


Implementation of the Family Hope Program (PKH) in Bandung Regency, West Java Province

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Article Info	ABSTRACT
<p>Keywords: Policy Implementation, Family Hope Program (PKH).</p>	<p>This study aims to describe and explain the Family Hope Program (PKH) in Bandung Regency. The research approach used is descriptive qualitative, with data collection methods used are interviews, observations and documents related to the problem being studied. Simply put, PKH is a conditional social assistance provided to Beneficiary Families (KPM) with certain conditions that have been registered in the Ministry of Social Affairs' DTKS. Integrated Social Welfare Data (DTKS) is a data that serves as a reference source for the implementation of social welfare, in this case the data contains data on social assistance needs and social welfare services. This DTKS is to be used as a reference basis in the distribution of social assistance, Indonesia has implemented the Family Hope Program since 2007. This study uses the implementation theory approach from Van Metter and Van Horn (1975) which includes 6 variables, namely standards/measures and policy objectives, policy sources, characteristics or characteristics of implementing agencies, attitudes of implementers, communication between related organizations and implementation activities, economic, social, and political environments. This study shows that the implementation of the Family Hope Program (PKH) in Bandung Regency has an impact on improving the welfare of poor families. However, in its implementation, PKH assistants are still found to have double jobs or work elsewhere.</p>
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INTRODUCTION

PKH is a poverty alleviation program involving several sectors that require contributions and commitments from related institutions/agencies, including: the Ministry of Social Affairs, the Ministry of Health, the Ministry of Education and Culture, the Ministry of Religious Affairs, the Ministry of Communication and Informatics, and the Central Statistics Agency, as well as PT Pos Indonesia and the Himbara banking financial institution in distributing aid to PKH participants. The role of the Regional Government (Pemda) in ensuring the availability of health and education facilities and infrastructure is very necessary for the smooth implementation of this PKH according to the commitments signed by each regional head. (2021 PKH Implementation Guidelines).

The assistance distributed to PKH participants is sourced from the State Budget, and for smooth implementation in the Regency/City, support from the Regional Budget is needed

for smooth activities and implementation of PKH. The implementation of the Family Hope Program (PKH) until 2024 is expected to be a solution in efforts to break the chain of poverty for KPM where PKH participation can not only provide benefits for PKH recipients, but changes in lifestyle and behavior related to education and health improvements can have a broad impact on the community in the areas where the PKH program is implemented. For PKH social assistance in 2024, the Ministry of Social Affairs has allocated a budget of IDR 80 trillion. These funds will be distributed to 10 million PKH beneficiaries. (Ministry of Social Affairs of the Republic of Indonesia, 2024)

One of the regencies implementing the Family Hope Program (PKH) is Bandung Regency, a regency in West Java Province, Indonesia. The Regency's Medium-Term Development Plan (RPJMD) is outlined in Regional Regulations (Perda), such as Bandung Regency Regulation Number 9 of 2021 concerning the Bandung Regency Medium-Term Development Plan for 2021-2026, which has been amended by

Based on data on the number of Beneficiary Families (KPM) of the Family Hope Program (PKH) in Bandung Regency, there are variations in the number of recipients in each sub-district. The sub-district with the highest number of PKH KPM is Pangalengan Sub-district, which is in first place for the most PKH recipients in Bandung Regency with a total of 9,689 KPM and followed by Pacet Sub-district with 6,310 KPM and Paseh Sub-district with 6,013 KPM. Based on the number of people living on the poverty line in Bandung Regency, researchers want to know the extent to which the Family Hope Program (PKH) has an impact on the welfare of poor or underprivileged families by focusing on the distribution flow of PKH social assistance starting from the distribution of assistance from the Ministry of Social Affairs until it reaches the hands of Beneficiary Families (KPM).

This difference in the number of recipients indicates variations in social and economic conditions across sub-districts, with areas with larger populations or lower levels of well-being tending to have more beneficiaries. Ibum Sub-district was chosen as the locus and focus of the PKH implementation research because it has a significant number of beneficiary families (5,134), although neither the highest nor the lowest, and therefore represents a medium-scale beneficiary population.

Furthermore, the socio-economic diversity of Ibum District, with a majority of the population working as farmers, provides a broader perspective on the effectiveness of the Family Hope Program (PKH). This area is also a key tourism sector in Bandung Regency. The tourism sector in Ibum District is centered on its natural potential, with destinations such as Kawah Kamojang, famous for its natural hot springs, and other unique attractions like Santorini Swimming Pool, which offers a water park with views of the green valley. Furthermore, there are natural attractions such as Curug Madi and Sianyar Kamojang Tourism, which are family-friendly tourist areas with exotic natural scenery. Other supporting factors are the accessibility and affordability of the location, which facilitates the research and data collection process.

The lack of BNI ATMs in Bandung Regency can hamper the distribution of PKH social assistance to recipients who rely on them for disbursement. This issue is part of a socio-geographical problem that causes delays in the distribution of social assistance, especially in

areas with minimal infrastructure and limited access to distributing banks such as BNI. PKH recipients who rely on BNI ATMs will experience difficulties in disbursing their funds if the number of ATMs is limited or unavailable in their area of residence. This limitation can slow the disbursement process, as recipients must travel longer distances to reach available ATMs or seek alternatives. This could potentially contribute to the overall delay in the distribution of social assistance in Bandung Regency. The number of banks distributing PKH social assistance in Bandung Regency, namely BNI Bank, is only 11, which is significantly insufficient considering the coverage area of 31 sub-districts in Bandung Regency, with a total of 98,628 PKH beneficiary families (KPM).

According to data published by the Ombudsman in 2021, there are at least several problems in the distribution of social assistance. These problems include: the uneven distribution of social assistance distribution partners across several villages. This hampers the distribution of social assistance to communities in outermost, remote, and underdeveloped (3T) areas. Furthermore, the registration process for prospective social assistance recipients is complicated and tends to be protracted. This is generally due to budget limitations and human resource competency. Furthermore, information regarding the types and mechanisms of assistance available to the public is still very limited, leaving many people unaware.

The Ministry of Social Affairs has made various efforts to improve the quality of the DTKS and the accuracy of aid recipients, one of which is by matching the DTKS with several other related agency data. To date, several databases have been matched with the DTKS to ensure the validity of the available data, including: BPJS Employment, data matching with BPJS Employment is to obtain information related to family members with worker status who have salaries above the Provincial Minimum Wage. Next, the Directorate General of General Legal Administration of the Ministry of Law and Human Rights, this is to obtain information related to family members registered as company managers, either in the form of a Limited Liability Company (PT) or Commanditaire Vennootschap (CV). Next, the National Civil Service Agency (BKN), data matching with BKN is carried out to obtain information related to family members with ASN/TNI/POLRI status, and finally with the Basic Education Data (DAPODIK) of the Ministry of Education, Culture, Research, and Technology. This data matching is carried out to obtain information regarding family members who are registered as recipients of certification benefits.

Previous empowerment programs in Indonesia have not yet educated people to escape poverty, for example, the Direct Cash Assistance (BLT) program only provides cash without knowing what the money will be used for.

The next previous program on the government's poverty alleviation agenda was the National Community Empowerment Program (PNPM). This program also failed to address poverty issues. It focused solely on physical development without addressing community empowerment, thus being deemed a failure in poverty eradication.

The limitation of the problem in this writing is more directed towards the Implementation of the Family Hope Program (PKH) in Ibun District, Bandung Regency, West Java Province in terms of the process of distributing PKH social assistance from the Ministry of Social Affairs to the hands of PKH KPM. The purpose of the research is to obtain data and

information about the Implementation of the Family Hope Program (PKH) in Bandung Regency, West Java Province.

METHOD

This research uses a qualitative method with a descriptive approach. Data sources in a qualitative study, then the way to obtain the data can be obtained through 2 (two) main sources, namely primary data and secondary data, Simangunsong (2017). In determining informants, researchers used a purposive sampling technique, namely a technique for selecting subjects who are in the best position to provide the required information, or informants who are considered to have the most understanding and can provide information about what the researcher expects.

In qualitative government research methods, data is collected using interview techniques, observation, documentation, focus group discussions and refined with triangulation. Miles and Huberman (in Simangunsong, 2017) stated that "activities in qualitative data analysis are carried out interactively and continuously until complete, so that the data is saturated through several stages, namely: Data Reduction, Data Presentation and Conclusions.

RESEARCH RESULTS AND DISCUSSION

Implementation of the Family Hope Program (PKH) in Bandung Regency, West Java Province

A crucial stage in the policy process is policy implementation. A policy or program must be implemented to achieve its stated objectives. Policy implementation is broadly defined as an administrative tool by which actors, organizations, procedures, techniques, and resources are organized to carry out policies to achieve desired objectives.

In this chapter, the researcher will explain and analyze the data obtained from both literature studies and field studies on the Implementation of the Family Hope Program (PKH) in Bandung Regency, West Java Province with a focus and locus in Ibun District. Data were obtained from research results through literature studies and field studies, namely observations, literature studies, documentation and archives, as well as interviews conducted with informants from the Bandung Regency Social Service, PPKH Bandung Regency, Ibun District Head, PKH Companions, Village Heads, Village Health Centers, and the community / KPM PKH.

The implementation of the Family Hope Program (PKH) in Bandung Regency, West Java Province will be discussed and reviewed using the implementation model proposed by Van Meter and Van Horn (according to Wahab, 2012) which includes:

- a. Policy standards/measures and objectives
- b. Sources of policy
- c. Characteristics of the implementing body
- d. Attitude of the Implementers
- e. Inter-Organizational Communication and Implementation Activities
- f. Economic, Social and Political Environment

Based on the dimensions of policy implementation above, the researcher will describe and analyze the variables that influence the policy, namely the policy content dimension and the environmental dimension or policy context, which the researcher will then use as an instrument in presenting the research results and the following discussion.

Policy Standards/Measures and Objectives

The following is an explanation and description of the standards and targets used as indicators of PKH success in Bandung Regency, which are generally divided into three main categories: output, outcome, and impact.

1. Output Indicator

Output indicators focus on the direct results of program activities. These are quantitative metrics that measure how effectively the program is performing its functions. These include:

- a. **Timely Aid Distribution:** Success is measured by how consistently and timely social assistance (cash or non-cash) is distributed to beneficiaries according to the schedule established by the central government. Delays in distribution can disrupt the fulfillment of basic needs for beneficiaries.
- b. **Targeting Accuracy:** This standard measures the percentage of beneficiaries who truly meet the poverty criteria and eligibility criteria for PKH. Valid and up-to-date data is crucial to ensure that aid is not misdirected.
- c. **KPM Participation Rate:** This indicator includes KPM attendance at Family Capacity Building Meetings (P2K2), a mandatory activity that provides education on health, education, and welfare. High attendance demonstrates KPM commitment to participating in the program.

2. Outcome Indicators (Results)

Outcome indicators measure changes in behavior, conditions, or status that occur as a result of KPM participation in the program, namely: Increased Access to Basic Services:

- a. **Health:** Success is measured by the increase in the number of pregnant women attending pregnancy check-ups at health facilities and complete immunizations for toddlers.
- b. **Education:** Measured by increased attendance rates of children from KPM (family welfare beneficiaries) and improved graduation rates. A decrease in the dropout rate is an important indicator.

3. Impact Indicator

Impact indicators are long-term measures that demonstrate significant changes in the social and economic conditions of beneficiaries. These include:

- a. **Poverty Reduction:** The PKH's greatest impact is its contribution to reducing poverty at the family level. Success is measured by the percentage of beneficiary families (KPM) who successfully escape the poverty line or whose status is upgraded to pre-prosperous families.
- b. **Improving Social Welfare:**
 1. **Economic Independence:** This success can be seen from KPM who have started to pioneer independent businesses or have other sources of income,

so they are no longer completely dependent on social assistance.

2. Improving Quality of Life: KPM is expected to have better knowledge and skills in managing family health and education, which ultimately improves the quality of human resources in Bandung Regency as a whole.

By increasing the capacity of beneficiary families, it is hoped that they will be able to better manage their finances after receiving assistance and attending P2K2 sessions. This indicator can be seen in the ability of beneficiaries to prioritize the use of aid funds for essential needs.

The success of the PKH policy implementation is measured through administrative and participatory indicators and tangible outcomes in social welfare. These standards and targets must meet the principles of being well-targeted, timely, and having a real impact in breaking the intergenerational cycle of poverty.

1. Administrative Indicators

Indicator administrative measure efficiency And accountability program implementation.

a. Right on target:

1. Accurate verification and validation of KPM (Beneficiary Family) data to ensure that aid is distributed to households most in need according to established poverty criteria.
2. Use of Integrated Social Welfare Data (DTKS) as the main reference in determining KPM.

b. Timeliness: Social assistance funds are distributed regularly and according to the established schedule. Delays can hinder beneficiaries from meeting basic needs such as nutrition and children's education.

c. Accountability: Transparent and systematic reporting on the amount of aid distributed, the number of KPM, and obstacles encountered in the implementation process.

2. Participatory Indicators

Participatory indicators measure the active involvement of beneficiaries in programs and activities that support them. These include: Level of Beneficiary Attendance:

a. KPM's mandatory participation in Family Capacity Building Meetings (P2K2), which provide education on health, education, and financial management. High attendance demonstrates KPM's commitment.

b. Utilization of educational and health facilities services.

The attendance of school children at school and visits by pregnant women and toddlers to integrated health posts (posyandu) or community health centers (puskesmas) are important indicators.

3. Actual Results Indicator

Tangible outcome indicators measure the immediate and long-term impact of PKH on the well-being of beneficiaries. These include:

a. Improving Social Welfare:

1. Health: Improving the nutritional status of toddlers, reducing stunting rates,

and increasing awareness of the importance of immunization.

2. Education: Reduction in dropout rates among children from poor families and increase in average length of schooling.
- b. Real Impact in Breaking the Chain of Poverty:
 1. The increase in the economic capacity of KPM is seen from the use of assistance for micro-business capital or other productive activities.
 2. Beneficiary families (KPM) who successfully graduate from the PKH program have their welfare status improved. This is the most significant indicator of success, as it shows that the beneficiary is now independent and no longer requires social assistance.

Based on the interviews conducted by the author above, this indicates that the implementation of the Family Hope Program (PKH) in Bandung Regency has clear targets and objectives, in line with those set by the Ministry of Social Affairs. This is crucial for the success of the Family Hope Program (PKH) in Bandung Regency in eradicating poverty and improving the lives of PKH beneficiary families (KPM).

This demonstrates the primary goal of the Family Hope Program (PKH) policy: to alleviate poverty and improve the quality of human resources. This goal is also the primary focus of PKH implementation in Bandung Regency, including improving living standards and providing direct financial assistance to reduce the burden of expenses for beneficiaries (KPM), enabling them to meet basic needs such as food, education, and healthcare. In other words, PKH can break the cycle of poverty and encourage beneficiaries to access education and healthcare services. With children guaranteed an education, it is hoped that they will have a brighter future and no longer be trapped in the cycle of poverty.

This is in accordance with the policy implementation theory of Van Meter and Van Horn. Policy standards and objectives are essentially what the program or policy aims to achieve, whether tangible or intangible, in the short, medium, or long term. Policy clarity and objectives must be clearly visible so that at the end of the program, the success or failure of the policy or program being implemented can be determined.

In addition to Van Metter and Van Horn's theory, the discussion on the standards and targets of policies in the Family Hope Program (PKH) can also be supported by Edward III's Theory (in Subarsono, 2011: 90-92) which views that policy implementation is influenced by one of them communication, namely the success of policy implementation requires that the implementer knows what to do, where the goals and objectives of the policy must be transmitted to the target group, so that it will reduce implementation distortion. In the context of PKH, data and aspirations from the community at the Village and Sub-district levels are channeled to the Regency level to the Center. This process shows that the policy system works in a structured manner, with each level of government playing a role according to its function as part of an interconnected system, where input from below will be processed into policies at the top level.

Policy Sources

In general, the PKH human resources in Bandung Regency have quite good skills and knowledge, judging by their highest level of education. Therefore, it can be said that the

knowledge, skills, and competencies possessed by PKH human resources in Bandung Regency in carrying out their main duties and functions are quite good and have potential.

Funding comes from the central government through the Social Services Agency, with cross-stakeholder coordination to ensure effective implementation. While human resources are considered adequate, challenges remain, such as limited access in certain areas and the need for capacity building through additional training for facilitators. The use of technology, such as the DTKS application, also supports recipient data management, although strengthening logistics and oversight is still needed to prevent administrative errors and ensure aid is distributed appropriately. By optimizing various resources and improving coordination, it is hoped that this program can run more effectively and provide maximum benefits to the community.

Characteristics of the Implementing Body

Based on research results, policy implementers, specifically PPKH or PKH HR in Bandung Regency, carry out their duties and functions appropriately and in a well-organized manner, in accordance with applicable norms. Their primary concern is ensuring that assistance is provided to the poor who truly need it, and promoting economic independence to prevent long-term dependency. The strategies used include a data-driven approach through the DTKS (Current Data Collection), field verification by village officials/Puskesmas (Social Welfare Center), and cross-sector coordination with the Social Services Agency and related parties. Furthermore, PKH facilitators also play a crucial role in monitoring data accuracy and assisting the community in utilizing assistance. With synergy between these actors, it is hoped that this program will have a sustainable positive impact on community welfare.

In addition to Van Meter and Van Horn's theories, research findings related to actor interests and strategies in the implementation of the Family Hope Program (PKH) can be strengthened by Rhodes & Marsh's Policy Network Theory. Policy Network Theory emphasizes that policy implementation is not determined by a single actor, but rather by interactions between various parties connected within a network. Each actor brings its own interests, resources, and strategies that influence the policy implementation process.

Attitude of the Implementers

With a positive, professional attitude and adequate resources, PKH implementers can carry out their duties more effectively and positively impact beneficiary families. Implementers must have a good understanding of PKH's objectives, mechanisms, and procedures. This understanding is crucial for providing accurate information to beneficiary families (KPM) and addressing any potential obstacles. Implementers also need the ability to resolve issues that may arise during implementation, such as data errors, delays in disbursement, or a lack of understanding of the program among beneficiaries.

In addition to Van Metter and Van Horn's theory, the results of research on the desired attitudes of the implementers of the Family Hope Program (PKH) can be supported by Charles O. Jones's theory (Abidin, 2002; 199) which states that in carrying out program implementation activities or policy implementation, there are activities that need to be considered, one of which is interpretation or understanding. Interpreting policy language into

appropriate and acceptable plans and directions and being implemented. Interpretation activity is an activity explaining the substance and a policy in operational and easy-to-understand language, so that the substance of the policy can be implemented and accepted by policy actors and targets.

Inter-Organizational Communication and Implementation Activities

Based on the interview results, communication between agencies and internal implementers involved in the Implementation of the Family Hope Program (PKH) in Bandung Regency has been established quite well by using communication media such as Official Documents, reinforced by short messages and face-to-face meetings.

The congruence of findings from the three data sources—interviews, observations, and secondary data analysis—strengthens the conclusion that communication between organizations and PKH implementation activities is well-established. Effective and integrated communication between all parties, both vertically and horizontally, is the primary foundation supporting every stage of PKH implementation, from data validation to mentoring and evaluation.

Economic, Social and Political Environment

The economic resources available within the implementing jurisdiction are sufficient to support the budget allocation for PKH human resources in Bandung Regency, the prevailing economic conditions will be influenced by the implementation of the policy.

The budget prepared is intended to produce outputs and outcomes that benefit the community, primarily due to the strong performance of PKH human resources in serving the community. Political support from local governments and community participation in PKH planning, implementation, and oversight are crucial. PKH can also become a political issue, particularly in the context of general elections or other social policies. PKH cash assistance can be used to meet basic family needs, such as food, education, and health care. However, its effectiveness also depends on family financial management and access to other economic services. PKH has the potential to reduce social disparities and improve the welfare of poor families. However, it is important to be aware of the potential negative social impacts, such as dependence on assistance or stigma against beneficiaries.

In addition to Van Metter and Horn's theory, the discussion on the economic, social, and political environment in the Family Hope Program (PKH) can also be supported by Merilee S Grindle's theory (1980), which explains that the position of policy-making refers to various factors that influence how policies are designed and decided. Merilee S Grindle (1980) identified that the political, economic, and social context in which policies are made have a major influence on the policy-making process and its implementation.

By understanding the position of policy-making, policymakers can design policies that are more appropriate to the existing political, social and economic context, build strong coalitions and alliances to support policy implementation, anticipate and manage resistance from actors affected by the policy and allocate resources more effectively to support the success of policy implementation.

PKH is a national policy that is passed down to the regions through the Ministry of Social Affairs structure, but its implementation is carried out technically by the district/sub-district

with the involvement of assistants.

Supporting and Inhibiting Factors in the Implementation of the Family Hope Program (PKH) in Bandung Regency, West Java Province

One of the keys to successful policy implementation is policy standards, namely comprehensive details of policy decision objectives, which are documented in regulations leading to the establishment of specific and concrete standards for assessing program performance. Furthermore, policy implementation requires the support of good resources, namely human resources and non-human resources (Subarsono, 2005:99).

Supporting Factors

1. Policy standards/measures and objectives

PKH facilitators help translate policy standards and objectives to the household level (PKH beneficiary families), including ensuring that children attend school, pregnant women receive prenatal checkups, and so on. The role of facilitators is crucial in fostering understanding and ensuring the implementation of policy objectives in the field. This regulation serves as a reference for PKH implementation, enabling it to easily achieve its objectives. The Family Hope Program (PKH) in Bandung Regency has implementation standards and measures that include recipient criteria, types of assistance, and success indicators. These standards ensure the program is targeted and effective in reducing poverty and improving family welfare. PKH implementation must comply with established SOPs, including data verification, aid distribution, and monitoring. If all of these are implemented properly, PKH implementation in Bandung Regency will proceed as expected.

In addition to Van Metter and Van Hon's theories, the discussion on the standards/measures and policy objectives in the Family Hope Program (PKH) can also be supported by the Top-Down Theory (Mazmanian & Sabatier). The Top-Down Theory emphasizes that successful implementation depends on how clearly the policy is formulated at the top level before it flows down. Within this framework, standards and objectives are key prerequisites. Standards set at the central level (for example, through the Minister of Social Affairs Regulation) serve as a clear roadmap for implementation at the regional level, such as Bandung Regency. This theory argues that the more specific and measurable the policy objectives, the less likely it is that excessive discretion will occur in the field, which could undermine the initial objectives. With the clear objectives of PKH (improving living standards, reducing poverty), implementers have a strong guide to guide their every step.

2. Policy sources

The first aspect of the implementation of PKH in Bandung Regency is the policy content: PKH is a clear program with the aim of reducing poverty. The policy content is well defined, including the requirements for beneficiaries and the distribution mechanism. Actor Strength: Data shows a strong synergy between the central government (policy maker) and the Bandung Regency Government (policy implementer). Support from the Regent and the Bandung Regency DPRD (Regional People's Representative Council) in the Regional Budget (APBD) indicates the existence of "political support" from key actors at the local level, which is crucial for the success of implementation. Characteristics of actors and bureaucracy: The collaboration between the central government (Ministry of Social Affairs) and local

government (Social Services) indicates that bureaucratic actors in Bandung Regency are responsive and collaborative. This creates a conducive context for program implementation. Furthermore, from an economic and social perspective, PKH implementation in Bandung Regency takes place within the context of poverty alleviation efforts, indicating that this program is relevant to the socio-economic conditions of the local community.

3. Characteristics of the implementing body

PKH implementers or facilitators practice flexibility, adapting their roles and communication to suit community conditions, while maintaining coordination with the Social Services Agency and the district government. They also handle community complaints and escalate them to higher levels. The facilitators' work capacity is relatively high: one facilitator can handle 200–250 beneficiary families (KPM), so the frequency of field visits and monthly meetings is sometimes limited. However, most still demonstrate high dedication, even assisting participants with fund disbursement and providing education on ATM usage. This is evident in field reports, even in geographically difficult-to-reach areas. There is a sense of social responsibility and awareness of the importance of the PKH program.

4. Inter-organizational communication and implementation activities

The active participation of community leaders, neighborhood association (RT/RW) heads, and village residents is crucial. They can provide additional information on the socioeconomic conditions of beneficiaries and help ensure the program is aligned with local conditions. Open data on beneficiaries at the village level helps ensure the program is transparent. Village officials can help verify the eligibility of potential recipients, minimizing the potential for distribution errors. Communication is also strengthened through synergies with other village programs, such as integrated health posts (Posyandu) and schools. Facilitators coordinate with village officials to ensure beneficiaries fulfill their health and education obligations.

Effective communication between PKH facilitators and village social welfare centers in

RegencyBandung is crucial for the smooth implementation of the program. Village Social Welfare Centers (Puskesmas) serve as the gateway for social services. The link between PKH facilitators who handle beneficiary families (KPM) and Puskesmas, which serves the entire village community, creates a strong coordination structure. PKH facilitators can utilize Puskesmas data to verify beneficiary families' conditions and obtain additional information about their needs. Conversely, Puskesmas can also obtain KPM data from facilitators to ensure targeted services are provided.

The availability and access to the SIKS-NG application is crucial. This system allows PKH (Family Hope Program) facilitators and village social welfare centers (Puskesmas) to access and verify beneficiary (KPM) data in an integrated manner. This prevents data overlap and ensures information accuracy. Puskesmas serves as an information and referral center. When a beneficiary has a problem requiring social services outside of PKH, facilitators can refer them to Puskesmas for assistance or broader information, such as Non-Cash Food Assistance (BPNT)/basic necessities or health services (BPJS).

5. Economic, social and political environment

In Bandung Regency, the implementation of the Family Hope Program (PKH) is

supported by the local government by providing a budget for cash assistance and operational costs for PKH facilitators. Furthermore, the local government facilitates coordination between relevant agencies and ensures support from sub-district heads and village heads in implementing PKH in their areas. Good coordination among the various parties involved in PKH implementation is crucial. This includes coordination between the local government, relevant agencies, village officials, PKH facilitators, and the community. Effective coordination will ensure the program runs smoothly, aid is targeted appropriately, and any issues that arise are promptly addressed.

From the economic, social and political environmental aspects, the factors that support the successful implementation of the Family Hope Program (PKH) in Bandung Regency are the political commitment of the Regional Government, the Regent and the Bandung Regency DPRD to fully support poverty alleviation programs, including PKH. This is reflected in the support of the Regional Budget in the form of incentives for PKH HR and financing the rental of the PKH Secretariat in 31 Districts, the integration of PKH in the RPJMD and Renstra Dinsos, stability and political support strengthen the implementation of policies from top to bottom.

Bandung Regency boasts a conducive socio-cultural environment, with a strong culture of mutual cooperation and local wisdom. Family Hope Program (PKH) facilitators are often assisted by community leaders, neighborhood associations (RT/RW), and integrated health post (Posyandu) cadres in disseminating information and assisting beneficiaries. Local social values contribute to fostering informal support for policy implementation.

Inhibiting Factors

1. Policy standards/measures and objectives

Factors hindering the implementation of PKH standards, metrics, and policy objectives in Bandung Regency largely center on data accuracy, program understanding, and operational challenges. This hinders the achievement of the program's primary goals, namely breaking the cycle of poverty and improving the quality of human resources.

From a policy perspective, standards and objectives demonstrate that several factors hinder the successful implementation of the Family Hope Program (PKH) in Bandung Regency. These include inaccurate targeting due to inaccurate DTKS data. Beneficiary beneficiaries (KPM) who do not meet the criteria (e.g., those who are already well-off) still receive assistance. Conversely, those who are less well-off do not receive PKH social assistance. This data mismatch results in inaccurate implementation of program standards and targets. Furthermore, many beneficiaries still view PKH as permanent social assistance, not a driver of independence.

In addition to the discrepancy between the Integrated Social Welfare Data (DTKS) and actual conditions on the ground, another obstacle is the disproportionate ratio of PKH facilitators to the number of Beneficiary Families (KPM) they must support. Many PKH facilitators in Bandung Regency must support 300–500 KPM per person, far from the ideal ratio of 1:150. This makes it difficult for facilitators to provide intensive and optimal support to all KPM.

The main goal of PKH is to encourage KPM to be independent and get out of

dependency on social assistance. However, in Bandung Regency, there are still many KPM who feel comfortable with routine assistance and do not make efforts to improve their own economic conditions. This results in a low level of independent graduation, which is an indicator of the program's failure to achieve its long-term goals. Many KPMs do not fully understand their obligations in the PKH program. For example, they do not regularly attend Family Capacity Building Meetings (P2K2) or do not ensure their children go to school. This lack of understanding means that PKH's main goal of improving the quality of human resources through education and health is not achieved optimally.

2. Policy sources

Viewed from the resource aspect, there are factors that hinder the successful implementation of the Family Hope Program (PKH) in Bandung Regency, namely that there are still PKH human resources in Bandung Regency who have double jobs or have jobs in other places such as being teachers or being Village Companions (Ministry of Villages) so that they are not optimal in providing assistance to the community receiving PKH assistance.

Based on interviews, the lack of coordination between agencies, particularly regarding personnel information, has created opportunities for certain individuals to double-task. Furthermore, several other inhibiting factors include limited internet access and technology. The e-SDM PKH and SIKS-NG applications are dependent on internet connections. Several areas in Bandung Regency, particularly in the south or rural areas, still experience blank spots or weak signal. Technical constraints hinder digital data access and processing.

3. Characteristics of the Executive Body

The verification and validation process for PKH recipient data sometimes encounters obstacles, particularly in updating data and handling complaints from people not listed as recipients. Poor coordination with relevant parties, such as village officials, health facilities, and schools, can hinder the smooth implementation of the program. Oversight of the performance of social workers and program management at the district level could be improved. This is crucial to ensure that all procedures are implemented according to guidelines and potential irregularities are prevented.

4. The attitude of the implementers

Social workers who are undisciplined or who fail to attend mandatory meetings can disrupt the flow of information and support. Beneficiaries may feel neglected and deprived of the guidance they deserve. Facilitators' proactive approach is also hampered by difficult geographic access, long distances to assigned locations, and poor infrastructure. This often leads to facilitators being unable to attend regularly, neglecting coordination, meetings, and monitoring.

5. Inter-organizational communication and implementation activities

Viewed from the aspect of Communication between the implementing organizations of the Family Hope Program in Bandung Regency, it is often the case that regional policies even at the Village level are different, such as the distribution of PKH social assistance which according to the rules the community or KPM PKH is free to withdraw their social assistance anywhere such as at the Himbara Bank ATM machine, for Bandung Regency the bank distributing PKH social assistance is BNI bank. But in reality in the field there are still many

Village Governments that direct KPM PKH to withdraw their assistance at Village Agents which are in fact owned by village employees. In fact, it is not uncommon for PKH facilitators to also be BNI agents, this is certainly very prone to abuse and can cause conflicts of interest because PKH facilitators can very easily direct KPM PKH to withdraw PKH social assistance at certain bank agents, this clearly violates the code of ethics as PKH facilitators.

6. Economic, Social, and Political Environment

Weak cross-sector coordination, particularly communication and coordination between the Social Services Agency, distributing banks, and village governments, has not been fully integrated. Data misalignment and slow coordination can lead to technical issues, such as blocked KKS cards or invalid data, which ultimately hinder aid disbursement. Furthermore, local political dynamics, such as the PKH program, are vulnerable to political intrusion, particularly during the lead-up to election years. This can affect the objectivity of beneficiary determination and disrupt the program's sustainability.

Efforts to overcome obstacles in the implementation of the Family Hope Program (PKH) in Bandung Regency, West Java Province

The phase of efforts to minimize inhibiting factors in policy implementation begins before the goals and objectives are established, which is carried out through policy formulation. Therefore, the policy implementation phase occurs only after legislation is enacted and funding is provided to finance its implementation. Policy implementation is a practical phase, distinct from policy formulation, which is a theoretical phase.

The author describes the efforts made to minimize inhibiting factors as follows:

1. Policy standards/measures and objectives

PKH (Family Hope Program) facilitators play a crucial role in the program's success as they spearhead its direct implementation in the field. However, a common issue is "double work," where facilitators hold other jobs outside of their PKH duties, which impacts the quality of service to KPM (Beneficiary Families). To avoid excessive closeness with residents (which can make the work feel like a "secondary job"), a system of periodic rotation of work areas can be implemented. Preventing PKH facilitators from "double work" is not only a matter of prohibition, but also a matter of oversight, welfare, and professionalization. Commitment is needed from the central and regional levels to ensure facilitators are focused, productive, and work in accordance with PKH's social objectives.

2. Characteristics of the Executive Body

Based on Van Meter and Van Horn's theory, the characteristics of a strong implementing agency, including a clear structure, solid coordination, professional human resources, and visionary leadership, are crucial to policy success. In Bandung Regency, efforts such as increasing institutional capacity, strengthening cross-level coordination, and reforming work culture are crucial to optimally implementing the Family Hope Program (PKH).

Conducting outreach to all PKH participants/beneficiaries through monthly meetings and PKH complaint services. Outreach is also intended for PKH beneficiaries to ensure that PKH funds are used appropriately. Furthermore, monitoring is necessary as an effort to monitor the implementation of PKH policies that have been implemented. Then, the PPKH Bandung Regency opened a PKH complaint service for all PKH participants in Bandung

Regency. This aims to allow the PPKH Regency to receive and directly understand problems and obstacles that occur among the community.

3. The attitude of the implementers

PKH (Family Hope Program) facilitators in Bandung Regency generally demonstrate high commitment and dedication in carrying out their duties. They serve not only as information providers but also as facilitators and motivators for beneficiary families (KPM). A proactive attitude and concern for the welfare of beneficiaries are key to building positive relationships. This is evident in their willingness to assist beneficiaries in various activities, from group meetings to data collection.

In Van Meter and Van Horn's theory, implementers' attitudes toward a policy are a key factor in successful implementation. If implementers do not understand, support, or commit to the program, the policy's effectiveness will decline. Therefore, efforts to build implementers' understanding, motivation, and emotional engagement are crucial in addressing obstacles to PKH implementation in Bandung Regency.

Providing better training and outreach to PKH implementers, particularly PKH Facilitators, regarding the program's policies, procedures, and objectives. Furthermore, improving coordination and communication between implementers at various levels to ensure smooth program implementation. By addressing these issues, it is hoped that PKH implementation will be more effective and provide greater benefits to beneficiary families.

4. Inter-organizational communication and implementation activities

Coordinated implementation scheduling: All PKH activities (such as P2K2, health monitoring, and education verification) are organized into a cross-agency activity calendar. This is done to avoid overlap and maximize the involvement of various parties. Changing the behavior of poor families to become more productive and independent is a long-term challenge that requires sustained effort.

In Van Meter and Van Horn's theory, successful implementation depends heavily on the quality of communication between organizations and policy implementers. In Bandung Regency, improving communication between PKH stakeholders, such as the Social Service, facilitators, villages, schools, and community health centers, can be achieved through routine coordination, the use of technology, and a two-way reporting system. This way, PKH implementation becomes more efficient, adaptive, and has a real impact on the community.

Communication between PKH implementing organizations, such as the Social Services Agency, PKH facilitators, and local governments, is conducted through regular coordination to ensure alignment in program implementation. Communication also serves as a means to exchange information on program developments, challenges encountered, and solutions found. PKH facilitators regularly hold group meetings with beneficiary families (KPM) to provide information, education, and monitor the implementation of PKH beneficiary obligations.

By actively attending group meetings, or officially known as P2K2 (Family Capacity Building Meetings), PKH beneficiaries can absorb information and gradually become educated to not depend on PKH social assistance.

5. Economic, Social, and Political Environment

Government policies supporting the Family Hope Program (PKH), such as adequate budget allocation, bureaucratic simplification, and inter-agency coordination, are crucial for the program's smooth operation. Social support from family, neighbors, and the community is crucial to its success. A positive social environment can motivate and encourage beneficiary families to continue striving to escape poverty. This demonstrates the Bandung Regency Government's commitment to the welfare of the social pillars responsible for serving those in need.

CONCLUSION

Based on the previous description and discussion, the implementation of the Family Hope Program (PKH) in Bandung Regency, West Java Province has been running based on the legal umbrella of the Minister of Social Affairs Regulation Number 1 of 2018, but its implementation is still not optimal. Several main obstacles include limited human resources for PKH facilitators who have dual jobs, a less than ideal ratio of facilitators to the number of KPM, a lack of distributing banks and BNI ATMs, a lack of coordination between related parties, and a low level of understanding of PKH participants and some implementers at the lower level. Nevertheless, there are supporting factors in the form of local government support, budgets for the secretariat and human resource incentives, and support from local political elites. Improvement efforts are carried out through comprehensive socialization to PKH implementers and participants, regular monitoring and evaluation of facilitator performance, the opening of complaint services, and strengthening coordination so that PKH policies are more targeted and able to improve community welfare.

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