

# Evaluation of the Family Hope Program (PKH) in Agats District, Asmat Regency

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The Family Hope Program (PKH) is a conditional cash assistance-based social protection policy aimed at reducing poverty and increasing access for poor families to education, health, and social welfare services. This study aims to evaluate the implementation of PKH in Agats District, Asmat Regency, and identify factors influencing its implementation. The study used a descriptive qualitative approach with data collection techniques through interviews, observation, and documentation. Research informants included the district head, PKH coordinator, PKH facilitator, and beneficiary families. Data were analyzed through data reduction, data presentation, and conclusion drawing, while program evaluation used William N. Dunn's six criteria, namely effectiveness, efficiency, adequacy, equity, responsiveness, and accuracy. The results show that PKH in Agats District has contributed positively to meeting the basic needs of KPM, especially in the aspects of education, maternal health, and economic support for the elderly. However, program implementation has not been fully optimal due to still facing problems with data synchronization between DTKS, Dukcapil, and Dapodik, delays in aid disbursement, limited facilitators, geographical barriers, and low understanding of some communities regarding the program mechanism. This study recommends continuous data updating, capacity building of facilitators, strengthening of cross-institutional coordination, and socio-cultural approaches to ensure more targeted implementation of PKH in remote areas.

**Keywords:** Family Hope Program, policy evaluation, poverty, social protection, Agats District.

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## 1. Introduction

Poverty remains a relevant development issue in Indonesia because it directly relates to people's access to education, health care, employment, and basic social services. In the context of eastern Indonesia, poverty is even more complex due to limited infrastructure, geographic conditions, and the affordability of public services. Asmat Regency, including Agats District, faces challenges in providing basic services, requiring adaptive and targeted social protection policies.

The Family Hope Program (PKH) is a conditional social assistance program aimed at breaking the intergenerational cycle of poverty. This program not only provides cash assistance to poor families but also binds beneficiaries to obligations related to the use of education, health, and social welfare services. Thus,

PKH holds a strategic position as a social policy that combines short-term economic protection and long-term human resource investment [1], [2].

The urgency of evaluating the Family Hope Program (PKH) in Agats District lies in the gap between the national program design and implementation in remote areas. Administratively, PKH has established mechanisms for distribution, mentoring, validation, and data updating. However, at the field level, issues persist, including delays in disbursement, data inconsistencies between the DTKS (Disaster Mitigation Agency), Dukcapil (Civil Servant Registration Agency), and Dapodik (District Data Center), and limited geographic access. These conditions can impact the program's effectiveness, equity, and targeting accuracy.

This study focuses on evaluating the implementation of PKH in Agats District, Asmat Regency, using William N. Dunn's six policy evaluation criteria, namely effectiveness, efficiency, adequacy, equity, responsiveness, and accuracy [3]. The purpose of this study is to analyze the implementation of PKH in Agats District and identify factors that influence the success and obstacles to its implementation.

## 2. Literature Review and Problem Statement

Conceptually, PKH is included in the conditional cash transfer scheme, namely cash assistance provided to poor households with certain conditions related to human capital investment. Literature shows that conditional cash assistance programs can increase the use of preventive health services, school participation, and consumption of poor households [4]–[8]. In the Indonesian context, PKH has been shown to have an impact on various health and education indicators, including prenatal visits, childbirth in health facilities, and investment in children's education [1], [5], [9], [10].

However, the effectiveness of conditional social assistance is highly dependent on the quality of implementation, the capacity of implementers, the availability of services, the accuracy of target data, and the socio-geographical conditions of beneficiaries. Studies on the heterogeneous impact of PKH show that program benefits are not always equal across regions because they are influenced by access to services, education levels, household characteristics, and the availability of health facilities [9]. This is in line with the social policy literature which emphasizes that program success is determined not only by policy design, but also by the quality of implementation, bureaucratic responsiveness, and local context [3], [11], [12].

Based on this review, the main problem in this study is how the implementation of the Family Hope Program (PKH) in Agats District, Asmat Regency, is evaluated through the criteria of effectiveness, efficiency, adequacy, equity, responsiveness, and accuracy, and what factors influence its implementation. This research gap lies in the lack of evaluative studies of PKH that focus on remote areas with complex geographic, socio-cultural, and administrative characteristics such as Agats District. Therefore, this study provides an empirical contribution to understanding the implementation of conditional social assistance in the context of remote areas in South Papua.

## 3. Method

This study employed a descriptive qualitative approach. This approach was chosen because it provides an in-depth description of the implementation of the Family Hope Program (PKH) based on the experiences of implementing actors and beneficiary families. The study location was in Agats District, Asmat Regency, South Papua Province. Informants were selected purposively, taking into account their direct involvement in program implementation: the district head, PKH coordinator, PKH facilitator, and beneficiary families (KPM). Six informants participated in the study.

Data collection techniques were conducted through interviews, observation, and documentation. Interviews were used to gather information regarding the implementation process, benefits, obstacles, and community responses to PKH. Observations were used to understand the social and geographic conditions of the research location, while documentation was used to review beneficiary data and supporting program documents. Data analysis used the interactive model of Miles, Huberman, and Saldana, which includes data reduction, data presentation, and drawing conclusions [13]. The evaluation framework used refers to William N. Dunn's six indicators [3].

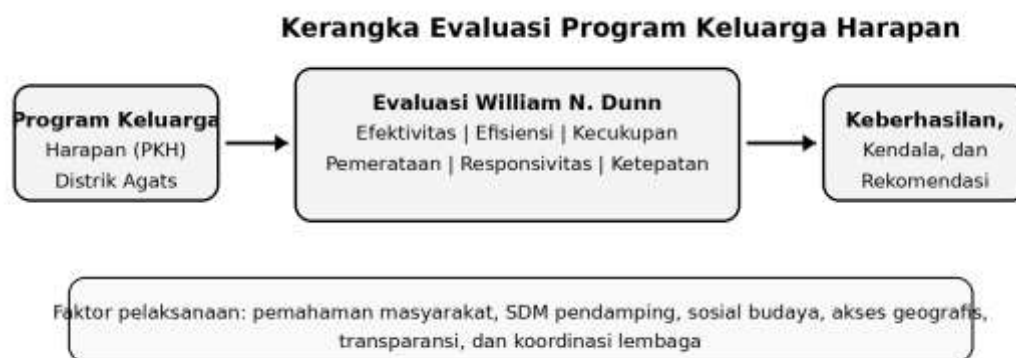


Fig. 1. Evaluation Framework for the Family Hope Program in Agats District

#### 4. Results And Discussion

The research results indicate that the implementation of the Family Hope Program (PKH) in Agats District has generally been successful and has provided benefits to recipient families, particularly pregnant women, schoolchildren, and the elderly. Based on the research data, there are 457 beneficiary families (KPM), consisting of 12 pregnant women, 318 schoolchildren, and 127 elderly. This composition shows that the education component is the largest recipient group, making the educational dimension a dominant aspect in the utilization of PKH assistance in Agats District.

Table 1. Summary of PKH Evaluation Results in Agats District

Evaluation Aspects	Key Findings	Implications
Effectiveness	KPM is relatively compliant with education, health, and group meeting obligations.	The program serves as an instrument for social protection and increasing access to basic services.
Efficiency	The amount of aid is according to the recipient component, but is hampered by administrative data synchronization.	Efficiency needs to be strengthened through the integration of DTKS, Dukcapil, and Dapodik.
Adequacy	Aid helps with basic education, health and consumption needs, but has not completely eradicated poverty.	PKH needs to be combined with economic empowerment programs.
Equality	There are still poor families who have not been accommodated due to unsynchronized data.	Continuous data updating is a prerequisite for equality.
Responsiveness	The community responded positively to the benefits of the assistance, but some did not yet understand the program's mechanisms.	Local outreach and communication need to be strengthened.

Accuracy	The targets are relatively appropriate, especially pregnant women, school children, and the elderly, but data validity is still an obstacle.	Field verification and cross-agency coordination need to be improved.
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### Program Effectiveness

The effectiveness of PKH is evident in the compliance of beneficiaries (KPM) in fulfilling program obligations. Pregnant women undergo health checks, families with school children utilize assistance for educational needs, and the elderly use assistance to meet basic needs. This finding aligns with a study by Cahyadi et al., which showed that PKH encourages household investment in health and education indicators [1]. In the context of Agats District, program effectiveness is also strengthened by group meetings and P2K2, which serve as spaces for education, monitoring, and information updates. However, effectiveness is not optimal due to delays in disbursement and geographic barriers that still limit smooth access to assistance.

### Program Efficiency

Program efficiency is demonstrated by the alignment of aid with recipient components. Assistance for pregnant women is directed toward health needs, assistance for school children is used for educational supplies, and assistance for the elderly is used for daily needs. However, efficiency is hampered by administrative issues, particularly when school child data is not linked to Dapodik or population data is not aligned with Dukcapil. Thus, PKH efficiency depends not only on the amount of funding, but also on the quality of the information system and the accuracy of field verification.

### Program Adequacy

In terms of adequacy, PKH has helped alleviate the economic burden on beneficiaries, but has not been able to eradicate poverty completely. While assistance is significant for purchasing school supplies, meeting nutritional needs, and supporting basic consumption, it is insufficient to address the structural roots of poverty, such as limited employment, low income, and limited service infrastructure. This finding is consistent with the cash transfer literature, which explains that cash transfers play a role in reducing vulnerability, but the sustainability of their impact depends on service support and economic empowerment [6], [8].

### Program Equity

Equitable aid distribution remains a major challenge. While most recipients meet the criteria, some poor communities remain unaccounted for due to unregistered or inconsistent data. This issue demonstrates that the fairness of program distribution is crucially determined by the quality of target data. In remote areas, administrative verification needs to be complemented by village-based social verification, as formal data often does not fully reflect the actual conditions of the community.

### Program Responsiveness

The program's responsiveness is evident in the positive public response to the Family Hope Program (PKH). Beneficiary families (KPM) feel supported because the assistance can be used for education, healthcare, and consumption. Facilitators also act as liaisons between the government and the community through outreach activities, group meetings, and data updates. However, responsiveness still needs to be strengthened, as some people do not understand the reasons why a family receives or does not receive assistance. This can lead to perceptions of injustice if information is not communicated transparently.

### **Program Accuracy**

The accuracy of the PKH program in Agats District is relatively good because assistance reaches vulnerable groups, such as pregnant women, school children, and the elderly. However, targeting accuracy is still threatened by weak synchronization of the DTKS (Disaster Mitigation Data), Dukcapil (Civil Servant Registration Agency), and Dapodik (National Data and Information System). Studies on the heterogeneous effects of PKH confirm that program benefits are influenced by recipient characteristics and access to support services [9]. Therefore, program accuracy in areas like Agats requires more adaptive data updates, cross-agency coordination, and intensive mentoring.

### **Factors Influencing the Implementation of PKH**

This study identified six key factors influencing PKH implementation: community understanding, the quality and availability of human resources, socio-cultural conditions, geographic barriers, transparency in aid distribution, and inter-agency coordination. This low level of public understanding results in some residents not understanding the mechanisms and recipient criteria. Limited facilitators and basic service personnel reduce the intensity of monitoring. Socio-cultural conditions demand a sensitive approach to local values, while geographic barriers increase implementation costs and time. Transparency and coordination are key factors in maintaining public trust and ensuring accurate program targeting.

Theoretically, these findings reinforce the view that policy evaluation cannot simply assess administrative outputs but must also examine the alignment between program outcomes, recipient needs, and the implementation context. The Family Hope Program (PKH) in Agats District demonstrates that conditional social assistance can provide tangible benefits, but its effectiveness is heavily influenced by local implementation capacity. Therefore, strengthening data systems, mentoring, and cross-sectoral coordination are crucial for the program's sustainability.

## **5. Conclusion**

The implementation of the Family Hope Program in Agats District, Asmat Regency, has generally made a positive contribution to improving the welfare of Beneficiary Families (KPM), particularly in supporting educational needs, maternal health, and meeting the basic needs of the elderly. Based on William N. Dunn's six evaluation indicators, PKH is considered quite effective, relatively efficient, quite helpful, responsive, and relatively on-target, but not yet fully optimal in terms of equity and data validity. The main obstacles to program implementation include data asynchronous between DTKS, Dukcapil, and Dapodik, delays in disbursement, limited facilitators, geographical barriers, and low understanding of program mechanisms among some communities. The practical implications of this study are the need for continuous data updating, increasing the capacity of facilitators, strengthening cross-agency coordination, transparency of aid disbursement information, and a socio-cultural approach in community assistance. This study is limited to one district with a limited number of informants, therefore, future research is recommended to expand the study locus and compare PKH implementation between districts in Asmat Regency or other regions of South Papua.

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