

The Role of the Family Hope Program in Poverty Reduction in North Lemito Village, Lemito District, Pohuwato Regency

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Abstract : *This study aims to analyze the role of the Family Hope Program in poverty reduction at the village level and to identify the factors constraining its effectiveness in North Lemito Village, Lemito District, Pohuwato Regency. The research employed a qualitative approach with a case study design to capture the contextual dynamics of program implementation. Data were collected through field observations, in-depth interviews with beneficiaries and village officials, and document analysis. The data were analyzed using the interactive model of Miles and Huberman, consisting of data reduction, data display, and conclusion drawing. The findings indicate that the Family Hope Program plays a significant role in reducing socio-economic vulnerability by supporting educational continuity, improving access to maternal and child health services, and providing basic social protection for vulnerable groups such as the elderly and persons with disabilities. However, the program's effectiveness is constrained by delayed fund disbursement due to centralized data management, weak inter-institutional coordination, and suboptimal communication between implementers and beneficiaries. In conclusion, although the Family Hope Program functions as an effective social protection instrument at the village level, strengthening data governance, coordination mechanisms, and communication systems is essential to enhance its responsiveness and sustainability in poverty reduction efforts.*

Keywords : *Poverty; Family Hope Program; Social Protection; Village Development.*

INTRODUCTION

Poverty is a structural problem that continues to be a major development challenge in developing countries, including Indonesia (Saputri et al., 2025). In the perspective of contemporary development, poverty is no longer understood solely as income limitations, but rather as a multidimensional condition that reflects the low capacity of individuals and households to access education, health services,

nutritious food, and sustainable economic opportunities (Lestari et al., 2024). The inability to get out of these conditions is often systemic and inherited between generations, especially in rural areas characterized by limited infrastructure, job markets, and institutional support.

As a country with a population of 275.77 million people, Indonesia faces significant demographic pressure on the social welfare

system (Hanifah & Samsuharjo, 2024). Although the macro percentage of the poor population shows a downward trend, empirical reality indicates that this achievement is not fully proportional to the improvement in the quality of life of poor households.

The spatial inequality of poverty is still real, with the concentration of poor people in areas that are relatively economically and socially disadvantaged. In response to these conditions, the government has developed various poverty alleviation policy instruments, one of which is through the Family Hope Program (PKH) as a form of conditional social assistance. PKH is designed as a policy intervention that integrates social protection with human resource development through the fulfillment of prerequisites in the fields of education, health, and social welfare (Zahran, 2025). With this approach, PKH is not only aimed at reducing short-term economic pressures, but also to strengthen the capacity of poor households to be able to improve their welfare in a sustainable manner.

However, the effectiveness of PKH as an instrument for poverty alleviation is not automatic and uniform. A number of studies show that the success of conditional social assistance is greatly influenced by the context of implementation at the local level, such as the accuracy of the target, the quality of assistance, the institutional capacity of the village, and the pattern of the use of assistance by the recipient family (Jailani & Islam, 2025); Diputra et al., 2025; Guanti et al., 2025). The problem is that

most PKH research in Indonesia is still oriented towards macro or administrative policy evaluation, while studies that specifically analyze the role of PKH in poverty dynamics at the village level by considering the social context to the local economy are still very limited.

Research gap This becomes even more relevant when it is associated with the direction of national development policies that place poverty alleviation and strengthening the quality of human resources as strategic priorities. In Asta Cita, social assistance programs such as PKH are no longer positioned just as a safety net instrument, but as a tool of social transformation that is expected to be able to reduce the vulnerability of poor households, expand access to basic services, and encourage intergenerational social mobility (Subianto, 2025). However, the extent to which Asta Cita's normative demands are actually realized in policy practice at the village level is still rarely empirically tested.

Statistically, the percentage of the poor population in September 2024 was 8.57 percent, down 0.46 percentage points from March 2024 and down 0.79 percentage points from March 2023. The number of poor people in September 2024 was 24.06 million people, a decrease of 1.16 million people compared to March 2024 and a decrease of 1.84 million people compared to March 2023. In September 2024, the average poor household in Indonesia has 4.71 household members. Thus, the average amount of the Poverty Line per household is

IDR 2,803,590.00/poor household/month (BPS, 2025).

This condition shows that poverty alleviation still leaves structural problems that have not been fully resolved, especially in areas with poverty rates above the national average. Gorontalo Province, for example, still records a relatively high percentage of poverty, September 2024 was recorded at 13.87 percent or around 170.03 thousand people (BPS Gorontalo Province, 2024). Meanwhile, Pohuwato Regency occupies the second position with the highest poverty percentage in the province, which is 17.11 percent with a total of 28.93 thousand poor people. The Pohuwato Regency Government has taken various strategic steps to overcome poverty. The picture of poverty basically does not stop at the district level, but is intertwined with the reality of community life at the village level as the main space for policy implementation.

North Lemito Village in Lemito District represents this dynamic. Data shows that the number of recipients of the Family Hope Program (PKH) in this village continues to increase from year to year, while the decline in the number of poor people is relatively slow. This phenomenon indicates a policy paradox, namely an increase in the scope of social assistance that has not been fully followed by a significant improvement in people's welfare.

This condition shows that there are problems in the effectiveness of PKH implementation at the village level and raises the question of whether this program has

functioned as an instrument of welfare transformation or is still limited to meeting short-term basic needs. Therefore, North Lemito Village was chosen as a research location to examine the implementation and contribution of PKH in encouraging changes in community welfare, as well as identifying factors that hinder the effectiveness of the distribution and utilization of programs at the village level.

METHODS

This research method uses a qualitative method with a case study design and is carried out in North Lemito Village, Pohuwato Regency. This approach is used because the research aims to understand more deeply the implementation of the Family Hope Program (PKH) in the lives of rural communities. By (Creswell & Clark, 2017) Qualitative case studies are used to examine a phenomenon in depth within the limitations of a certain context, so that the village is positioned as a research case unit.

Primary data was obtained through field observations, interviews with village officials and PKH recipient communities, secondary data was obtained through the study of village policy documents. Researchers play the role of the main instrument in data collection and processing. Data analysis was carried out using an analysis model (Miles & Huberman, 1992) which includes the stages of data collection, data reduction, data presentation, and conclusion drawn. This model is used because it

helps researchers analyze data in a gradual and continuous manner.

RESULTS AND DISCUSSION

Socio-Economic Conditions of the North Lemito Village Community

The socio-economic conditions of the people of North Lemito Village can be understood through the level of poverty and the scope of social assistance received by the community. Data on the number of poor people and recipients of the Family Hope Program (PKH) provides a preliminary picture of the distribution of aid and the level of welfare of villagers. The Family Hope Program (PKH) began to be implemented in Gorontalo Province in 2012 using the Integrated Database (BDT) as a result of data collection of the Social Protection Program (PPS) managed by the National Team for the Acceleration of Poverty Alleviation (TNP2K). At the regional level, the implementation of PKH involves the Social Service and social companions who are in charge of verifying and providing direct assistance to the community according to the set criteria. Based on the results of interviews with PKH facilitators, this program has been implemented in North Lemito Village since 2012. To understand the socio-economic conditions of the people of North Lemito Village, which consists of 4 hamlets, data on the number of PKH recipients and poverty rate data are presented as follows:

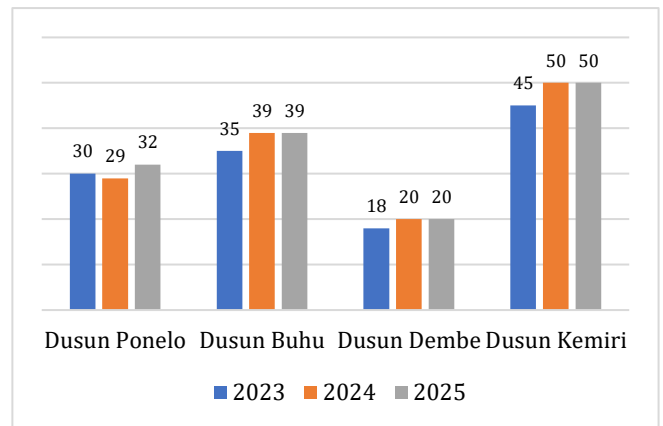


Figure 1. Number of PKH Residents
 Data Source: Village Office

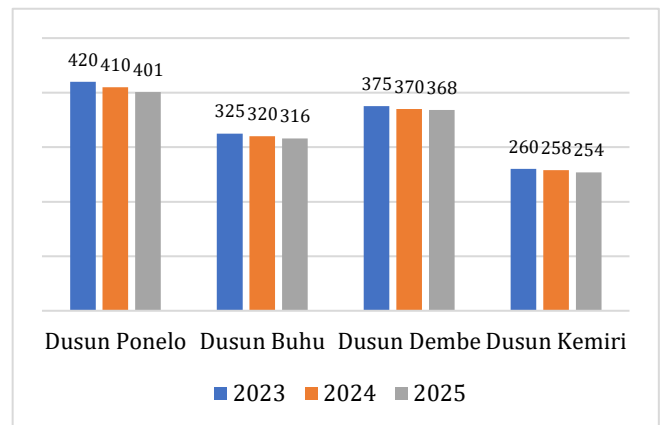


Figure 2. Number of Poor People
 Data Source: Village Office

Based on the data in **Figure 1** and **Figure 2**, the number of recipients of the Family Hope Program (PKH) in North Lemito Village during the 2023-2025 period shows variation between hamlets with a relatively increasing or stable tendency. Kemiri Hamlet consistently recorded the highest number of PKH recipients, followed by Buhu Hamlet, while Ponelo and Dembe Hamlets showed a lower number of recipients with insignificant changes. This condition reflects the difference in the level of socio-economic vulnerability between hamlets in North Lemito Village.

Meanwhile, data on the number of poor people in the same period shows a downward trend in all hamlets. The decline in the number of poor people occurred gradually in the hamlets of Ponelo, Buhu, Dembe, and Kemiri, although with different rates of decline. This trend indicates an improvement in the socio-economic conditions of the community in general, although poverty is still a real problem in every hamlet.

If the two data are read simultaneously, it can be seen that the increase or stability in the number of PKH recipients is followed by a decrease in the number of poor people. This shows that PKH plays a role as a social protection instrument that helps maintain the sustainability of meeting the basic needs of poor households.

Data on PKH recipients and poverty rates in North Lemito Village provide an initial overview of the dynamics of the socio-economic conditions of the community and the distribution of social assistance at the hamlet level. These descriptive findings serve as an empirical basis for further examining the factors that affect the socio-economic conditions of the community, which are further discussed in more depth in the results and discussion of the research.

The role of the Family Hope Program (PKH) in reducing poverty in North Lemito Village through three main sectors, namely education, health, and social welfare. Data was obtained through field observations, in-depth interviews

with beneficiary families (KPM), and supporting documentation.

1. The Role of PKH in the Education Sector

The findings of the study show that the Family Hope Program (PKH) plays an important role in maintaining the sustainability of the education of children from poor families in North Lemito Village. Although nominally limited, the assistance received has proven to be effective in covering basic educational needs (uniforms, shoes, bags, books, and stationery), thereby reducing initial friction that often triggers absenteeism, decreased learning participation, and the risk of dropping out of school. Empirically, the sustainability of schools from elementary to high school levels in beneficiary families shows that PKH functions as an economic buffer that stabilizes household decisions to maintain children's education investments.

Furthermore, field findings indicate a shift in parental behavior from a defensive attitude towards costs to an active commitment to ensuring attendance, compliance with children's administration at school, This change is important because it marks the non-material effect of PKH, namely strengthening the family's future orientation towards education. Although the aid has not covered all costs, the reduction *Financial Anxiety* Proven to reduce the odds *Drop out* and improve adherence to educational prerequisites. In other words, the impact of PKH does not stop at educational consumption, but spreads to household preferences and decisions.

A study of Gary Becker's Human Capital Theory (1994), education is positioned as a long-term productive investment that increases individual capacity, skills, and productivity (Levianto & Kusuma, 2025). The findings of this study strengthen Becker's thesis: conditional transfer interventions such as PKH reduce the liquidity barriers of poor families so that education investment decisions become rational and sustainable. However, when compared critically, PKH goes beyond just an individual investment mechanism. When juxtaposed with Amartya Sen's capability approach, PKH also expands *capabilities* namely the child's real freedom to attend school consistently through the reduction of structural constraints (cost, uncertainty, and risk) (Iswahyudi & Asnawi, 2024).

Several studies report on the contribution of PKH to school sustainability and the potential for breaking the intergenerational chain of poverty (Nurdina, 2025; Trisda et al., 2025; Jalilah, Nasrullah, 2024)..

The contribution of the Family Hope Program to the education sector operates at two levels as well as the short term as *Safety Net* education, and long-term as an instrument of human resource development.

2. The Role of PKH in the Health Sector

The results of the study show that the Family Hope Program (PKH) makes a significant contribution to increasing access and utilization of health services by poor families, especially pregnant women and children under five. The obligation of compliance in PKH encourages

beneficiaries to conduct more routine pregnancy checks, bring children to posyandu, follow immunizations, and pay attention to the fulfillment of family nutrition. The assistance received is also used for supporting health needs, such as the purchase of milk, vitamins, medicines, and transportation costs to health facilities. This shows that PKH not only increases poor families' contact with health services, but also strengthens their ability to meet basic health needs in a sustainable manner.

The findings of the study in North Lemito Village show that there are quite real changes in health behavior in the beneficiary families. Before receiving PKH, health checks are often postponed due to cost limitations, service distances, and low priority for prevention aspects. After becoming a PKH participant, the family becomes more disciplined and regular in utilizing health services. Regular assistance also plays an important role in increasing awareness that health checks are not just an administrative obligation, but a basic need to maintain the quality of family life. This condition provides a sense of security because the health of the mother and child can be monitored regularly, so that potential health problems can be detected early.

If analyzed further, the role of PKH in the health sector can be understood as part of a preventive social protection approach (Uswanas & Nuraida, 2023). PKH not only responds to sick conditions, but encourages

preventive practices through routine checkups, immunizations, and nutritional improvement. This approach is in line with the principles of health promotion and prevention that are widely recommended in public health policies, including by the World Health Organization, which emphasizes that maternal and child health interventions are the main foundation for improving long-term quality of life.

PKH serves as a bridge that connects poor families with the formal health care system more consistently. From the household economic side, increasing access to health services through PKH also has an impact on reducing the risk of large and sudden health expenditures. Diseases that are not treated in the first place often force poor families to incur high costs, even pushing them back into the poverty trap. The findings of this study show that with regular check-ups and attention to nutrition, beneficiary families have a greater chance of maintaining the health of household members, so that the economic burden due to illness can be reduced. PKH plays a role in maintaining the stability of household expenses and providing space for families to meet other important needs (Setyawardani et al., 2020).

The results of this study reinforce the findings (Meilianti et al., 2025) which states that PKH encourages changes in maternal and child health behaviors through increased adherence to basic health services. Similarly, research (Hidayat et al., 2011) showed that PKH recipient families showed a higher level of posyandu utilization and immunization than non-

recipient families. Compared to these studies, the findings in this study add contextual evidence that changes in health behavior are not only influenced by financial assistance, but also by the mentoring mechanisms and compliance obligations inherent in PKH.

The role of PKH in the Health Sector can be understood as an important instrument in efforts to gradually reduce poverty through improving the quality of health of poor families. PKH not only serves as short-term assistance, but also as a strategy that strengthens household health resilience and supports long-term welfare, especially in vulnerable groups such as pregnant women and children under five.

3. The Role of PKH in the Social Welfare Sector

The effectiveness of the implementation of village development is very identical and cannot be separated from the role of village officials and village institutions themselves (Kamuli et al., 2021). In the social welfare sector, the Family Hope Program (PKH) acts as an instrument of social protection for vulnerable groups, especially the elderly and people with disabilities who have limitations in economic activities in North Lemito Village. The results of the study show that PKH assistance is used to meet basic daily needs, such as food, medicine, and simple household needs.

For the elderly beneficiaries, this assistance provides a sense of security because it can help meet minimum needs without having to be completely dependent on other family

members. However, some recipients said that the amount of assistance is still limited and runs out relatively quickly, especially in the midst of rising prices of basic necessities.

These findings show that PKH in the social welfare sector has a different function than the education and health components. If the previous two components are more oriented towards long-term capacity building, then in the social welfare sector, PKH plays a direct role in maintaining the survival and dignity of vulnerable groups. The assistance received is not enough to significantly improve living standards, but it is able to reduce the daily economic pressures faced by the elderly and people with disabilities. PKH serves as a social safety net that prevents vulnerable groups from falling into a state of extreme dependence or neglect of basic needs.

The findings of the study also show that PKH contributes to maintaining the social functioning of poor families, especially the elderly and people with disabilities, by reducing their level of economic vulnerability. Although PKH has not been able to create overall welfare conditions, the existence of this assistance prevents a more severe decline in the quality of life due to the absence of a source of livelihood.

If analyzed further, the role of PKH in the social welfare sector is protective and stabilizing. PKH is not intended to directly promote the economic independence of the elderly and disabled groups, but rather to ensure that their basic needs are met. This is important because this group generally has

limited productivity and access to work, making it particularly vulnerable to economic shocks. With PKH, the burden on families is also relatively reduced, because some of the basic needs of vulnerable household members can be supported by state assistance.

The findings of this study are in line with the results of the study (Ramadhan & Hidir, 2021) which states that PKH increases the sense of security and life stability of the elderly beneficiaries. Similarly, research (Mudjib Mustain et al., 2022) found that families with members with disabilities who received PKH tended to have a better level of social resilience than non-recipient families. The similarity of these findings strengthens the argument that PKH plays an important role in maintaining the minimum quality of life of vulnerable groups, even though the impact has not been transformative.

Thus, PKH in the social welfare sector can be understood as a social protection instrument that functions to prevent the deepening of poverty in vulnerable groups. PKH not only provides material assistance, but also provides basic social security that maintains the social functioning of the elderly and people with disabilities. In the long run, this role is important as the foundation for more inclusive and equitable poverty alleviation policies, especially for groups that do not have economic productive capacity.

Factors Inhibiting the Distribution of PKH Assistance in North Lemito Village

The results of the study show that the implementation of the Family Hope Program (PKH) in North Lemito Village still faces a number of inhibiting factors that affect the timeliness and effectiveness of the distribution of assistance to beneficiary families (KPM). These obstacles stem from structural, administrative, and communication aspects between program implementers and beneficiaries.

1. Weak Integration of Inter-Agency Coordination and a Centralized Data Collection System.

Research findings in North Lemito Village show that one of the main obstacles in the implementation of PKH is the delay in disbursement of assistance which often reaches three to four months. This delay is mainly triggered by administrative and institutional problems, such as the insynchronization of population data between the factual domicile and the family card, the change of residence of the Beneficiary Family (KPM), and the limited authority of village officials and PKH companions in updating data. The data collection system that is fully centralized at the central government level makes the process of data verification and validation have to go through a long bureaucratic flow, so that the response to the dynamics of social conditions at the local level becomes slow.

This condition shows that although PKH is designed as a social protection program that is adaptive to the poor, its implementation still faces problems of coordination across levels of

government. Village officials and PKH assistants who are at the forefront of the implementation of the program actually have the most actual knowledge about the conditions of KPM.

However, the limited access and authority in the data collection system means that the information cannot be immediately translated into administrative decisions. As a result, the delay in disbursement of aid not only has an impact on the effectiveness of the program, but also has the potential to reduce the KPM's confidence in the sustainability and certainty of assistance.

George C. Edwards III (1980), this obstacle is closely related to aspects of bureaucratic structure and interagency coordination. Edwards III emphasized that policy implementation is highly determined by the clarity of structure, division of authority, and smooth communication flows between policy actors (in Jumroh & Pratama, 2021). The findings of this study show that the centralistic PKH bureaucratic structure is not fully in line with the need for flexibility at the local level. The long decision-making flow causes field information not to be followed up immediately, so that the program's goal of providing social protection in a timely manner is less than optimal.

It is important to emphasize that these coordination and data collection obstacles are technically administrative, not reflecting the substantial failure of PKH as a poverty alleviation policy. Conceptually and empirically, PKH still shows a positive contribution to social

protection and reducing the vulnerability of poor households. However, without strengthening inter-agency coordination and providing more adaptive authority space for implementers at the local level, the effectiveness of the program risks being reduced by delays and untimely disbursement of aid.

Thus, these findings indicate the need to strengthen the governance of PKH implementation through the improvement of an integrated data collection system, simplification of bureaucratic flows, and an increase in the role of village governments and PKH facilitators in KPM data updates. This step is the key so that the goal of PKH as a responsive and timely social protection instrument can be achieved more optimally.

2. Lack of optimal communication and dissemination of information to beneficiaries.

The results of the study show that the communication of the PKH program to Beneficiary Families (KPM) has not been running optimally. Some KPMs have difficulty obtaining clear and timely information regarding the schedule of group meetings, membership obligations, and the timing of the disbursement of assistance. This condition causes beneficiaries to often be late or even absent from activities that are required for PKH, as well as causing confusion in regulating the use of the assistance received. At the field level, many KPMs still rely on word-of-mouth or informal social media, which is often inaccurate

and causes differences in understanding between recipients.

This communication problem is also related to the limited role of PKH companions. Although the companions are the main actors in conveying information at the local level, they do not always have certainty of the schedule for the disbursement of aid because it is entirely determined by the central government. As a result, the information submitted to the MOE is often tentative and capricious. This situation shows that communication problems are not solely caused by the low participation of KPM, but also by the limitations of program information systems that have not been properly integrated from the central to the village level.

The theory of Public Policy Implementation put forward by George C. Edwards III, these barriers can be explained through the dimensions of communication and resources. Edwards III emphasized that policies can only be implemented effectively if information is conveyed clearly, consistently, and on time to all implementers and target groups (Jumroh & Pratama, 2021). The findings of this study show that information uncertainty and unstructured communication channels lead to distorted policy messages at the beneficiary level. As a result, the program's objectives to encourage compliance, active participation, and appropriate use of assistance are less than optimal.

If analyzed further, weak communication also has an impact on the

position of KPM which tends to be passive in the program. Limited procedural understanding makes KPM highly dependent on companions, so the space for initiative and planning for the use of assistance is narrow. A number of previous studies on the implementation of PKH have also shown that the low quality of program communication has implications for a decrease in KPM's compliance with obligations and a weak understanding of the long-term goals of PKH (Dyas & Agustina, 2023). Thus, communication not only functions as a means of delivering technical information, but also as an instrument for forming the awareness and independence of beneficiaries.

The findings of the study show that the barriers to communication and information dissemination in the implementation of PKH in North Lemito Village are structural and systemic, not caused by the rejection or irrelevance of the program. These obstacles do not eliminate the main role of PKH in reducing poverty, but have the potential to reduce the effectiveness of implementation in the short term. Therefore, strengthening a more structured communication system, ensuring information flow from the central to the regions, and the use of official communication media that is easily accessible to KPM are strategic steps so that PKH can function more optimally as an instrument of social protection and poverty reduction.

CONCLUSION

The Family Hope Program (PKH) in North Lemito Village has proven to play an important role in reducing the level of socio-economic vulnerability of the community through a relatively effective social protection function. The stable number of PKH recipients followed by a decrease in the number of poor people shows that PKH functions as a buffer instrument that maintains the sustainability of meeting the basic needs of poor households. In the education sector, PKH is able to reduce the risk of school dropouts, maintain the sustainability of children's education, and encourage changes in parental orientation towards education as a long-term investment. In the health sector, PKH increases access and compliance of poor families to maternal and child health services, strengthens preventive behaviors, and reduces the risk of large health expenditures that have the potential to trigger poverty again. Meanwhile, in the social welfare sector, PKH plays a protective role in maintaining the fulfillment of basic needs and life stability of the elderly and people with disabilities, although the impact has not been transformative on improving economic welfare. However, the effectiveness of PKH is still hampered by delays in disbursement due to a centralized data collection system and weak coordination across levels of government, as well as by lack of optimal communication and certainty of information to Beneficiary Families. Thus, strengthening data collection governance, inter-agency coordination, and program

communication systems are the main prerequisites for PKH to function more optimally as a responsive and sustainable poverty reduction instrument.

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