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Evaluating the Effectiveness of the Family Hope Program (PKH) in Promoting Social Welfare and Poverty Reduction: A Qualitative Case Study from Rural Indonesia

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Abstract

This study evaluates the impact of the Family Hope Program (Program Keluarga Harapan/PKH) on improving social welfare in Jambu Malea Village, Tapango District, Polewali Mandar Regency, Indonesia. As Indonesia's flagship conditional cash transfer program, PKH aims to reduce poverty by enhancing access to education, healthcare, and social protection for vulnerable households. Despite its nationwide implementation, variations in local contexts necessitate an in-depth understanding of the program's effectiveness at the community level. This research employed a qualitative research design to explore the experiences and perceptions of stakeholders involved in PKH implementation. Data were collected through observations, semi-structured interviews, documentation, literature review, and online data searches. A total of 22 purposively selected informants participated in the study, including village officials, PKH facilitators, beneficiary households, Village Consultative Body members, community leaders, representatives of non-governmental organizations, and media personnel. Data were analyzed using the interactive qualitative analysis model of Miles, Huberman, and Saldaña, involving data condensation, data display, and conclusion drawing, while trustworthiness was ensured through triangulation and member checking. The findings indicate that PKH has contributed positively to reducing the economic burden of beneficiary households, improving children's school attendance, increasing access to healthcare services, and strengthening social inclusion within the community. The program also promotes greater awareness of education and health among beneficiary families, although several implementation challenges remain, including beneficiary data accuracy, uneven distribution of assistance, and continued dependence on government support. Overall, PKH demonstrates a significant contribution to improving community welfare; however, strengthening institutional coordination, beneficiary empowerment, and monitoring mechanisms is essential to ensure the program's long-term sustainability and effectiveness in reducing poverty.

Introduction

Poverty is a multidimensional problem, which is reflected in the limitations of an individual or group in accessing economic, political, social and psychological resources. This condition has the potential to hamper the development process of a nation and result in the non-fulfillment of human rights. Poverty has a widespread impact on the entire fabric of society. The government as the highest authority has a strategic role in poverty alleviation efforts through various public policies. One form of intervention is realized in policies that support the poor, namely the Family Hope Program (PKH) as a conditional social assistance program which aims to improve the welfare of poor and vulnerable household groups. The Family Hope Program (PKH) is a conditional social assistance program aimed at poor and vulnerable families who have been registered in the

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Integrated Social Welfare Data (DTKS). This data is managed by the Social Welfare Data and Information Center and is then used as a basis for determining target families as Beneficiary Families (KPM). The Family Hope Program (PKH) policy was first implemented in 2007. The legal basis for implementing this policy was initially regulated through a decision by the coordinating minister for people's welfare as Chairman of the Poverty Alleviation Coordination Team. This decision became the main guideline in the implementation of PKH in 2007 as an effort to overcome poverty. Along with policy developments, regulations which were originally in the form of decisions have now been established in the form of regulations which function as the official legal basis for implementing PKH policies to date. The Ministry of Social Affairs as the supervisor and technical coordinator of PKH has issued various ministerial regulations governing operational aspects of the program. Minister of Social Affairs Regulation Number 20 of 2011 concerning General Guidelines for the Family Hope Program provides more detailed technical guidance regarding program implementation in the field. This regulation includes procedures for registration and selection of recipient families, procedures for disbursing aid, monitoring and evaluation systems, as well as complaint handling mechanisms. Effectiveness is a measure of success in achieving previously set goals or objectives. Effectiveness can be used to measure the level of success of an organization or institution. Program effectiveness is the level of success in achieving the program objectives that have been agreed upon from the start. Program effectiveness can also be interpreted to measure the achievement of program targets.

In implementing the Family Hope Program (PKH), there are several actors who play an important role, one of which is the PKH Facilitator. Based on Minister of Social Affairs Regulation Number 1 of 2018 concerning the Family Hope Program, PKH Facilitators are defined as human resources who recruited, contracted and appointed by the Ministry of Social Affairs to carry out mentoring functions. PKH Facilitators act as key actors who bridge communication between Beneficiary Families (KPM) and various related parties, both at the sub-district and district/city levels, in accordance with the program established by the Ministry of Social Affairs. Apart from that, PKH Facilitators have the task of carrying out regular socialization activities every month, as well as providing supervision and assistance to ensure that KPM can fulfill the rights and obligations that have been determined. Implementation of the Family Hope Program (PKH) in West Sulawesi began around 2012–2013 in line with the expansion of the program to all provinces in Indonesia. In the initial stage, implementation was carried out in stages in several districts with relatively high poverty levels. Jambu Malea Village is one of the villages in the Tapango subdistrict, Polewali Mandar Regency, West Sulawesi Province. This village is included in an administrative area that has rural characteristics with the community's livelihoods being dominated by the agricultural sector and other informal jobs so that some communities have the potential to fall into the category of poor and vulnerable families which are the main targets of PKH.

The implementation of the Family Hope Program (PKH) in Jambu Malea Village, Tapango District, Polewali Mandar Regency, has brought many benefits to the community. The number of beneficiaries of the Family Hope Program (PKH) in Jambu Malea Village has decreased every year, namely from 131 recipients in 2023, to 127 recipients in 2024, and 119 recipients in 2025. This change in number can be caused by several factors related to the process of evaluating aid recipient data which is carried out periodically by PKH facilitators and the village government. Changes in the number can also occur due to the

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graduation process, namely the withdrawal of beneficiary families from the PKH program because they are deemed to have experienced an improvement in economic conditions or no longer meet the program requirements. Even though the aims of PKH are very positive, in practice in Jambu Malea Village there are still several problems that affect the effectiveness of the program. The following table data shows the number of PKH recipients from 2023-2025 who experienced a reduction. One of the main problems that arises is the inaccuracy of data on PKH recipients. There are still several families who are economically well off but still receive assistance, while there are families who are classified as poor and deserve to receive assistance but have not yet registered. This condition is an important concern because the effectiveness of PKH is very dependent on the accuracy of data, beneficiaries still do not get access to the assistance they should be entitled to.

The low participation of beneficiaries in family capacity building meetings (P2K2) activities is also an obstacle to achieving the goals of this program. P2K2 is a regular meeting aimed at increasing family capacity, including managing family finances, parenting, education and health. In Jambu Malea Village, as stated by the village assistant, there are around 3 to 7 people from each meeting group held every month who do not participate in this activity regularly. They reasoned that it was because they were busy with work or household matters, while others considered this activity to be less important than the direct benefits in the form of cash assistance. This lack of awareness indicates that some KPM still view PKH as mere short-term consumer assistance, not as an empowerment program that can improve long-term quality of life. Dependence on aid and reluctance to graduate is also a problem. In Jambu Malea Village, some beneficiaries who have improved economically are still reluctant to leave the program or graduate. They are worried about losing additional sources of assistance which are considered to support the family's economy. This phenomenon indicates the existence of dependency syndrome or dependence on social assistance, which can hinder PKH's goal of encouraging family independence.

Village governments have an important role in managing candidate data recipients of the Family Hope Program so that social assistance is right on target. The data management process starts from the initial data collection stage, namely by identifying people who are classified as poor or vulnerable through direct field surveys, village meetings, and referring to the Integrated Social Welfare Data as the main data base. The data collected includes the identity of the population, economic conditions, number of dependents, as well as aspects of family education and health. After that, data verification and validation is carried out to ensure the correctness of the information, avoid duplicate data, and assess the suitability of potential recipients according to predetermined criteria. The accuracy of the data can be seen through factual verification in the field, namely by making direct visits to potential recipients' homes to match administrative data such as KTP, Family Card, and socio-economic conditions with the existing reality. Second, data validation is carried out, namely comparing the data from village data collection with the data contained in the Integrated Social Welfare Data (DTKS) to ensure that there are no duplications, identity errors or mismatches in information. Third, the accuracy of the data can also be tested through village deliberations (musdes), where the community is involved to provide input or objections to the list of recipients, thereby creating social control.

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Method

Research Design

This study employed a qualitative research approach to explore and evaluate the impact of the Family Hope Program (Program Keluarga Harapan/PKH) on improving the social welfare of communities in Jambu Malea Village, Tapango District, Polewali Mandar Regency. A qualitative approach was selected because the study sought to understand the experiences, perceptions, and social realities of PKH beneficiaries and other stakeholders involved in program implementation. Rather than measuring relationships through numerical indicators, qualitative research enables researchers to examine social phenomena in their natural settings and interpret the meanings participants assign to their experiences.

According to Sugiyono (2017), qualitative research is conducted under natural conditions in which the researcher serves as the primary research instrument. Data collection and analysis emphasize understanding meanings, social interactions, and contextual factors rather than statistical generalization. In line with this perspective, the present study aimed to develop a comprehensive understanding of how PKH contributes to poverty reduction, access to public services, and community empowerment within the local socio-cultural context.

The qualitative design was considered appropriate because evaluating social assistance programs requires not only identifying program outcomes but also understanding the processes, experiences, and contextual factors that influence program effectiveness. Therefore, this study focused on capturing participants' perspectives through direct interaction, allowing a holistic interpretation of the program's implementation and its contribution to improving social welfare.

Research Site and Duration

The research was conducted in Jambu Malea Village, Tapango District, Polewali Mandar Regency, Indonesia. This location was purposively selected because the village is one of the areas implementing the Family Hope Program (PKH) and has a considerable number of beneficiary households. The village provides an appropriate setting for examining how conditional cash transfer programs contribute to improving social welfare at the community level.

The research was undertaken between March and May 2026. This period allowed the researcher sufficient time to conduct field observations, establish relationships with participants, carry out in-depth interviews, collect supporting documents, and verify research findings through repeated interactions. Conducting the study over several months also enabled the researcher to obtain a richer understanding of the social context surrounding PKH implementation.

Research Informants

The participants in this study were selected using purposive sampling, whereby individuals were intentionally chosen based on their knowledge, experience, and involvement in the implementation and impacts of the Family Hope Program. Purposive sampling is appropriate in qualitative research because it enables researchers to obtain

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rich and relevant information from individuals who possess firsthand knowledge of the phenomenon under investigation.

The study involved 22 informants, categorized into three groups.

The first group consisted of key informants, who possessed strategic roles and comprehensive knowledge regarding PKH implementation. These included the Village Head and the PKH Facilitator, resulting in a total of two key informants. Their positions enabled them to provide detailed information regarding policy implementation, beneficiary selection, program coordination, and challenges encountered during implementation.

The second group comprised main informants, consisting of fifteen participants directly involved in or affected by the program. These included PKH beneficiary households, village officials, and members of the Village Consultative Body (BPD). Their experiences provided valuable insights into the program's effectiveness in improving household welfare, education, health, and community participation.

The final group included additional informants, consisting of five individuals representing community leaders, local non-governmental organizations (NGOs), and the media. These participants were selected to provide complementary perspectives and facilitate triangulation of information obtained from the primary participants. Their contributions enriched the analysis by offering broader observations regarding the social impacts and public perception of PKH implementation within the village.

Research Focus

The focus of this study was to evaluate the impact of the Family Hope Program (PKH) on improving the social welfare of communities in Jambu Malea Village. Specifically, the research examined how the program contributes to reducing poverty while improving beneficiaries' quality of life through various dimensions of social welfare.

The evaluation concentrated on three principal dimensions. The first dimension was poverty reduction, which examined the extent to which PKH assists beneficiary households in meeting basic needs and reducing economic vulnerability. The second dimension was improved access to health and education services, focusing on how conditional cash transfers encourage beneficiaries to utilize healthcare facilities and ensure children's school attendance. The third dimension was social empowerment, which explored the program's contribution to strengthening community participation, social inclusion, self-reliance, and household resilience.

These dimensions were selected because they reflect the primary objectives of the Family Hope Program and provide a comprehensive framework for evaluating its contribution to improving community welfare and reducing social inequality.

Types and Sources of Data

This study utilized both primary and secondary data sources to obtain a comprehensive understanding of the research problem. Primary data were collected directly from research participants through field observations and semi-structured interviews. These data represented firsthand information regarding participants' experiences, perceptions, and evaluations of the Family Hope Program. Direct interaction with informants enabled the researcher to explore the actual impacts of PKH on household welfare, educational participation, healthcare utilization, and community empowerment. Secondary data

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were obtained from various documentary sources, including government reports, village administrative records, official PKH documents, statistical reports, academic journals, books, policy documents, legislation, and previous research related to poverty alleviation and social protection programs. These documents served as supporting evidence and facilitated comparison between field findings and existing policy frameworks and scholarly literature. The integration of primary and secondary data strengthened the credibility and comprehensiveness of the study by enabling data triangulation and contextual interpretation of the research findings.

Data Collection Techniques

Data were collected using multiple techniques to obtain rich, comprehensive, and trustworthy information regarding the implementation and impact of the Family Hope Program. Observation was conducted through direct field visits to observe the living conditions of beneficiary households, community interactions, and the implementation of PKH activities. Observation enabled the researcher to understand the actual social context and verify information obtained during interviews. Semi-structured interviews constituted the primary data collection method. Interviews were conducted with all categories of informants using flexible interview guides that allowed participants to describe their experiences openly while ensuring consistency across interviews. This approach facilitated in-depth exploration of participants' perceptions regarding the effectiveness, benefits, challenges, and limitations of the program.

Documentation involved collecting and reviewing relevant documents such as beneficiary records, village development reports, government regulations, PKH implementation reports, photographs, meeting minutes, and other administrative records. Documentary evidence provided additional contextual information and supported the validation of interview findings. In addition, the researcher conducted an extensive literature review by examining books, scholarly journals, government publications, and previous studies related to poverty reduction, social welfare, conditional cash transfer programs, and qualitative evaluation methods. This process established the theoretical foundation of the research and supported interpretation of empirical findings.

To complement these sources, online data searches were undertaken to obtain recent policy documents, statistical information, government publications, and other credible digital resources relevant to PKH implementation. Information retrieved from online sources was critically evaluated for credibility and used only when obtained from authoritative institutions. The combination of these data collection techniques enabled the researcher to obtain multiple perspectives on the research phenomenon while enhancing the depth and credibility of the findings.

Data Analysis

The collected data were analyzed using the interactive model of qualitative data analysis developed by Miles, Huberman, and Saldaña. Data analysis was conducted continuously throughout the research process, beginning during data collection and continuing until the final interpretation of findings. The first stage involved data condensation, during which interview transcripts, observation notes, and documentary evidence were organized, coded, and simplified by identifying meaningful units relevant to the research

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objectives. This process enabled the researcher to focus on significant themes while reducing irrelevant information.

The second stage involved data display, whereby the organized data were systematically presented in narrative form, thematic matrices, and conceptual categories. Presenting the data in an organized manner facilitated comparison among participants and helped identify emerging patterns and relationships. The final stage consisted of drawing and verifying conclusions. Conclusions were developed through continuous comparison of evidence from different data sources and were repeatedly verified during the analysis process to ensure consistency and credibility. The interpretation emphasized understanding how the Family Hope Program contributes to improving social welfare, reducing poverty, increasing access to health and education services, and strengthening social empowerment within the community. This iterative analytical process enabled the researcher to generate findings grounded in empirical evidence while maintaining close connections between the collected data and the study's research objectives.

Result and Discussion

The Family Hope Program (PKH) is a conditional social assistance program aimed at poor and vulnerable families who have been registered in the Integrated Social Welfare Data (DTKS). This data is managed by the Social Welfare Data and Information Center and is then used as a basis for determining target families as Beneficiary Families (KPM) in the program target villages. The Family Hope Program (PKH) is a social protection program that provides cash assistance to Very Poor Households (RTSM) with certain requirements. The aim of this program is to reduce the number and break the chain of poverty, improve the quality of human resources, and change behavior that does not support improving the welfare of the poorest groups. Participants in the Family Hope Program are required to fulfill requirements and commitments related to efforts to improve the quality of human resources, namely education and health. The target participants for the Family Hope Program are poor families and those who have certain requirements.

The implementation of the Family Hope Program (PKH) in Jambu Malea Village, Tapango District, Polewali Mandar Regency, has brought many benefits to the community, however in practice there are several problems that affect the effectiveness of the Jambu Malea PKH program. To discuss the problems in this research, researchers used the effectiveness theory from Lubis and Husain (in Kumorotomo, 2018: 78) measured through target approach (goals approach), source (resource approach), and process (process approach). The goals approach is used to assess the extent to which the program has succeeded in measuring the success of achieving results in accordance with the plan. Source Approach This approach emphasizes input, namely the availability and quality of resources used in implementing the program to achieve goals. The results of an interview with one of the research informants who is the Key Informant for this research (Village Head) regarding the target indicators said that:

> *"The Family Hope Program is a step to empower underprivileged communities in the fields of education, health and social care. The target is groups of poor and vulnerable households" (interview results on April 13, 2026)*

Accurate target recipients by ensuring assistance is given to Very Poor Households (RTSM) or Beneficiary Families (KPM) who meet the criteria (pregnant women, toddlers,

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school children, people with disabilities, or the elderly) has become an indicator of the target recipients of PKH.

The results of an interview with one of the research informants who was the Key Informant (PKH Facilitator) for this research related to the target indicators said that:

> *"The hope in Jambu Malea Village is also to determine the suitability of PKH recipients with the program objectives, namely by measuring whether the program has succeeded in reducing the burden of KPM expenditures, increasing access to health services and education." (interview results on April 13, 2026)*

The results of follow-up interviews with PKH Companion Informants regarding target indicators stated that:

> *"The essence of the PKH program is how to achieve the PKH program output target, namely by comparing the actual number of beneficiaries who receive assistance in accordance with the planning target, as well as the frequency timely distribution of funds." (interview results on April 13, 2026)*

Based on the description above, it can be understood that the family hope program in Jambu Malea village emphasizes people who are truly disadvantaged. At this stage there are two activities carried out, namely determining poor communities and determining their location. In this activity, someone is entrusted to provide input on who is entitled to receive PKH assistance when holding village deliberation meetings.

The results of an interview with one of the research informants who is the Key Informant for this research (Village Head) regarding the target indicators said that:

> *"Determining which communities are entitled to receive PKH program assistance is proposed first at the hamlet and fervication level through the assistance of village officials and under the supervision of PKH facilitators." (interview results on April 13, 2026)*

One of the main problems in compiling Integrated Social Welfare Data, as stated in the background of this research problem, is the inaccuracy of data on PKH recipients. There are still several families who are economically well off but still receive assistance, while there are families who are classified as poor and deserve to receive assistance but have not yet registered. The results of an interview with one of the research informants who was the Key Informant (PKH Facilitator) for this research related to the target indicators said that:

> *"There are indeed problems in determining the DTKS for several reasons, including the low participation of beneficiaries in improvement meeting activities family capacity (P2K2) so that it is difficult for us to validate the accuracy of recipient data whether it is still feasible or no longer feasible (graduation)." (interview results on April 13, 2026)*

Dependence on aid and reluctance to graduate is also a problem. In Jambu Malea Village, some beneficiaries who have improved economically are still reluctant to leave the program or graduate. They are worried about losing additional sources of assistance which are considered to support the family's economy. This phenomenon indicates the existence of dependency syndrome or dependence on social assistance, which can hinder PKH's goal of encouraging family independence. The results of an interview with one of

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the research informants who is the Main Informant (Jambu Malea Village Official) regarding the target indicators stated that:

> *"Actually, if you look at the KPM data, there are indeed those who are no longer allowed to receive PKH but are still receiving assistance, while there are also those who don't receive it but actually deserve to receive it. This happens because the DTKS data is the benchmark and has not been updated according to the criteria." (interview results on April 13, 2026)*

The village government plays an important role in determining data on potential recipients of the Family Hope Program so that social assistance is right on target. The data management process starts from the initial data collection stage, namely by identifying people who are classified as poor or vulnerable through direct field surveys, village meetings, and referring to the Integrated Social Welfare Data as the main data base. The data collected includes the identity of the population, economic conditions, number of dependents, as well as aspects of family education and health. After that, data verification and validation are carried out to ensure the correctness of the information, avoid duplicate data, and assess the suitability of potential recipients according to predetermined criteria.

The results of interviews with research informants who are key informants for this research (Village Heads) relating to target indicators say that:

> *"When it comes to verifying data on determining which communities are entitled to receive PKH program assistance, it is proposed first at the hamlet and fervication level with the help of village officials and under the supervision of PKH facilitators. The obstacle is the low participation of the community, sometimes they are invited to meetings but only a handful come. If there are recipients who no longer meet the requirements but are immediately dropped, we are protested too and of course this becomes another problem, so we need input and suggestions from the community so that the proposal is right on target." (interview results on April 13, 2026)*

Based on the description above and the results of observations made by researchers when linked to the target approach indicators, it can be stated that the Family Hope Program (PKH) in Jambu Malea Village has been running well, however the Family Hope Program (PKH) in Jambu Malea Village is facing challenges related to PKH beneficiaries. In the DTKS data there are still several families who are economically well off but still receive assistance, while there are families who are classified as poor and deserve to receive assistance but have not yet registered. This condition is an important concern because the effectiveness of PKH is very dependent on the accuracy of data on beneficiaries who still do not get access to the assistance they should be entitled to. The results of the interviews showed that there was low participation of beneficiaries in family capacity building meeting activities (P2K2).

P2K2 is a regular meeting aimed at increasing family capacity, including managing family finances, parenting, education and health. In Jambu Malae Village, as stated by the village assistant, there are around 3 to 7 people from each meeting group held every month who do not participate in this activity regularly. Dependence on aid and reluctance to graduate is also a problem. In Jambu Malae Village, some beneficiaries who have improved economically are still reluctant to leave the program or graduate. They are worried about losing additional sources of assistance which are considered to support the family's

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economy. This phenomenon indicates the existence of dependency syndrome or dependence on social assistance, which can hinder PKH's goal of encouraging family independence.

Village governments have an important role in managing data on potential recipients of the Family Hope Program so that social assistance is right on target. The data management process starts from the initial data collection stage, namely by identifying people who are classified as poor or vulnerable through direct field surveys, village meetings, and referring to the Integrated Social Welfare Data as the main data base. The data collected includes the identity of the population, economic conditions, number of dependents, as well as aspects of family education and health. After that, data verification and validation is carried out to ensure the correctness of the information, avoid duplicate data, and assess feasibility prospective recipients according to predetermined criteria. The accuracy of the data can be seen through factual verification in the field, namely by making direct visits to potential recipients' homes to match administrative data such as KTP, Family Card, and socio-economic conditions with the existing reality. Second, data validation is carried out, namely comparing the data from village data collection with the data contained in the integrated social welfare data (DTKS) to ensure that there are no duplications, mistaken identities or mismatches in information. Third, accuracy can also be tested through village deliberations (musdes), where the community is involved to provide input or objections to the list of recipients, thereby creating social control.

Resource Approach

The results of interviews with research informants who are key informants for this research (village heads) relating to the source approach indicators say that:

> *"Family Hope Program (PKH) assistants play an important role in data validation, verification and other competencies in line with the main duties and responsibilities carried out. One of the factors in achieving the PKH program targets is the PKH assistants. Well, the PKH assistants in Jambu Malea Village, I think so far have been good and running as they should, communication with the village government is also very good, so I think the PKH program is also good, even if problems sometimes arise during this time, they can be handled well." (interview results on 13 April 2026)*

The following are details of the Main Duties and Functions (Tupoksi) of PKH Program Companions: (a) Data Validation and Updating: Validating new KPM candidates, updating data periodically (changes in components, addresses, family members), and ensuring the data is valid. (b) Commitment Verification: Ensure that KPM fulfills obligations, such as children's attendance at school, health checks for pregnant women/toddlers, and other health services. (c) Family Capacity Building Meeting (P2K2/FDS): Organizing regular P2K2 for education on parenting patterns, financial management, health and child protection, as well as nutrition/stunting.

d) Assistance with Social Assistance Disbursement: Educating KPM about the use of the Prosperous Family Card (KKS) and ensuring assistance accepted and used according to its intended purpose (not for cigarettes/non-staple goods). (e) Facilitation and Education: Become a facilitator for access to complementary assistance (such as KIS/PBI, PIP, necessities) and a motivator so that KPMs become economically independent (graduation). (f) Problem Handling and Reporting: Handling complaints, resolving problems in the field, and making monthly mentoring performance reports. (g) Agent of

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Change: Acts as an agent of change who changes the KPM's mindset so that they are not dependent on aid.

The results of interviews with research informants who are the main informants of this research (BPD elements) relating to the source approach indicators say that:

> *"PKH assistants act as a bridge between state policy and society, with a focus on raising hope and improving social welfare. So, what must be strengthened is the PKH companions too." (interview results on April 13, 2026)*

Another important component apart from accompanying the Family Hope Program (PKH) related to the resource approach is the program support facilities. Supporting facilities for the PKH program include social assistance (P2K2/monthly meetings), Prosperous Family Cards (KKS) for disbursement, as well as health and education facilities (Puskesmas/Schools).

Supporting facilities for the PKH program include social assistance (P2K2/monthly meetings), Prosperous Family Cards (KKS) for disbursement, as well as health and education facilities (Puskesmas/Schools). Apart from that, complementary programs such as BPNT, KIS, KIP, and business assistance (KUBE) are also included to improve the welfare of KPM. This facility aims to break the chain of poverty by changing behavior (health and education) as well as improving the economic capacity of Beneficiary Families (KPM).

The results of interviews with research informants who are the main informants of this research (PKH beneficiaries) regarding the source approach indicators say that:

> *"If I see that the performance of PKH Facilitators is good because they are active in assisting and mentoring the recipient communities, I see that their cooperation with the Village Government and other parties related to PKH is also good. As a recipient of the Family Hope Program assistance, I am very grateful to receive assistance because it is very helpful and lightens the burden of household expenses." (interview results on April 14, 2026)*

The results of subsequent interviews with the research informant who is the main informant for this research (BPD element) of Jambu Malea Village regarding the source approach indicators said that:

> *"The work of the PKH Facilitator so far has been good, but perhaps I see that there is a need for improvement in determining the DTKS data. I see that there are still people who deserve to receive it but are not accommodated, while there are also people who, in my opinion, really don't need it anymore but are still receiving assistance. This is one of the tasks of PKH assistants by validating and updating data." (interview results on April 14, 2026)*

The researcher clarified the issue above by clarifying the Family Hope Program (PKH) facilitator and the results of interviews with the PKH Assistant in Jambu Malea Village stated that:

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"The data entered in the DTKS comes from the Village Government. Data is processed based on the criteria, requirements and other administrative requirements that have been entered. As assistants, we cannot reject or accept data that is not proposed, so the key is in the Village Government as the Party that proposes potential PKH beneficiaries. This is where the active role of the community is needed in providing information and input regarding recipient proposals. The public can complain if there is data that is not appropriate. The low level of community participation in PKH program meeting activities is one of the reasons the DTKS data is imperfect and other inhibiting factors are often in the form of incongruence in NIK/Dukcapil data, differences in domicile, or family member components that are no longer valid." (result interview on April 13, 2026)

The PKH program is a government program that is oriented towards changing the socio-economic conditions of society, so that the measure of its success lies not only in the implementation of activities or the absorption of the budget, but also in the extent to which the program's objectives are actually achieved and provide real benefits for beneficiary families. It is necessary to build positive synergy between the Village Government, PKH Facilitators and the Community in implementing the PKH program so that the effectiveness of the PKH program is achieved according to procedures, achieved appropriately, transparently and accountably.

Based on the description above and the results of observations made by researchers when linked to the resource approach indicators, it can be stated that the Family Hope Program (PKH) in Jambu Malea Village has been running well. Specifically, the resource approach points in PKH which include the abilities and skills of companions PKH has the understanding, competence and ability to guide PKH participants and in its activities is equipped with supporting facilities and infrastructure for accompanying operations. However, the quality of data/recipient criteria and the accuracy of targeting beneficiaries based on predetermined criteria (poverty) are not yet fully optimal. The results of the interviews show that in determining the DTKS data there are still people who actually deserve to receive it but are not accommodated, while there are also those who no longer need to receive assistance from the PKH program but still receive it, meaning that the DTKS data is not completely objective. The results of interviews show that the low level of community participation in PKH program meeting activities is one of the reasons the DTKS data is not perfect and other inhibiting factors are often in the form of incongruence in NIK/Dukcapil data, differences in domicile, or family member components that are no longer valid.

The results of interviews with research informants who are key informants for this research (PKH Facilitators) relating to indicators of the process approach say that:

"The process of implementing the Family Hope Program (PKH) is carried out according to the applicable mechanism involving all relevant stakeholders. So, the initial stages are data collection and verification of poor families, determining beneficiary families (KPM), providing conditional assistance, assistance and monitoring as well as evaluation and reporting." (interview results on April 14, 2026)

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The results of subsequent interviews with research informants who are the main informants of this research (PKH Program Beneficiaries) relating to the process approach indicators said that:

> *"The Family Hope Program (PKH) process in Jambu Malea Village is very strict, there are many stages and there are always PKH assistants who help, but I am grateful because I have received assistance from the government which can reduce the burden on households." (Interview on April 14, 2026)*

The quality of the PKH program implementation process in Jambu Malea Village is considered quite effective in improving access to education, health and welfare of disadvantaged families affected by the Family Hope Program (PKH). Accuracy of procedures, methodology and standards applied in program implementation are implemented well. The success of the program is supported by the accuracy of targets, intensive assistance and a structured distribution mechanism through banks.

The results of interviews with research informants who are the key informants for this research (Head of Jambu Malea Village) relating to indicators of the process approach say that:

> *"The benefits of the Family Hope Program (PKH) have been felt by the people who receive the benefits of the PKH Program, meaning that the quality of the PKH program implementation process has met the program's objectives." (interview results on April 15, 2026)*

Transparency and accountability of the Family Hope Program (PKH) which focuses on openness of information and accountability in the management of social assistance funds starting from collecting data on verification to distribution of aid. However, the implementation of the PKH program is still faced with challenges such as a lack of socialization and transparency of recipient data.

The results of subsequent interviews with research informants who are the main informants of this research (BPD elements) relating to the process approach indicators say that:

> *"The work of PKH Facilitators so far has been good, but perhaps if I see that there is still a lack of socialization of the PKH program and transparency of recipient data, it must be more open so as not to arouse suspicion. Ideally, all data must be informed, including prospective recipients who are rejected, what the reason is, for example, if they are rejected." (interview results on April 15, 2026)*

The speed of response in following up on problems encountered in the PKH program in Jambu Malea Village is greatly influenced by the activeness of field assistants in group meetings to detect possible problems that arise and resolve them quickly and precisely as well as using information technology to facilitate community complaints if any.

The results of subsequent interviews with research informants who are the main informants of this research (PKH Program Beneficiaries) relating to the process approach indicators said that:

> *"The ability of PKH facilitators is beyond doubt in following up on our problems or complaints as PKH beneficiaries. The activeness of field assistants in group meetings and the use of information technology such as cellphones really support if there are problems." (Interview on 16 April 2026)*

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Based on the description above and the results of observations made by the researcher, when linked to the Process approach indicators, it can be stated that the Family Hope Program (PKH) in Jambu Malea Village has been running well. Specifically, the process approach points in PKH include the quality of the program implementation process, transparency and accountability, the speed of response has been carried out in accordance with the existing mechanism process, however there are still criteria that still need to be improved, including socialization of the PKH program and transparency of recipient data which must be more open so as not to arouse suspicion. Ideally all data must be informed, including prospective recipients who are rejected for what reason, for example if they are rejected.

Goal approach

The goal approach is a measure of the success of a program or organization that focuses on achieving predetermined final goals. This approach assesses effectiveness based on the suitability between the output produced and the initial target plan. The goal approach focuses on the results achieved. The goals approach is used to assess the extent to which the program has succeeded in measuring the success of achieving results in accordance with the plan. The general indicators used in the target approach include: (1) Conformity with objectives is whether the activities are in line with the program's strategic objectives in improving welfare. (2) Stakeholder satisfaction is the level of satisfaction of government and community interested parties with program results. The target approach indicators in the Family Hope Program (PKH) focus on the accuracy of data and criteria for beneficiary families (KPM) so that this conditional social assistance is received by those who really need it most.

The Family Hope Program is a step to empower underprivileged communities in the fields of education, health and social care. The aim of the Family Hope Program assistance is to aid every family in need to meet basic needs such as education for school children, health for pregnant women, as well as the elderly and seriously disabled, to create intelligent children and a healthy and prosperous society. The Family Hope Program (PKH) is a conditional social assistance program which aims to improve the welfare of poor and vulnerable household groups. Based on the results of observations made by researchers related to the target approach indicators, it can be stated that the Family Hope Program (PKH) in Jambu Malea Village has been running well, however the Family Hope Program (PKH) in Jambu Malea Village is facing challenges related to PKH beneficiaries.

In the DTKS data there are still several families who are economically well off but still receive assistance, while there are families who are classified as poor and deserve to receive assistance but have not yet registered. This condition is an important concern because the effectiveness of PKH is very dependent on the accuracy of data on beneficiaries who still do not get access to the assistance they should be entitled to. The results of the interviews showed that there was low participation of beneficiaries in family capacity building meeting activities (P2K2). P2K2 is a regular meeting aimed at increasing family capacity, including managing family finances, parenting, education and health. In Jambu Malae Village, as stated by the village assistant, there are around 3 to 7 people from each meeting group held every month who do not participate in this activity regularly. Dependence on aid and reluctance to graduate is also a problem. In Jambu Malae Village, some beneficiaries who have improved economically are still reluctant to

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leave the program or graduate. They are worried about losing additional sources of assistance which are considered to support the family's economy. This phenomenon indicates the existence of dependency syndrome or dependence on social assistance, which can hinder PKH's goal of encouraging family independence. Village governments have an important role in managing data on potential recipients of the Family Hope Program so that social assistance is right on target. The data management process starts from the initial data collection stage, namely by identifying people who are classified as poor or vulnerable through direct field surveys, village meetings, and referring to the Integrated Social Welfare Data as the main data base. The data collected includes the identity of the population, economic conditions, number of dependents, as well as aspects of family education and health. After that, data verification and validation are carried out to ensure the correctness of the information, avoid duplicate data, and assess feasibility prospective recipients according to predetermined criteria. The accuracy of the data can be seen through factual verification in the field, namely by making direct visits to potential recipients' homes to match administrative data such as KTP, Family Card, and socio-economic conditions with the existing reality. Second, data validation is carried out, namely comparing the data from village data collection with the data contained in the integrated social welfare data (DTKS) to ensure that there are no duplications, mistaken identities or mismatches in information. Third, accuracy can also be tested through village deliberations (musdes), where the community is involved to provide input or objections to the list of recipients, thereby creating social control.

Resource Approach

The Resource Approach is an approach that emphasizes input, namely the availability and quality of resources used in program implementation to achieve goals. The indicators include: (1) Availability of resources, measuring the availability of various resources that support program implementation, such as the number of accompanying staff, program budget, supporting facilities and infrastructure, as well as an adequate administrative system. (2) Efficient use of resources, assessing the extent to which existing resources, both human resources, budget and facilities, are used optimally to achieve program results without waste or inefficiency. (3) Quality of human resources (HR), assessing competency, ability and professionalism in carrying out their duties, including skills in mentoring. The indicators used in evaluating the PKH program by referring to the theoretical concepts above, especially in the context of resource utilization, include the quality and quantity of human resources (HR) and the productivity of implementing the PKH program to achieve the goal of improving community welfare. Specifically, the resource approach points in PKH generally include the following indicators: (1) Abilities and Skills of PKH Facilitators: The extent to which the companion (HR) has the understanding, competence and ability to guide PKH participants. (2) Supporting Facilities and Infrastructure: Availability of supporting facilities in the field for operational assistance. (3) Data Quality/Recipient Criteria: Accuracy of targeting beneficiaries based on predetermined criteria (poverty). (4) Level of Participant Understanding: Understanding of Beneficiary Families (KPM) regarding the rights and obligations in the program. This approach focuses on the effectiveness of implementation through the creation of productive and competent human resources in facilitating the needs of PKH program participants. Implementation of the Family Hope Program (PKH) involves several actors who play an important role in achieving program objectives. One of them is the Family Hope Program (PKH) Companion. PKH Facilitators act as key actors

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who bridge communication between Beneficiary Families (KPM) and various related parties, both at the sub-district and district/city levels, in accordance with the program established by the Ministry of Social Affairs. Apart from that, PKH Facilitators have the task of carrying out regular socialization activities every month, as well as providing supervision and assistance to ensure that KPM can fulfill the rights and obligations that have been determined. Based on the results of observations made by researchers related to the resource approach indicators, it can be stated that the Family Hope Program (PKH) in Jambu Malea Village is running well. Specifically, the resource approach points in PKH include the abilities and skills of PKH assistants who have the understanding, competence and ability to guide PKH participants and in their activities are equipped with supporting facilities and infrastructure for companion operations. However, the quality of data/recipient criteria and the accuracy of targeting beneficiaries based on predetermined criteria (poverty) are not yet fully optimal. The results of the interviews show that in determining the DTKS data there are still people who actually deserve to receive it but are not accommodated, while there are also those who no longer need to receive assistance from the PKH program but still receive it, meaning that the DTKS data is not completely objective. The results of the interviews showed that the low level of community participation in PKH program meeting activities was one of the reasons the DTKS data was imperfect and then other inhibiting factors. often in the form of inconsistencies in NIK/Dukcapil data, differences in domicile, or components of family members that are no longer valid.

Process Approach

This approach focuses on input or the organization's ability to obtain the resources needed for the organization to operate effectively. The Process Approach is used to assess the extent of the effectiveness of program implementation of all program mechanism activities. This approach emphasizes the quality of internal processes, procedures and implementation of activities, so that program success can be achieved appropriately, transparently and accountably. The indicators in the process approach in the PKH program include: (1) The quality of the program implementation process, measuring the accuracy of the procedures, methodology and standards applied in program implementation, including in the selection of beneficiary families, distribution of aid and assistance. (2) Transparency and accountability, assessing the extent to which program implementation is carried out openly and can be accounted for, for example through activity reports, complaint mechanisms and community involvement in program monitoring. (3) Speed of response, measuring the ability of officers or related parties to follow up on problems, complaints or family needs. The implementation of the Family Hope Program (PKH) is carried out through a structured and gradual process to ensure that the social assistance provided is appropriate targets and has an impact on improving the welfare of beneficiary families (KPM) of the Family Hope Program (PKH). Based on the description above and the results of observations made by the researcher, when linked to the Process approach indicators, it can be stated that the Family Hope Program (PKH) in Jambu Malea Village has been running well. Specifically, the process approach points in PKH include the quality of the program implementation process, transparency and accountability, the speed of response has been carried out in accordance with the existing mechanism process, however there are still criteria that still need to be improved, including socialization of the PKH program and transparency of recipient data which must be more open so as not to arouse suspicion. Ideally all data must be informed,

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including prospective recipients who are rejected for what reason, for example if they are rejected.

Conclusion

The implementation of the Family Hope Program (PKH) in Jambu Malea Village has gone well. Specifically, the points in the process approach in the Target Approach, Source Approach, Process Approach have been carried out according to the existing mechanism process, however, there are still criteria that still need to be improved, including Relating to PKH beneficiaries. In the DTKS data there are still several families who are economically well off but still receive assistance, while there are families who are classified as poor and deserve to receive assistance but have not yet registered. This condition is an important concern because the effectiveness of PKH is very dependent on the accuracy of data on beneficiaries who still do not get access to the assistance they should be entitled to. Furthermore, the low level of community participation in PKH program meeting activities is one of the reasons why the DTKS data is not perfect, and other inhibiting factors are often in the form of inconsistencies in the NIK/Dukcapil data, differences in domicile, or components of family members that are no longer valid. J.P. (in Lestanata, 2016:373) program success, target success, satisfaction with program output and output levels, achievement of overall goals. These factors are very crucial for changing behavior and releasing KPM from poverty (independent graduation). The main inhibiting factors are often inconsistencies in NIK/Dukcapil data, differences in domicile, or invalid family member components.

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