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Implementation of the Family Hope Programme (PKH) in Reducing Poverty in Menoreh Village, Salaman, Magelang Regency

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Abstract

The Family Hope Programme (PKH) is a conditional cash transfer for very poor households, yet the number of recipients in Salaman sub-district, Magelang Regency, remains high. This article asks how Minister of Social Affairs Regulation No 1 of 2018 on PKH was implemented in Menoreh Village, whether the legal duties on facilitators, data and complaints were met, and what hindered implementation. It is empirical legal research with a legal-sociology approach, drawing on interviews with village officials, a facilitator, a group leader and beneficiaries, observation and official documents, analysed qualitatively through the four implementation factors of George C Edwards III. Communication and disposition followed the regulation, but resources and bureaucratic structure showed gaps: facilitators changed three times in 2022, neighbourhood and hamlet heads took no part in verifying data, and recipients are selected centrally. A fall in the number of recipients does not show that poverty fell, so the article makes no claim of success. The rule that aid is withheld after three missed meetings is not shown to be proportionate and has no clear route of objection. The article recommends involving village officials in verification, a minimum tenure for facilitators, flexible meeting times and an accessible complaint route, and notes that newer regulation must be checked.

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Keywords

Poverty; Welfare; Implementation; Facilitator; Complaint; Village

Introduction

Social welfare is a national goal, and poverty is one of the obstacles to it. The Preamble and Article 34 of the 1945 Constitution commit the state to the people's

welfare and to the care of the poor,[1] and poverty reduction protects people by fulfilling the rights of the poor to health and education. Government efforts combine protection of those in temporary poverty, help for the chronically poor and prevention of new poverty.[23] In September 2022 Indonesia had 26.36 million poor people.[4] One programme of social protection for the poor is the Family Hope Programme (Program Keluarga Harapan, PKH).

PKH is a conditional social assistance programme for very poor households registered in the Integrated Data for the Handling of the Poor, a database covering about 40 per cent of households with the lowest welfare.[5] Recipient families (Keluarga Penerima Manfaat, KPM) must meet conditions in health and education. Conditional cash transfers of this kind, of which Mexico's Oportunidades is the best-known example, give cash to the poor and vulnerable on specified conditions in order to build a social protection system and to produce benefits beyond income support.[67] Indonesia began PKH in 2007 on the basis of the National Social Security System Law,[8] and the programme is now governed by Minister of Social Affairs Regulation No 1 of 2018 (Permensos 1/2018).[9] It is not a continuation of earlier cash subsidies for fuel price adjustments but a means of building a social-protection system and helping recipients reach health and education services.

Under Article 5 of Permensos 1/2018 PKH components cover health (pregnant or nursing women and children aged 0 to 6), education (children in primary, junior and senior secondary school and those aged 6 to 21 who have not completed twelve years' compulsory schooling) and, since 2016, social welfare (people aged 60 and over and persons with severe disabilities).[10] Article 2 states the objectives: to raise recipients' standard of living through access to services, reduce household spending and raise income, change behaviour and independence in using services, reduce poverty and inequality, and introduce formal financial products.[11] A PKH

[1] Constitution of the Republic of Indonesia 1945, art 34.

[2] Nano Prawoto, "Memahami Kemiskinan dan Strategi Penanggulangannya" (2008) 9:1 *Ekonomi & Studi Pembangunan* 56.

[3] Trimo Yulianto, "Memahami Kembali Strategi Pengentasan Kemiskinan di Indonesia sebagai Sumber Penerimaan Negara", *djpb.kemenkeu.go.id* (2022).

[4] Badan Pusat Statistik, "Persentase Penduduk Miskin September 2022 Naik Menjadi 9,57 Persen", *bps.go.id* (2023), online: <https://www.bps.go.id/pressrelease/2023/01/16/2015/persentase-penduduk-miskin-september-2022-naik-menjadi-9-57-persen.html>.

[5] National Team for the Acceleration of Poverty Reduction, "About Unified Data", *tnp2k.go.id* (2023), online: <https://www.tnp2k.go.id/data-and-indicator/about-unified-data>.

[6] Lia CH Fernald, Paul J Gertler & Lynnette M Neufeld, "Role of Cash in Conditional Cash Transfer Programmes for Child Health, Growth, and Development: An Analysis of Mexico's Oportunidades" (2008) 371:9615 *The Lancet* 828.

[7] Budi Larasati & Lina Miftahul Jannah, "Transfer Kebijakan dan Implementasi Program Bantuan Tunai Bersyarat (Conditional Cash Transfer/CCT) di Indonesia" (2022) 8:1 *Kolaborasi: Jurnal Administrasi Publik* 71 at 72–73, DOI: <10.26618/kjap.v8i1.7257>.

[8] Law No 40 of 2004 on the National Social Security System (Indonesia).

[9] Minister of Social Affairs Regulation No 1 of 2018 on the Family Hope Programme (Indonesia).

[10] *Ibid*, art 5.

[11] *Ibid*, art 2.

facilitator appointed by the Ministry of Social Affairs accompanies recipients so that they receive aid without deductions. The facilitator's duties include initial meetings, data validation and updating, attendance verification, family capacity-building meetings, complaint handling and reporting.[1213]

The figures show why Salaman is a relevant setting. In 2022 there were about 10 million PKH recipients nationally,[14] and about 3.28 million in Central Java in 2021.[15] Magelang Regency, where PKH began in 2012, had 154,910 poor people (11.91 per cent) in 2021,[16] and 145,330 (11.09 per cent) in March 2022.[17] According to the regency's social data portal, about 76,156 households or persons (the portal's unit is not stated in the source used) received PKH across the 21 sub-districts,[18] and Salaman sub-district, with 20 villages, had 4,612 recipients in 2023.[19] Menoreh Village, with 2,445 households, is one of them.[20] The figures are of different years and should not be compared directly.

Earlier studies of PKH have concentrated on administration and policy. Aliamsa studied the distribution of PKH aid in a village in Luwu;[21] Utomo, Hakim and Ribawanto examined implementation and household quality of life in Kediri;[22] Anggraini identified the factors affecting implementation in a sub-district of Palembang;[23] Handani, Sari and Devi studied PKH and the distribution of welfare in Bungo;[24] and Nandini, Anggraeni and Fedryansyah examined the facilitator's

[12] Khulafa Pinta Winastya, "PKH Adalah Program Bantuan Sosial dari Pemerintah, Ketahui Tujuannya", *merdeka.com* (2022), online: <https://www.merdeka.com/trending/pkh-adalah-program-bantuan-sosial-dari-pemerintah-ketahui-tujuannya-kln.html>.

[13] Direktur Jaminan Sosial, *Buku Kerja Pendamping PKH* (2013).

[14] Issha Harumma, "Cek PKH 2022 Melalui Cekbansos.Kemensos.Go.Id", *nasional.kompas.com* (2022), online: <https://nasional.kompas.com/read/2022/04/14/03450051/cek-pkh-2022-melalui-cekbansos.kemensos.go.id>.

[15] Badan Pusat Statistik Provinsi Jawa Tengah, "Jumlah Keluarga Penerima Manfaat (KPM) dan Anggaran Bantuan Sosial Pangan Menurut Kabupaten/Kota di Provinsi Jawa Tengah, 2019–2021", *jateng.bps.go.id* (2022), online: <https://jateng.bps.go.id/statictable/2020/07/20/1885/jumlah-keluarga-penerima-manfaat-kpm-dan-anggaran-bantuan-sosial-pangan-menurut-kabupaten-kota-di-provinsi-jawa-tengah-2019---2021.html>.

[16] Badan Pusat Statistik, "Persentase Penduduk Miskin Kabupaten Magelang Tahun 2021 Sebesar 11,91 Persen", *magelangkab.bps.go.id* (2021), online: <https://magelangkab.bps.go.id/pressrelease/2021/12/06/171/persentase-penduduk-miskin-kabupaten-magelang-tahun-2021-sebesar-11-91-persen.html>.

[17] Arif Budianto, "Kemiskinan Kabupaten Magelang Tahun 2022", *pusaka.magelangkab.go.id* (2023), online: <https://pusaka.magelangkab.go.id/blog/detail/84>.

[18] Sitajelita, "Data Penerima Bantuan Program Keluarga Harapan", *pusaka.magelangkab.go.id* (2023), online: <https://pusaka.magelangkab.go.id/sosial/bantuan/bantuan_pkh>.

[19] Sitajelita, "Bantuan Kecamatan Salaman", *pusaka.magelangkab.go.id* (2023), online: <https://pusaka.magelangkab.go.id/sosial/bantuan?id_kecamatan=330801&submit=Tampil>.

[20] Balai Desa Menoreh, *Gambaran Umum Desa Menoreh* (2023, village office document).

[21] Aliamsa, *Pendistribusian Program Keluarga Harapan di Desa Pompengan Tengah Kecamatan Lamasi Timur Kabupaten Luwu* (2021, unpublished thesis).

[22] Dedy Utomo, Abdul Hakim & Heru Ribawanto, "Pelaksanaan Program Keluarga Harapan dalam Meningkatkan Kualitas Hidup Rumah Tangga Miskin (Studi pada Unit Pelaksana Program Keluarga Harapan Kecamatan Purwoasri Kabupaten Kediri)" (2014) 2:1 *Jurnal Administrasi Publik (JAP)* 29.

[23] Dian Anggraini, "Faktor-Faktor Implementasi Program Keluarga Harapan di Kecamatan Sako Palembang" (2018) 3:3 *Jurnal Pemerintahan dan Politik Global*.

[24] Deni Handani, Mela Sari & Ira Lia Devi, "Implementasi Program Keluarga Harapan (PKH) dalam Rangka Pemerataan Kesejahteraan Masyarakat di Kabupaten Bungo" (2019) 4:1 *Jurnal Dialektika Publik*.

role in social conflict resolution in Sumedang.[25] These studies treat PKH as a question of policy performance. They seldom ask what the regulation requires of facilitators, data managers and complaint channels, or whether a household that is excluded, or that loses aid for missing meetings, has a legal route to object. This article addresses that gap with a case from Menoreh Village.

Under Article 2 of Permensos 1/2018 one aim of PKH is to reduce poverty, yet the number of recipients in Salaman remains high. The article therefore asks: (1) how is Permensos 1/2018 implemented in Menoreh Village in terms of Edwards's four factors, and does that implementation meet the duties the regulation places on facilitators, data and complaint handling; and (2) what hinders implementation, and what legal consequences follow for recipients? Its purpose is to describe implementation, to assess it against the regulation, and to propose measures that are tied to the findings. The article does not test whether PKH has reduced poverty in the village, which would require welfare indicators that were not collected.

Research Method

This is empirical legal research with a legal-sociology approach, which examines how a legal rule works in society.[26][27] Primary data come from interviews with respondents and informants in five categories: the head of general affairs at the village office, the PKH facilitator, community members, the PKH group leader and PKH recipients. One interview date, 7 June 2023, is recorded, and the number of informants in each category and how they were chosen are not stated; the findings are therefore presented as indicative of one village and are not generalised. Observation and a literature study supplement the interviews. Secondary data come from legislation, official documents, books and articles. The interview material is reported by the informant's role only, and no name is given.

The analysis is descriptive and qualitative and uses the implementation model of George C Edwards III, as presented by Subarsono, which explains implementation through four factors: communication, resources, disposition and bureaucratic structure.[28][29] For this article each factor is read through an indicator drawn from the regulation: for communication, whether the stages of PKH (selection, initial

[25] Riska Nandini, Fitriya Anggraeni & Muhammad Fedryansyah, "Peran Pendamping Program Keluarga Harapan (PKH) dalam Upaya Resolusi Konflik Sosial di Desa Genteng Kecamatan Sukasari Kabupaten Sumedang" (2022) 4:1 *Jurnal Kolaborasi Resolusi Konflik* 76.
[26] Depri Liber Sonata, "Metode Penelitian Hukum Normatif dan Empiris: Karakteristik Khas dari Metode Meneliti Hukum" (2014) 8:1 *Fiat Justitia Jurnal Ilmu Hukum* 15.
[27] Muhaimin, *Metode Penelitian Hukum* (Mataram: Mataram University Press, 2020).
[28] George C Edwards III, *Implementing Public Policy* (Washington DC: Congressional Quarterly Press, 1980).
[29] AG Subarsono, *Analisis Kebijakan Publik: Konsep, Teori dan Aplikasi* (Yogyakarta: Pustaka Pelajar, 2005).

meeting, validation, payment, group formation, verification, data updating and complaints) follow the regulation; for resources, the continuity of facilitators and the availability of data from village officials; for disposition, the facilitators' commitment to monitoring and education; and for bureaucratic structure, the allocation of tasks between the centre, the facilitator and the village. The assessment of each factor is the authors' own, made by comparing the informants' accounts with the regulation; no independent rater was used.

Results and Discussion

Setting

Magelang Regency has 21 sub-districts and 372 villages.[30] Salaman sub-district has 20 villages and farming as its main livelihood. Menoreh Village covers 668.92 hectares in 54 neighbourhood units (RT) and 19 community units (RW), has an economy dominated by agriculture, and has 4 kindergartens, 4 primary, 3 junior and 3 senior secondary schools, 2 health centres, 12 integrated health posts and 1 village midwife.[31] These facilities matter because PKH conditions depend on access to schools and health services.

Implementation of PKH in Menoreh Village

PKH aims in the long term to break the chain of poverty, and in the short term to ease recipients' burden. Data from the village office show that PKH recipients in Menoreh numbered 775 in 2018, 297 in 2019, 287 in 2020, 454 in 2021, 322 in 2022 and 308 in 2023 (Table 1).[32] The figure fell sharply after 2018 but rose again in 2021. This trend does not show that poverty in the village fell. The number of recipients depends on the target list set centrally, on quotas, graduation and data updates, and not necessarily on the village's poverty; the study itself finds that the number of recipients in Salaman remains high and that the data are produced centrally. The article therefore does not claim that PKH in Menoreh has succeeded in reducing poverty. A claim of that kind would need indicators such as the share of households in the lowest decile before and after, school attendance and use of health services, which the village records do not provide.

Table 1. PKH recipients in Menoreh Village, 2018–2023

Year	2018	2019	2020	2021	2022	2023
Recipients	775	297	287	454	322	308

[30] Pemerintah Kabupaten Magelang, "Gambaran Umum Kondisi Daerah", *magelangkab.go.id* (2018), online: <https://magelangkab.go.id/images/dokumen/gambaran.pdf>.
[31] Balai Desa Menoreh, Gambaran Umum, *supra* note 20.
[32] Balai Desa Menoreh, *Data Penerima Bantuan PKH Desa Menoreh* (2023, village office document).

Source: Menoreh village office records. The source does not state whether the unit is persons or households (KPM), so the figures are cited as the office's count of recipients.

Table 2 sets the four Edwards factors against the evidence from the informants and the regulation. Communication followed the regulation: the stages from planning and selection of recipients, initial meetings and validation to payment, group formation, verification of commitments, data updating and complaints were carried out as the regulation prescribes. Resources were partly adequate. The facilitator's role was good, but facilitators changed often, and the central data did not involve the neighbourhood heads (RT/RW), although Article 7(1) of Minister of Home Affairs Regulation No 18 of 2018 assigns them to help the village head provide population data.[33] Many villagers do not understand PKH because outreach reaches only recipients and hamlet and neighbourhood heads are not used, so that information from the facilitator does not always reach all households.

On disposition, the facilitators showed commitment: they monitored attendance and taught the importance of schooling and health, even where they had to be firm. On bureaucratic structure, the facilitator's role was limited. When a recipient who is no longer poor was found still receiving aid, the facilitator could only visit the home to encourage graduation, because the data come from the Ministry of Social Affairs and the list is already formed.[34] These findings call for a more careful reading of bureaucratic structure than the verdict that it is optimal.

Table 2. Edwards's factors in the implementation of PKH in Menoreh Village

Factor	Indicator used	Finding in Menoreh	Assessment
Communication	Stages follow the regulation	Selection, meetings, validation, payment, groups, verification, data updating and complaints carried out as prescribed	Meets the regulation; outreach limited to recipients
Resources	Continuity of facilitators; data from village officials	Three facilitator changes in 2022; RT/RW not involved in data	Partly met
Disposition	Commitment to monitoring and education	Facilitators monitor and educate, and are firm where needed	Meets the regulation
Bureaucratic structure	Allocation of tasks between centre, facilitator and village	List fixed centrally; facilitator can only encourage graduation	Gaps in verification and correction

Source: compiled by the authors from the interviews and documents described in the Research Method.

Hindrances

[33] Minister of Home Affairs Regulation No 18 of 2018 on Village Community Institutions and Village Customary Institutions (Indonesia), art 7(1).
[34] Direktur Jaminan Sosial, *supra* note 13.

On the facilitator side, facilitators changed often, and in 2022 there were three changes. This made it difficult to reconcile recipient data from earlier years and to prevent data leakage. On the recipients' side, they often could not attend the monthly meetings because of illness, work and family matters, as one beneficiary's family member said. Attendance is checked by signing in, and a recipient who misses three meetings cannot draw aid.

Legal Assessment: Central Targeting, Sanctions and Complaints

Three legal questions arise from the findings. The first concerns central targeting. Because the list of recipients is formed centrally from the integrated database and the village only carries out assigned tasks, a household that is poor but absent from the list is excluded, and a household that has improved but remains on it is included. Both are the familiar inclusion and exclusion errors of central targeting. Involving the neighbourhood and hamlet heads in verification would reduce them, and it is consistent with the role the Home Affairs regulation gives them in supplying population data.[35] The facilitator's present power, to encourage graduation, is weak because the facilitator cannot correct the list.

The second question concerns the sanction for missed meetings. Withholding aid after three missed meetings is the most legally significant fact in the study. PKH aid is paid on the condition that recipients fulfil their commitments in health, education and family capacity-building, and the regulation provides for consequences for non-compliance.[36] The provision that fixes the three-meeting rule is not identified here, and the rule is assessed on the terms reported by informants. A sanction that falls on poor households should be proportionate to the purpose of the condition, which is to improve health and education, and it should consider the reasons given for absence. Illness, work and family obligations, reported by recipients, are reasons that a fair rule would take into account, and meetings held in working hours make absence by those who work likely. A mechanical rule that cuts off aid for such reasons is hard to reconcile with the state's duty to care for the poor.[37] The rule would be more defensible if absence for good cause were excused and if aid were suspended and restored on compliance before it was terminated.

The third question concerns remedies. Complaint handling is a duty of the facilitator, but the study does not establish whether a household that is excluded from the list, or whose aid has been stopped, can complain and be heard. Public

[35] Minister of Home Affairs Regulation No 18 of 2018, *supra* note 33, art 7(1).
[36] Minister of Social Affairs Regulation No 1 of 2018, *supra* note 9.
[37] Constitution, *supra* note 1, art 34.

service providers must provide a complaint mechanism and respond to complaints,[38] so a clear, accessible and documented route, with a written reason for any decision to stop aid, is a legal requirement of good administration and not only a matter of policy. It is also a gap in the implementation studied.

The regulation applied here must also be read with its status in mind. Permensos 1/2018 governed the period studied. A later ministerial regulation, reported as Minister of Social Affairs Regulation No 8 of 2026, was issued on 7 August 2026 and, according to the summary seen, bases targeting on the National Single Social and Economic Data, limits participation to five years, and provides for a warning or termination for non-compliance with the families' obligations. The summary does not describe a complaint route.[39] The findings therefore describe implementation under Permensos 1/2018 and the points above should be re-examined against the text of the current regulation.

Comparison with Earlier Research

Earlier studies identify the facilitator's role and the factors affecting implementation as central to PKH,[40][41] and studies of implementation in other localities have looked at the same programme stages and outcomes.[42][43] The findings here are consistent with that attention to facilitators and data. They differ in three respects. First, this article does not infer success from a falling number of recipients, which depends on central quotas and data. Second, it reads the Edwards factors against the duties of the regulation, and so reaches a more qualified verdict on bureaucratic structure. Third, it treats the three-meeting sanction and the absence of a clear complaint route as legal issues of proportionality and remedy, which earlier studies of policy performance do not discuss.

Conclusion

Implementation of Permensos 1/2018 in Menoreh Village follows the regulation on communication and disposition. Resources are good but not ideal, because the hamlet head and neighbourhood heads take no part in selecting or verifying recipients and facilitators change often, and bureaucratic structure shows a gap because the list is formed centrally and the facilitator cannot correct it. The falling

[38] Law No 25 of 2009 on Public Services (Indonesia).
[39] Minister of Social Affairs Regulation No 8 of 2026 on the Family Hope Programme (Indonesia).
[40] Nandini, Anggraeni & Fedryansyah, *supra* note 25.
[41] Anggraini, *supra* note 23.
[42] Utomo, Hakim & Ribawanto, *supra* note 22.
[43] Handani, Sari & Devi, *supra* note 24.

number of recipients does not show that poverty fell. The main hindrances are the frequent change of facilitators, three in 2022, and recipients' difficulty in attending monthly meetings held in working hours or when they are ill. The rule that aid is withheld after three missed meetings has not been shown to be proportionate, and no clear route of complaint was reported.

Four recommendations follow. The Ministry and the village government should involve the neighbourhood and hamlet heads in verifying the target list against local conditions. The Ministry should set a minimum tenure for facilitators and require a handover of recipient data when they change. Meetings should be held at times that working recipients can attend, with absence for good cause excused and aid suspended before it is terminated. A clear, accessible complaint route should be established, including for households excluded from the list, with written reasons for any decision to stop aid.

The study has limits. It covers one village, rests on an unspecified and small number of informants, and does not measure poverty or welfare. It applies Permensos 1/2018, which governed the period studied; a later regulation has been reported and should be checked in full. Further research should cover several villages, state the informants and the sampling, and use welfare indicators.

Ethics and Data Availability

This research involved interviews with village officials, a PKH facilitator, a group leader and beneficiaries. Participation was voluntary, participants are identified by role only, and no names or personal data are reported. The data supporting the findings are the interview notes and the village office records cited in the article, which the authors hold and will make available on reasonable request.

Use of Generative AI

Generative AI was used only to improve the language of this article (grammar, clarity and style). The authors reviewed the output and are responsible for the content of the article.

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The authors declare no conflict of interest. This research received no external funding.

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