research topic (Dijk, 2019). This study aims to understand the phenomenon of the impact of the Family Hope Program, which includes holistic perceptions and actions, by the way researchers describe it in a natural context. What this research is descriptively analytical, this study seeks to describe complex social realities through simplification and clarification through the use of concepts that can analytically explain a social phenomenon (Ponsioen, 2019).

This study was conducted on Terong Tawah Village, Labuapi District, West Lombok Regency. The researchers were present directly in the village in a few weeks to collect data through direct observation and interviews. The primary data was obtained from interviews with selected subjects and informants from the beneficiary families (*Keluarga Penerima Manfaat/KPM*), the program companion, Terong Tawah apparatus, and PKH group leaders. During the interview process, we used a list of questions and a recording device. The secondary data were taken from the Ministry of Social Affairs website, PKH Guidebook, scientific magazines, articles, journals, and other relevant documents. The data analysis was carried out by systematically compiling data from interviews, field notes, and documentation, organizing and describing it into units, synthesizing, to draw an easy to understand conclusion (Sugiyono, 2019).

RESULTS AND DISCUSSION

Terong Tawah Village is one of the 12 villages in the Labuapi District, West Lombok Regency. Historically, it was an area with minor supporting facilities, such as infrastructure and road access due to the lack of equitable distribution of regional development. Through the initiative of the community leaders of Karang Bogkot and Merembu, the division of Bajur Village took place in 1998, and Terong Tawah became the definitive village on March 15, 2000. Now the area is 210,153 Ha, which consists of 10 sub-villages. It is located 3 km away from the sub-district capital and 20 minutes from the district capital.

Based on village administration data in 2020 (see Table 1), its total population is 3,462 men and 4,755 women, with 2,167 heads of families. In terms of education, the villagers are still lagging. Many of them are illiterate and ungraduated from elementary school. This has been going on for a long time. As education awareness increases, they are high school and college graduates. The educational facilities available are three elementary



schools (SDN 1 Terong Tawah, SDN 2 Terong Tawah, SD 3 Terong Tawah), 2 junior high schools (SMP Islam Abhariyah Jerneng, SMP ASWAJA Syamsul Falah Jerneng) and 1 SMA-SMK Islam Abhariyah Jerneng.

Table 1. Total Population by Labor Group

	Amount
14 years	1,975
19 years	1,243
26 years	2,495
40 years	825
56 years	50
ears and over	27

The economic condition of the people is classified as middle to lower economy with an average income level of IDR 900,000. In general, the livelihoods of most of the community members are agricultural laborers. However, with the reduction of agricultural land due to the development of housing, they do not have permanent jobs greatly affecting their economic development. Other occupations are ranchers, traders, mechanics, masseurs, and housemaids. In addition, some of them are also civil servants and private employees.

The people hold to the customs. The village has an immense number of the productive age population with good human resources. They are culturally deliberatives with mutual cooperation and assistance principles among the members of the community. They have the ability in farming and carpentry passed on through generations. This condition allows the community to rise from backwardness to a better standard of living.

Industrial development results change the socio-economic aspect of society, including professions, business opportunities, income levels, facilities, and infrastructure. Job changes may be caused by a variety of reasons, such as small agricultural land, less arable land, and young people's lack of interest in agriculture. They believe that industrial work brings higher wages, and industrial work is more important than farmers (Prihatini & Zulaika, 2021).

PKH and Social Protection

According to the International Labor Organization (ILO), social protection is part of a social policy designed to ensure conditions of income security and access to social services for all, paying special attention to groups with vulnerability, and protecting and empowering people in all cycles of life (International Labour Organization, 2012). Several studies show that basic social protection for the poor can be carried even by countries with a fairly low economic level. In addition, the basic social protection has a significant positive impact economically on the overall national development goals of the country concerned (Suharto, 2008).

West Lombok implemented PKH in its development site in 2011. This program was jointly carried out with Central Lombok and East Lombok. Each village has its own story and



experience in implementing the program, and Terong Tawah Village is one of those whose dynamics deserve attention. Our initial data recorded the number of beneficiaries of 100 KPMs spread over 10 hamlets. The latest data for 2019-2020 KPM-PKH showed the increase to 368 families from the integrated database (*Basis Data Terpadu/BDT*). Data on prospective PKH recipients are sourced from the BDT, which at the beginning was sourced from the latest BPS National Census. The database comes from the Ministry of Social Affairs which was obtained from PPLS 2011 results, and the data source was inputted by village BDT officers linked to the central data. Table 2 present the amount of money they receive.

Table 2. Amount of Funds Received by PKH Participants per One Stage

gories	Amount (IDR)
nant women	600.000
ller	600.000
elementary school/equivalent	225.000
or high school/equivalent	375.000
school/equivalent	500.000
rly	600.000

Our informant, Mrs. Mifta (PKH assistant) stated, First, it has to be registered in the BDT. At the data, not all of them can become PKH participants, because there are more criteria to meet. There are deciles 1-4, in which there is another division. Percentile 1-10 goes to decile 1, percentile 11-20 goes to decile 2, and so on. The criteria for PKH are percentiles 1-4, if those in percentile 4+ are already able to afford it.

This shows a significant increase in the number of recipients. The program beneficiaries based on their components are as follows: 128 components of early childhood and 5 pregnant women, 62 components of elderly welfare, 2 components of disability, 422 components of education covering 203 elementary schools (SD), 113 junior high schools (SMP), and 106 senior high schools (SMA). In 2020 there will be a reduction of 7 people (4 died and 3 were considered capable). Independent graduation has not occurred in the village, if they are considered capable however and have decent assets, they are inputted into the data of the targeted persons to be released and seek the correct information.

Beneficiaries withdraw their funds, which are transferred in stages of disbursement, through ATM (Automated Teller Machine). All KPMs have a Prosperous Family Card (*Kartu Keluarga Sejahtera/KKS*), which also functions as an ATM card. Based on our field observations, the beneficiaries also received Non-Cash Food Assistance (*Bantuan Pangan Non-Tunai/BPNT*), which began in 2017 and was gradually distributed in 44 cities in Indonesia, including this village.

They feel a real positive impact, reducing the burden of expenses and income. Judging from the disbursement of PKH funds, which was carried out 4 times/stage per every three months in one year, it helped them in managing their expenses for living necessities. In



improving their health, they can access health services provided by the government for free, and create a healthy lifestyle for families by providing healthy and nutritious food. Endang, one of the beneficiaries, she said, "With this program, as much as possible I give healthy food for my family by providing more vitamins and fruits to increase immunity".

Health is as important as education, it is an important aspect in improving family welfare. It is also an element that must be fulfilled to uphold human values. Incapability to pay for medical expenses is the cause of the nation loses people with the potential to bring Indonesia to participate in the era of globalization.

Likewise, the improvement of education and the ease of accessing education services help the children of beneficiary families to take education easily and for free (elementary to junior high schools). The Smart Indonesia Program (*Program Indonesia Pintar/PIP*) card eases families in financing their children while attending school, especially high school/vocational schools. Also, the card can be used for college tuition discounts. In this village, before PKH, the number of illiteracy and school dropouts was extremely high. After 5 years, the results appear. The illiteracy and dropout rates are decreasing.

The social protection impact of this program is evident. The beneficiaries with children aged 7-18 years who have not completed basic education should register them to schools. If they are school dropouts or working, they must take part in a remedial program to prepare for their education. This is to minimize the dropout rate.

The findings are in line Barrientos & Hulme (2016) stating that social protection is a broader concept than just social security, social insurance, and social safety. In fact, the PKH beneficiaries are not only free from hunger but also from ignorance and backwardness. This positive fact in West Lombok is similar to the findings of Rasyid & Dulkiah (2020) finding that the goals of the Family Hope Program in Bandung Regency have been well realized. There has been a significant increase in the health of pregnant women and toddlers and the education status of the RTSM.

Social protection is intended to prevent and manage risks from shocks and social vulnerabilities (Simanjuntak, Rusdarti, & Prasetyo, 2019). The fulfillment of these needs is in accordance with the minimum basic needs and guarantees for the poor, neglected orphans, neglected elderly people, people with physical, mental intellectual disabilities, or those with multiple disabilities, ex-chronic disease sufferers. Through social protection and security, it is hoped that the life risks faced by these community groups can be minimized.

Program Impact on Social Welfare

One of the government's roles in economic activity is reducing poverty to realize community social welfare. According to the Law of the Republic of Indonesia No. 11 of 2009, social welfare is a condition where the material, spiritual and social needs of the community are fulfilled so that they can live properly to develop themselves and can carry out their social functions. Citizen participation through PKH is conducted to achieve social welfare (Dadi & Suryadi, 2020).



Through the Family Hope Program, KPMs are encouraged to have access and utilize basic social services such as health, education, food and nutrition, care, and assistance. It also includes access to various other social protection programs which are complementary programs on an ongoing basis. This program is directed to become the backbone of poverty alleviation that synergizes various national social protection and empowerment programs. This national priority program, as the most cost-effective program to reduce poverty and inequality among communities, has the highest level of effectiveness in reducing the Gini coefficient (Ruswandi, Sunarya, & Suwiryo, 2020).

The beneficiary welfare level is said to be improving if their income increases and part of the income can be used to meet their basic needs (food and non-food). The PKH social assistance has a positive impact on improving welfare. It is in accordance with its goal, increasing income through the disbursement of PKH funds. BPNT is to reduce food consumption expenditure, and PKH beneficiaries can manage their spending and finances (Rizkillah & Simanjuntak, 2018).

They divide the income they get for what they need. They realized that the assistance was temporary. They give full attention to their children's education. There is also a KPM who manages the cash assistance for business capital to start a business allowing them not to highly rely on their husband's regular income.

The implementation of this program has a concrete impact on family welfare. It is grouped into several aspects. First, the implications for the basic needs of the family. Basic needs cover three aspects: consumption, education, and health. According to the National Family Planning Coordinating Board, the prosperity standard of staple food consumption for a family is that eating twice a day or more. Based on the results of interviews with PKH beneficiary families, on average, they eat three times a day. Social assistance and non-cash food assistance enable them to meet their daily need for nutritious food. In the aspect of education, PKH has succeeded in opening access to education, through which the beneficiary families get relief in the cost of their children's education and other supporting facilities. Jamilah stated, "PKH helps our children's school spending. We do hope for something, and most of us use it for school needs such as to buy bags, shoes, and uniforms." Likewise, in the health aspect, they have their health checked for free. For the elderly people, their families can use elderly *Posyandu* services, which are held every month. As for pregnant women, they check their health at *Posyandu* in each hamlet, to monitor the baby development and health.

Second, the impact on changes in development needs (religious knowledge, savings, community participation, and obtaining information media). From the results of interviews and observations, it was found that there was an increase in efforts to deepen religious insight through Islamic studies from religious leaders, especially in the Abhariyah Jerneng Islamic boarding school. In terms of finances, they can save for future needs. Some of the KPMs admitted that they could save some amount of the school fees. Mrs. Mustirah and Mrs. Mudrikah are some of those who save some amount of their funds. In terms of social life, they are active in community and religious activities, especially in *Isra' Mi'raj* and the Birthday of the Prophet Muhammad. Each family brings food called "*Dulang*" for thanksgiving at the mosque, which will be eaten together after the recitation of dhikr and



prayers. The commemoration of these major events, in turn, can have an impact on harmony, togetherness, and peace among the community.

Third, the impact on self-actualization. One of the forms of actualization is that the actors become subjects in social activities such as by opening donations. They contribute to religious activities or events, such as *Isra' Mi'raj* ceremony at the Al-Hakim Jerneng Mosque. In addition, the beneficiaries also often make material donations for the mosque and food for the people or administrators who clean the mosque. The amount of donations is not the same, starting from Rp. 20.000 to Rp. 50.000.

With PKH and becoming a PKH Beneficiary Family, the KPM is included in the management of the beneficiary family group. This allows underprivileged families who usually stay at home and do not participate in organizational activities can take part in the Family Capacity Building Meeting (*Pertemuan Peningkatan Kemampuan Keluarga/P2K2*) organization. The KPM management must attend every P2K2 activity once a month. There are five main subject modules in P2K2 which are tiered. The material discusses child care and education, financial and business management, health and nutrition, child protection, and the welfare of the elderly and disabled people.

In addition to the positive impacts, there are also negative impacts of the policy. We underlined a dependency dimension of beneficiary families on government assistance. Some always feel less with the current income. As stated by one of them, "We still need help from the government after the covid-19, once the situation is over because it is difficult to trade now, people spend a little. That's the situation". The beneficiary families hope that this program will continue so that it can help their economy.

The implementation of a policy cannot be separated from the cooperation of various parties, both the government as a policymaker and the community as the implementer or recipient of the policy. Policy implementation in a broad view is a legal administration tool in which various actors, organizations, procedures, and techniques work together to achieve the desired goals (Winarno, 2002).

The assistance process plays an important role in the implementation of PKH. Facilitators play an active role in coordinating with the relevant government and beneficiaries during FDS (Family Development Session) or P2K2 (Family Development Meeting) once a month, to facilitate the activities of the beneficiary families. With the facilitator's skills and abilities, they can change the behavior of PKH participants and increase KPM participation in using the facilities. The same thing was also stated in research on the success of PKH in terms of the skills of mentors and KPM participation, which stated that facilitator skills have a significant effect on the success of PKH. Increasing the skills of facilitators can also increase the success of PKH. Facilitator skills can also increase KPM participation in both the benefit-taking process and the process of involvement in P2K2. This influence is caused by the facilitators interacting and dealing directly with KPM allowing them to know and understand their condition better (Nurwan & Hasan, 2020).

PKH facilitators have made a serious effort to ensure that the assistance is in accordance with the components and on target. They also monitor and ensure that beneficiary families



can access health, education, and social welfare facilities by regularly visiting the Posyandu once a month to fulfill obligations in the health department, as well as at schools registered as PKH participants. The facilitators continually motivate families in fulfilling their obligations to change the behavior of Beneficiary Families (KPM) through monthly meetings, namely the Family Capacity Building Meeting (Rahmawati & Kisworo, 2017). After the meeting, they will report it through a form of family participation in each session. It is carried out in stages, starting from assistants to regional coordinators. The report consists of the number of welfare beneficiaries attending the meeting and the attached photo of the activity (Annisa & Yulindrasari, 2021).

By listening to complaints and problems, the solutions are discussed when the activity is held. In addition, the facilitators create groups in their assisted areas to assist them in PKH activities, making it easier to interact and communicate with KPM thus arising close social bonds between the participants and facilitators. Having a group leader makes it easier for facilitators to monitor and improve the ability of beneficiary families, monitor aid distribution, update data, and solve some problems.

CONCLUSIONS

Comprehensive social protection has become a real policy and commitment from the government through family-based social assistance within the scope of integrated social security. The Family Hope Program, also known as *Program Keluarga Harapan (PKH)*, is a conditional cash transfer program given to poor families. In the long term, this program is expected to be able to break the intergenerational poverty chain by improving education and health conditions in beneficiary families. This program has succeeded in saving villagers from the threat of dropping out of school and deteriorating health.

The results of the program show that the poor can enjoy a prosperous life because their basic services are fulfilled, as well as saving and starting a business. The program content which is complemented by regular structured meetings to increase family knowledge can dynamically encourage a positive ethos. In this context, the role of the facilitators cannot be denied. They are the ones who are at the front to assist and oversee the program.

Indeed, The Family Hope Program is top-down because the government directly determines the form of its implementation and people just accept it. As a recommendation, the government needs to think about developing this social protection program into a program with an empowerment design that requires more active community involvement. Even the poorest people, if they act more as subjects, will be more quickly triggered to change their fate with their potential and abilities.

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