



Received: July 30, 2024

Revised: August 10, 2024

Accepted: August 27, 2024

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DESCRIPTIVE OF QUANTITATIVE DATA | SUPPLEMENTARY

The Effectiveness of the Program Keluarga Harapan (PKH) to Improve Community Welfare in Makmur Village, Palolo District, Sigi Regency

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Abstract: The purpose of this study was to determine how Program Keluarga Harapan (PKH) is implemented, how effective PKH is, and how well the PKH recipient community is. This study involved PKH Companions and PKH Recipients from Makmur Village, Palolo District. Research data were obtained through observation, interviews, and documentation. Then, the data was reduced, presented, and conclusions were drawn. The results of this study indicate that 1) Program Keluarga Harapan in Makmur Village has been implemented in accordance with the steps set for its implementation. 2) Program Keluarga Harapan has four indicators to measure its effectiveness, namely: program objectives, target setting, program socialization, and monitoring. Because the community receiving PKH assistance has met these four indicators, this program can be considered effective. 3) With PKH assistance, education, health, and daily needs have been met. Because it can help the community in meeting the needs of school children such as buying school clothes, toddler health, and daily needs, but there are still some PKH recipients who say that they do not feel better because they have just received PKH.

Keywords: Effectiveness, Family, Welfare.

1. INTRODUCTION

Indonesia is one of the countries with the largest population. Because of its large population, Indonesia continues to strive to make changes and develop in every field, by changing all aspects of life that are good for its existence. A change that is implemented is by alleviating poverty. (Pajryati, 2019). Basically, poverty is a problem that arises in people's lives, especially in developing countries like Indonesia. To reduce the quality of the next generation, poverty in Indonesia must be taken seriously. To reduce poverty, the humanitarian approach must be replaced with a welfare approach that emphasizes the fulfillment of basic needs and the provision of social security and welfare through the development and improvement of productive economic enterprises. The government has made several policies to help poor families, one of which is Program Keluarga Harapan (PKH), which began in 2007. Program Keluarga Harapan (PKH) aims to reduce poverty by improving the quality of human resources among the poor. In the short term, it helps extremely poor households reduce their expenditure. In the long term, however, it is hoped that the intergenerational chain of poverty will be broken by requiring recipient families to send their children to school, vaccinate under-fives, get pregnant women checked, and receive improved nutrition. Program Keluarga Harapan (PKH) entered Palu City in 2012, covering eight sub-districts, one of which is Palolo Sub-district. The number of PKH beneficiary families has gradually increased. PKH has been realized in 34 provinces and covers 514 districts / cities and 6,709 sub-districts. As long as Program Keluarga Harapan has been in operation since 2016 until now, PKH participants have been very enthusiastic about attending monthly meetings led by the PKH Facilitator of Makmur Village. The number of KPM PKH in Makmur Village is 130 KPM out of 535 Family Heads (KK).



The impact of the program has not been fully successful in reducing poverty levels in the community. In addition, there are still some problems associated with the performance of the program, such as mistargeting, which has led to reports that funds are sometimes given late. Therefore, researchers conducted research on "The Effectiveness of Program Keluarga Harapan to Improve Community Welfare in Makmur Village, Palolo District, Sigi Regency". This study aims to determine the implementation of Program Keluarga Harapan in Makmur Village, to determine the effectiveness of Program Keluarga Harapan in Makmur Village, and to determine the fulfillment of the community's welfare of the recipients of Program Keluarga Harapan in Makmur Village. The problem formulations in this study are (1) How is the implementation of Program Keluarga Harapan (PKH) in Makmur Village? (2) What is the effectiveness of Program Keluarga Harapan (PKH) in Makmur Village? (3) How is the fulfillment of the integrity of the community receiving Program Keluarga Harapan (PKH) in Makmur Village?

2. LITERATURE REVIEW

2.1. Effectiveness

Effectiveness is the ability to choose the right goal to achieve. In general, effectiveness means the achievement of goals. According to Handoko (2008: 109), effectiveness is the ability to choose the right goals or equipment to achieve predetermined goals. In other words, an effective manager is able to choose the work to be done and the right path to achieve the expected goals. The best rationality is closely related to effectiveness, and effectiveness is always measured in units of production, units of service, or monetary value. In company activities, effectiveness is very important, so that activities can be measured, goals must be clearly set. Meanwhile, according to Soerjono Soekanto (1986: 25), effectiveness comes from the word effectiveness which means the extent to which a group achieves its goals. From the definition of effectiveness, it can be concluded that effectiveness is a measure that shows the level of success that management has set so that goals (quantity, quality, and time) are achieved. Therefore, activities are said to be effective if they are able to achieve goals and objectives according to the scheduled time and target and provide benefits when needed. The indicators used as benchmarks to measure effectiveness are:

- 1) The accuracy of the program objectives is that the program is implemented according to the objectives to achieve the expected results.
- 2) Program socialization is an effort to communicate and disseminate information about a planned program.
- 3) Program objectives are the expected outcomes and results of program implementation.
- 4) Program monitoring is a monitoring procedure to evaluate the implemented program.

2.2. Program Keluarga Harapan (PKH)

Program Keluarga Harapan (PKH) is a policy program designed by the government to address poverty in Indonesia. In general, the concept of politics is most often associated with persistent decisions that are consistent and represent the repeated actions of those who make the decisions and those who follow the decisions (Sarman, 2000). PKH is one of the government's initiatives to accelerate poverty alleviation and specifically aims to break the chain of intergenerational poverty. According to Arif Rohman from Jones (2009), Program Keluarga Harapan (PKH) is defined as a plan that combines principles and initiatives in government administration and business. The advantage of PKH is that it increases the participation of people with disabilities and the elderly while maintaining their level of social protection. PKH expects poor households (KM) to access and utilize basic social services such as health, education, nutrition, care and other social protection programs.

PKH is a center for poverty alleviation and aims to become a center of excellence that combines various types of national social protection and empowerment (Ministry of Social Affairs, 2019: 9).

The goal of PKH is to improve the lives of families who are members of Program Keluarga Harapan (PKH) through access to education, health services, and social services, reduce poverty and inequality, and realize family life. To benefit from formal financial products and services, reducing the burden of costs and increasing the income of poor and vulnerable households. The criteria for the components of Program Keluarga Harapan according to Hikmat (2018) include:

1. The criteria for the health component are: the mother is pregnant or breastfeeding; children aged from 0 (zero) to 6 (six) years.
2. The criteria for the education component are: SD/MI or equivalent; SMP/Mts or equivalent; SMA/MA or equivalent; children aged six to twenty-one years or who have not completed twelve years of compulsory education.
3. The criteria for the social welfare component are: individuals over sixty years of age; individuals with severe disabilities

2.3. Community Welfare

According to Elfindri et al. (2011), the common good is a condition that describes the state of local life and can be seen in local living standards. A better life includes various actions taken by humans to improve their quality of life. This better life can be achieved from various points of view, not just from an economic point of view. Prosperous in the big Indonesian dictionary means safe and prosperous. Welfare, on the other hand, is security, safety, tranquility, life satisfaction, and prosperity. According to Lukmint (2005: 17), social work is the study and development of a framework of ideas and methods that can be used to improve the quality of life (living conditions) in society, such as through handling social problems and through meetings. Social work is an applied science to help people meet their daily needs and maximize opportunities for social development. From the above definitions, it can be understood that community welfare is an increase in the standard of living of the community so that basic needs are met and life is better than before. Income equality, easy access to education, and better and more equitable quality of health are some examples of welfare. Income equality is related to employment, business opportunities, and other economic factors. In order for communities to drive the economy, which in turn will increase income, they must provide employment and business opportunities. According to Suharto (2009), social welfare has several relatively different definitions, although the content is the same. Social welfare basically includes three concepts:

- 1) Living conditions or a state of well-being are the fulfillment of physical, mental, and social needs.
- 2) An institution, place, or activity that involves social welfare institutions and various humanitarian professions and organizes social welfare efforts and social services.
- 3) Activity is an organized effort or endeavor to achieve a state of abundance. To calculate the level of welfare, BKKBN implemented a program called "Family Data Collection".
 - a. A non-prosperous (very poor) family is a family that is unable to fulfill one of the indicators of the "Rich Family I" level.
 - b. Rich family I (poor) is a new family that can fulfill the indicators.
 - c. Wealth level II are households that can fulfill the indicators of wealth level I.
 - d. Stage III prosperous families are families that fulfill the indicators of Stage I prosperous families and the indicators of welfare families.
 - e. A Stage III Plus Developing Family is a family that fulfills the indicators of a Stage I Developing Family, a Stage II Developing Family Index, and a Developing Family Index.

According to Sukirno (2012), welfare has nothing to do with consumption patterns, and it is important to develop the potential and abilities of each person as capital to realize a prosperous life. Therefore, Skillno classifies welfare into three groups:

- 1) A group that seeks to compare the welfare levels of two countries by improving the way national income is calculated.
- 2) Currency groups seek to adjust national income to account for differences in national income levels.
- 3) An organization that tries to compare the welfare level of a country based on non-monetary data.

According to the Central Bureau of Statistics (2005), there are eight indicators used to determine the level of welfare, namely income, family consumption or expenditure, living conditions, housing facilities, family health status, health services, and education. According to Fahrudin (2012: 12), the functions of social welfare are:

- a. The preventive function of social care aims to strengthen individuals, families and communities to prevent new social problems from arising. In societies in transition, the focus of prevention efforts is on activities that contribute to the creation of new patterns of social relations and new social institutions.
- b. The healing function of social services aims to eliminate physical, mental and social disabilities and enable people suffering from these problems to function normally again in society. This function also includes the function of recovery (rehabilitation).
- c. Development Function The function of social welfare is to contribute directly or indirectly to the development process or the development of social order and social resources.
- d. Support Function This function includes activities that contribute to the achievement of the objectives of the social service sector or other areas.

2.4. Previous Research

Sri Sutjiatmi (2019), The results of this study indicate that the implementation is consistent with the PKH implementation process (setting budget targets, socialization process, initial meetings and verification, forming beneficiary family groups (KPM), updating KPM data, implementation, and so on). shown that the agency determines the allocation of assistance and conducts a review of the initiatives of educational institutions (Fasdik), health institutions (Faskes), and social welfare. Sumbawati, et al (2020), Research shows that the PKH program is very effective and improves community welfare. This is evidenced by the fulfillment of general welfare indicators: basic needs, psychological, development, and self-actualization. Syahidah, et al (2023), based on research findings, underprivileged people who do not receive PKH are still proven to exist. Although the program socialization indicator has been implemented, it is still not effective because the PKH socialization was only conducted once at the first meeting. Therefore, there are still people who do not understand the PKH implementation mechanism. In terms of indicators, the program objectives as stated in the five PKH objectives have not been achieved. Second, the program monitoring indicators are inadequate, and although monitoring is carried out by the Karawang Regency Social Agency, PKH Facilitators, and the Pusakajaya Selatan Village Government, the problems of field data collection, data updating, and program socialization are the biggest problems. This is underutilized and has consequences. The objectives of the PKH program in Pusakajaya Selatan Village are not appropriate.

3. RESEARCH DESIGN AND METHOD

The type of research used in this research is descriptive research. Descriptive research is a type of research that uses information data based on facts found in the field to solve research problems. The



author uses a qualitative research approach, which produces descriptive data from the speech or writing of subjects and their behavior. The descriptive approach is a research approach in which the data collected consists of words, pictures, field notes, photographs, video recordings, personal documentation, or memos, and other sources. Moleong (2005). The research location is a place or area where researchers obtain information about the data needed and is the place where research will be conducted. This research was conducted in February 2024, which this research was conducted in Makmur Village, Palolo District, Sigi Regency. This research data source uses primary and secondary data. Primary data is data that researchers collect directly from research subjects and obtained through direct field observations and interviews. Meanwhile, secondary data is a data source that does not directly provide data for data collection, for example through other people or documents. This data source supports and complements primary data. The data collection method used by this research is by having three ways, namely, Interview, Documentation and Observation. The informants in this study are: 1). PKH Facilitator, 2). PKH beneficiaries. Data analysis techniques are carried out by recapitulating answers and opinions from respondents. For qualitative data, it will be analyzed by reducing data, presenting data, and drawing conclusions.

4. RESULT AND DISCUSSION

Table 1. Description of PKH Recipients in Makmur Village

No.	Category	Total	Percent
1	Pregnant/Postpartum Women	10	13%
2	Early Childhood 0 to 6 years old	13	16,9%
3	Elementary education/equivalent	24	31,2%
4	Junior high school education	26	33,8%
5	High school education/equivalent	25	32,5%
6	Persons with severe disabilities	5	6,5%
7	Elderly	27	35,1%
Total		130	100%

Source. Primary Data, 2024

From the data in table 1, it can be seen that PKH recipients in the Pregnant / Postpartum Mother category are 10 people, the Early Childhood category 0 to 6 years is 13 people, the Elementary / Equivalent Child Education category is 24 people, the Junior / Equivalent Child Education category is 26 people, the Senior / Equivalent Child Education category is 25 people, the Severe Disability category is 5 people, and the Elderly category is 27 people. So it can be concluded that the number of PKH recipients in Makmur Village is 130 KPM.

Implementation of Program Keluarga Harapan (PKH) in Makmur Village

Program Keluarga Harapan is one of the social programs developed by the government. PKH is a program that provides financial assistance to very poor households that need to meet the requirements of improving the quality of human resources (especially education and health). The main objective of PKH is to improve the quality of human resources of the poor and contribute to poverty alleviation through the provision of cash assistance. The mechanism for distributing funds to PKH participants four times a year. The payment institution is PT Bank Himbara (State Bankers Association). Next regarding ATMs, the type of ATM used is a Bank BNI ATM. Every time the funds are disbursed, PKH participants independently withdraw their money at the nearest Bank BNI ATM. Some PKH participants bring their ATM cards to the agencies in Makmur Village and Palolo Sub-district. The funds disbursed depend on the components that each KPM PKH has. The amount of PKH financial assistance in 2023 is:

- 1) Category of pregnant/postpartum women : Rp. 3,000,000



- 2) Early childhood category 0 to 6 years old : Rp. 3,000,000
- 3) Education category of elementary school children : Rp. 900,000
- 4) Category of junior high school education : Rp. 1,500,000
- 5) Category of people with severe disabilities : Rp. 2,400,000
- 7) Elderly category : Rp. 2,400,000

In addition to direct cash assistance, PKH participants also get other assistance packages such as BPNT (non-cash food assistance) in the form of rice, eggs, meat, potatoes, tofu, and others worth IDR 200,000. However, there are still delays in aid payments. Based on the results of the interviews, the researcher concluded that the PKH implementation process begins with observation, verification, data updating, home visits, verification, group meetings, village meetings, coordination with the village head and sub-district head. Coordination with related parties and banks is also going well. The implementation phase is in accordance with the specified implementation process. Based on the explanation above, it can be concluded that PKH intermediaries and social services work well together and the distribution of funds to the community is successful.

Effectiveness of Program Keluarga Harapan (PKH) in Makmur Village

To determine how effective PKH is in Makmur Village, four indicators can be used: program objectives, targeting accuracy, program socialization, and program monitoring. The following are the results of the interviews on these four indicators:

a) PKH targeting accuracy

PKH is an important program that helps the economy of Makmur Village and has great potential to improve the welfare of the community if used properly. As the interview results show, the Makmur village government regulates the distribution of PKH by applying targeting accuracy, which means that the PKH provided to the community must be beneficial in the long term. The following table shows the percentage of PKH targeting accuracy:

Table 2. Percentage of PKH Targeting Accuracy

No.	Description	Number of Informants	Percentage
1	Right on target	85	65%
2	Less targeted	45	35%
	Total	130	100%

Based on the table 2, 85 informants or 65% stated that PKH was right on target and 45 or 35% stated that PKH was not right on target. So it can be concluded that the accuracy of PKH targeting in Makmur Village is quite effective.

b) Program Socialization

To provide information to the Makmur village community, the PKH moderator informs PKH administrators and PKH facilitators about the PKH program. Interviews revealed that the socialization of the PKH program took place at the first meeting at the Makmur village office. In addition, this socialization will also help assess the program objectives as well as the rights and responsibilities of PKH recipient families which will be implemented in group meetings. The following table shows the socialization of the program:

Table 3. Percentage of Program Socialization

No.	Description	Number of informants	Percentage
1	There is	130	100%
2	None	0	0
	Total	130	100%



Based on the table 3, it can be seen that all PKH participants received socialization about PKH. So it can be concluded that PKH socialization in Makmur Village is very effective.

c) Program Objectives

The utilization of Program Keluarga Harapan (PKH) in Makhmour Village is primarily aimed at alleviating poverty. The Makmur village government believes this program will improve the welfare of the Makmur village community because it helps meet the basic needs of the community such as the purchase of school supplies for school children, health services such as nutritional checks and maternal health important contributions to the following table shows the percentage of PKH program targets:

Table 4. Percentage of PKH Program Objectives

No.	Description	Number of informants	Percentage
1	There is	100	77%
2	None	30	23%
	Total	130	100%

Based on the table 4, it shows that 100 informants or 77% know about the objectives of PKH, then 30 informants or 23% do not know about the objectives of PKH in Makmur Village. So it can be concluded that the objectives of the PKH program in Makmur Village are quite effective.

d) Program Monitoring

To determine whether the PKH program in Desa Makmur is successful, PKH managers from the center conduct monitoring, which includes supervision and evaluation of program implementation. This stage is very important to achieve the objectives of the program, namely to improve the development of individuals who receive assistance. The interview results show that PKH managers conduct regular evaluations to ensure that the PKH program is running well. PKH managers and recipients conduct these evaluations, which include assessing how well the planning and implementation of the PKH program is going. The following is a table of the percentage of PKH Program Monitoring:

Table 5. Program Monitoring Percentage Table

No.	Description	Number of informants	Percentage
1	There is	130	100%
2	None	0	0
	Total	130	100%

Based on the table 5, it shows that program monitoring is always carried out by officers. So it can be concluded that the monitoring of the PKH program in Makmur Village is very effective. Based on the four tables 5, it can be concluded that the PKH program in Makmur Village based on the measurement of 4 indicators can be said to be effective.

Community Welfare of PKH Recipients in Makmur Village

The results of interviews with PKH beneficiaries in Desa Makmur show that the PKH program is very successful in terms of community welfare after receiving assistance. Several welfare indicators can show the level of welfare. From the education sector, PKH beneficiaries help schools fulfill all their needs, such as purchasing school uniforms and books that are not provided free of charge by the school. In addition, from a health perspective it helps pregnant women and young children meet their needs such as buying baby milk and caring for pregnant women, and from a social perspective it helps parents who have no income to meet their daily needs. Some PKH recipients still claim not to feel better because they have just received assistance. Constraints to the PKH program in Makmur Village

include social jealousy between non-PKH and PKH recipients and a lack of overall community control over the KTP and KK as PKH recipients. These problems can be minimized with community support provided by the village government and related agencies to increase community understanding.

5. CONCLUSION

Program Keluarga Harapan in Makmur Village, Palolo Sub-district has been implemented well in accordance with existing procedures and guidelines. PKH implementation procedures include observation, verification, data updating, verification, group meetings, village meetings, coordination with the lurah, camat, stakeholders, coordination with the payer bank, reconciliation and reporting every month. This ensures that the program runs well. The Family Hope Program in Makmur Village is proven to be effective based on four indicators, namely the right target (for the underprivileged), program objectives (improving the welfare of the Makmur Village community), and group meetings through the percentage of 3-month PKH beneficiaries. The program meets the expectations of the government and the community. With PKH support, PKH beneficiaries can enjoy many benefits. This is thought to be because in terms of education it is possible to pay tuition fees from elementary to high school, and in terms of health it can meet the needs of pregnant women and young children. Based on the description above, the researcher provides the following suggestions: For PKH recipients, it is hoped that those who get PKH assistance provided by the government can be used properly and always attend every PKH meeting; For the government, it is expected to use more valid data so that it can provide more targeted assistance; It is hoped that the facilitators will be more active in carrying out the PKH program to the community in order to achieve the PKH goal of breaking the chain of poverty.

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