



## Implementation Challenges and Effectiveness of the Family Hope Program (PKH) in Reducing Poverty: Evidence from Kabul Village, Central Lombok

M. Yakub<sup>1\*</sup>, Nuli Purwanti<sup>2</sup>

<sup>1</sup>Ekonomi Islam, Fakultas Ekonomi, Universitas Nahdlatul Ulama Nusa Tenggara Barat, Indonesia

<sup>2</sup>Hukum Keluarga Islam, Fakultas Syari'ah Universitas Islam Negeri Mataram, Nusa Tenggara Barat, Indonesia

### ABSTRACT

This study examines the implementation challenges and effectiveness of Indonesia's *Program Keluarga Harapan* (PKH), or Family Hope Program, in reducing poverty at the local level, focusing on Kabul Village in Central Lombok Regency. The research aims to analyze how national social assistance policies are translated into local practices and how these processes affect the well-being of poor households. Employing a qualitative descriptive approach, data were collected through in-depth interviews, direct observation, and document analysis involving program facilitators, local government officials, and beneficiary families. The findings indicate that the PKH has positively contributed to short-term poverty alleviation by improving household access to education, healthcare, and social protection services. However, its overall effectiveness remains limited by inaccurate targeting, inconsistent monitoring, and a lack of empowerment programs following cash assistance distribution. The study argues that sustainable poverty reduction requires the transformation of PKH from a welfare-oriented transfer scheme into an empowerment-based initiative supported by strong inter-agency coordination, accurate data systems, and local administrative capacity. This research contributes to the broader discourse on social policy implementation and local governance by demonstrating the need for adaptive policy mechanisms that align national welfare objectives with local socio-economic realities.

### Abstrak

### KEYWORDS:

Family Hope Program (PKH); Poverty Reduction; Social Assistance; Local Governance; Program Implementation; Indonesia; Central Lombok

## INTRODUCTION

Poverty reduction remains one of the most persistent social and economic challenges in developing countries, including Indonesia. Despite steady economic growth over the past two decades, a significant portion of the Indonesian population continues to live in conditions of economic vulnerability. According to Statistics Indonesia BPS (2023), approximately 9.36 percent of the population still lives below the national poverty line, with higher concentrations in rural and remote areas such as Central Lombok. Poverty in these contexts is multidimensional, encompassing not only low income but also limited access to education, health services, and social protection. Addressing such complex poverty requires not only macroeconomic stability but also targeted social policies that directly improve household welfare.

In response, the Indonesian government has launched a series of social protection initiatives, among which the *Program Keluarga Harapan* (PKH) or Family Hope Program stands as a flagship conditional cash transfer (CCT) policy. Introduced nationally in 2007, PKH aims to break the intergenerational cycle of poverty by providing financial assistance to poor families, conditional upon their participation in education and health programs. The program's long-term vision is not merely to provide financial relief but to encourage behavioral change and promote human capital development. By ensuring that children attend school and that mothers access healthcare, PKH serves as both a social safety net and an empowerment instrument consistent with the Sustainable Development Goals (SDGs), particularly Goal 1 (No Poverty) and Goal 3 (Good Health and Well-being).

However, the success of PKH depends heavily on its implementation at the local level. While the national design of the program is standardized, its outcomes vary significantly across regions due to differences in administrative capacity, data accuracy, and community engagement. Local governance institutions play a pivotal role in ensuring that eligible households are correctly identified, funds are distributed on time, and social support activities are effectively conducted. Research by [Nasution et al. \(2021\)](#) and [Suryani \(2022\)](#) indicates that poor coordination among local actors, limited monitoring mechanisms, and insufficient follow-up programs often undermine PKH's intended impact. These findings highlight the need to examine how policy implementation functions in specific local contexts, where the alignment between central directives and village-level realities determines program success.

Kabul Village in Central Lombok provides a compelling case study for such an examination. The village represents a typical rural community in eastern Indonesia where poverty is intertwined with low education levels, unstable income sources, and gendered household responsibilities. Although PKH has been operational in the area for several years, questions remain regarding its implementation quality and the extent to which it has reduced poverty and improved social welfare. Anecdotal evidence suggests that while beneficiaries appreciate the cash transfers, challenges persist in data verification, the frequency of assistance disbursement, and the absence of sustainable livelihood initiatives following the financial aid.

Given these conditions, this study seeks to analyze the implementation challenges and effectiveness of the Family Hope Program in Kabul Village. The research explores how local administrative practices, coordination among stakeholders, and the role of facilitators influence the overall performance of PKH. The study also aims to identify the factors that support or hinder the program's success in addressing multidimensional poverty. Through qualitative investigation, the research contributes to understanding how national social assistance programs are operationalized at the grassroots level and how these processes reflect broader issues of governance, equity, and social empowerment.

Ultimately, this study positions the PKH not merely as a welfare mechanism but as a test case for Indonesia's capacity to implement inclusive, adaptive, and participatory social policies. By situating the analysis within the context of Central Lombok—a region characterized by both economic potential and structural vulnerability—the research provides insights relevant to policymakers, practitioners, and scholars seeking to strengthen the link between social protection and sustainable poverty alleviation.

## LITERATURE REVIEW

The implementation of social protection programs has been widely examined within the framework of policy implementation theory and the broader discourse on poverty reduction. Classic implementation theories, particularly those proposed by [Van Meter and Van Horn \(1975\)](#) and [Grindle \(1980\)](#), provide conceptual foundations for analyzing the success or failure of government programs. According to Van Meter and Van Horn, effective implementation depends on six main variables: policy standards and objectives, resources, inter-organizational communication, characteristics of implementing agencies, social and economic conditions, and the disposition of implementers. [Grindle \(1980\)](#) complements this by emphasizing two central dimensions: the content of the policy and the context of implementation. The “content” includes program objectives, target groups, and resource allocation, while the “context” refers to the institutional environment, power relations, and local socio-political dynamics. These frameworks remain relevant for understanding how national programs such as the Family Hope Program (PKH) operate differently across local settings due to variations in governance capacity and community engagement.

The *conditional cash transfer* (CCT) model underlying PKH draws heavily on international experiences, particularly the *Bolsa Família* program in Brazil and *Oportunidades* in Mexico. Both programs were designed to provide financial assistance to poor households on the condition that they

invest in human capital through children's education and health. Empirical evidence from Latin America demonstrates that CCTs can improve school attendance, maternal healthcare utilization, and child nutrition (Fiszbein & Schady, 2009). Indonesia adopted this model with localized adaptation through PKH, introduced in 2007 under the Ministry of Social Affairs (Kementerian Sosial). PKH represents the first large-scale attempt to institutionalize a conditional welfare mechanism within Indonesia's decentralized governance system. While the program has achieved measurable outcomes in poverty reduction, its effectiveness varies due to disparities in administrative capacity, accuracy of beneficiary data, and local institutional support (World Bank, 2022).

In the Indonesian context, the PKH functions as part of a broader social protection ecosystem that includes the *Bantuan Pangan Non-Tunai* (BPNT) and *Program Indonesia Pintar* (PIP). Together, these initiatives aim to reduce poverty and inequality while promoting inclusive human development. However, several studies have pointed out that the implementation of PKH faces recurring challenges. Raharjo and Jannah (2021) found that inaccurate beneficiary targeting undermines the credibility and efficiency of the program. Similarly, Azizah et al. (2022) observed that weak inter-agency coordination at the local level leads to delayed disbursement and inconsistent monitoring. Moreover, the dependency of beneficiaries on cash transfers without sufficient follow-up empowerment activities has limited PKH's ability to promote sustainable livelihood improvements (Yuliani & Taufik, 2022). These challenges reflect broader governance issues, including the quality of local data systems, accountability mechanisms, and the capacity of facilitators to mediate between national policy and local realities.

The role of local governance is particularly crucial in ensuring effective program delivery. Under Indonesia's decentralized framework, village governments (*pemerintah desa*) and local social welfare offices (*Dinas Sosial Kabupaten/Kota*) are responsible for identifying eligible households, coordinating disbursement schedules, and conducting social assistance monitoring. Studies by Susanto and Widodo (2020) demonstrate that areas with higher local administrative capacity and stronger coordination among stakeholders tend to exhibit better program outcomes. Conversely, weak institutional linkages often result in overlapping beneficiaries, inefficient fund distribution, and reduced community participation. This finding aligns with Grindle's (1980) argument that the success of policy implementation is shaped more by contextual dynamics—such as leadership commitment, local political will, and resource mobilization—than by policy design alone.

In addition to governance and institutional capacity, community participation plays an important role in determining program success. Participation fosters ownership and legitimacy, which enhance compliance with conditionalities and accountability in fund utilization. However, the literature reveals that participation in PKH is often passive, limited to attendance at information sessions or conditional monitoring, rather than active involvement in decision-making or evaluation (Suharto, 2021). This limited engagement reflects the top-down nature of social assistance in Indonesia, where beneficiaries are treated as recipients rather than partners in social development. Empowerment-based approaches advocate shifting from welfare to capability enhancement, where beneficiaries are encouraged to develop income-generating activities supported by local institutions and social networks (Sen, 1999; Alkire & Foster, 2011).

Empirical studies conducted in rural Indonesia, including Lombok, provide mixed evidence on the effectiveness of PKH. For instance, Hidayat et al. (2021) reported that PKH significantly improved school attendance rates and access to health services among children from poor families. Nonetheless, they also found that the program's impact on long-term income generation remains limited. Similar findings by Pratiwi and Ramdani (2022) revealed that beneficiaries often use the assistance for immediate consumption rather than investment in productive activities. This indicates that while PKH succeeds in addressing short-term welfare gaps, it has yet to fully achieve its transformative potential as an empowerment mechanism. Local variations in administrative practices, community engagement, and socio-cultural norms contribute to these uneven outcomes.

The case of Central Lombok, and particularly Kabul Village, reflects these broader national dynamics. As a rural area characterized by a predominantly agrarian economy, Kabul Village faces chronic poverty linked to limited employment opportunities, low education levels, and seasonal

income fluctuations. The implementation of PKH in such a context reveals how national programs interact with local socio-economic realities. Prior research in the region [Yuliani et al. \(2021\)](#) suggests that PKH has helped alleviate extreme poverty but has not significantly reduced structural dependency. This aligns with international debates emphasizing that cash transfers, while necessary for social protection, must be complemented by capacity-building interventions to ensure long-term poverty alleviation ([Barrientos & Hulme, 2016](#)).

Based on this review, it is evident that the implementation of PKH should be understood through a multi-level lens combining policy design, institutional capacity, and community dynamics. Effective implementation requires not only administrative compliance with national guidelines but also adaptive governance that responds to local needs and challenges. The literature underscores that conditional cash transfers can achieve sustainable outcomes only when supported by accurate targeting, transparent monitoring, and integrated empowerment programs. Accordingly, this study positions the analysis of PKH implementation in Kabul Village within the intersection of policy effectiveness, governance quality, and community empowerment. By bridging empirical evidence and theoretical perspectives, it contributes to a deeper understanding of how social policy operates at the grassroots level in Indonesia's evolving welfare state framework.

## METHODOLOGY

This research adopted a qualitative descriptive approach to examine the implementation process, challenges, and effectiveness of Indonesia's *Program Keluarga Harapan* (PKH) in reducing poverty in Kabul Village, Central Lombok Regency. The qualitative design was chosen because it allows for a deep exploration of social phenomena and contextual dynamics that cannot be captured through quantitative indicators. The study sought to understand how a nationally designed social assistance policy is interpreted, adapted, and operationalized within a local governance setting.

The study was conducted in Kabul Village, located in Praya Barat Daya District, Central Lombok. The site was selected purposively for several reasons. First, it represents a rural area with a relatively high poverty rate and dependence on agriculture. Second, it has been part of PKH implementation since the program's early stages, allowing for the assessment of both consistency and change over time. Third, the village has an active network of facilitators and local government officials directly involved in poverty reduction efforts. The selection of Kabul Village thus reflects the intention to analyze policy implementation within a context characterized by limited administrative capacity, socio-economic vulnerability, and high program relevance.

Data were collected from both primary and secondary sources. Primary data were obtained through in-depth interviews, field observations, and documentation, while secondary data included government reports, statistical publications, and official regulations from the Ministry of Social Affairs (*Kementerian Sosial Republik Indonesia*) and the Central Lombok Social Affairs Office (*Dinas Sosial Kabupaten*). The primary informants consisted of fifteen individuals selected through purposive and snowball sampling techniques. These included two PKH facilitators responsible for monitoring and mentoring beneficiaries, three local government representatives including village officials and social service officers, two community leaders actively involved in social initiatives, and eight beneficiaries representing various socio-economic and demographic profiles. The variety of participants was intended to capture diverse perspectives on the effectiveness and challenges of PKH implementation.

The main data collection techniques were semi-structured interviews, participant observation, and document review. Semi-structured interviews were conducted with open-ended questions that allowed participants to express their views on how PKH was implemented, how coordination between institutions occurred, and how the program affected their livelihoods. Each interview lasted between forty-five minutes and one hour and was recorded with the consent of participants. Observations were conducted during field visits, including monitoring sessions, coordination meetings, and aid distribution events, to gain insight into the actual practices of facilitators and the response of beneficiaries. Supporting documents, such as implementation manuals, guidelines, and village records, were collected to provide institutional background and confirm the validity of interview data.



The analysis followed the interactive model developed by [Miles, Huberman, and Saldaña \(2014\)](#), which involves data reduction, data display, and conclusion drawing. The data reduction process began with transcribing interviews and coding the information into thematic categories related to policy implementation, coordination, targeting, and program impact. Data display was conducted through narrative matrices that allowed the comparison of perspectives among facilitators, local officials, and beneficiaries. The final stage involved drawing conclusions by identifying recurring patterns, interpreting meanings, and linking findings with theoretical frameworks. To ensure analytical rigor, all emerging interpretations were verified through repeated review and member checking with selected informants.

Ethical considerations were upheld throughout the research process. All participants were informed about the study's purpose, procedures, and voluntary nature of participation. Their anonymity and confidentiality were guaranteed, and pseudonyms were used in all documentation. The research respected the principles of honesty, transparency, and informed consent. In addition, to enhance data credibility, triangulation was carried out by comparing information from multiple sources and methods. The validity of findings was strengthened through member checking, peer debriefing with fellow researchers, and thick description to ensure contextual depth and interpretive reliability.

The study applied an analytical framework combining [Grindle's \(1980\)](#) model of implementation and [Van Meter and Van Horn's \(1975\)](#) theoretical perspective. This framework enabled a comprehensive analysis of how policy content, institutional context, and actor interaction jointly shape implementation outcomes. Policy content refers to objectives, resources, and procedures embedded in PKH as a national social policy. Institutional context covers the roles of local government agencies, facilitators, and community organizations that operationalize the policy. Actor interaction refers to the behaviors, perceptions, and motivations of beneficiaries and administrators during implementation. Together, these dimensions guided the interpretation of findings regarding how PKH functions as both a social protection mechanism and a tool for empowerment at the local level.

By integrating rigorous qualitative procedures with established theoretical perspectives, this methodology provides a strong foundation for understanding the multidimensional nature of PKH implementation. It enables the research to move beyond descriptive reporting toward analytical interpretation, revealing how governance capacity, institutional coordination, and social engagement collectively influence the success or limitations of the Family Hope Program in addressing poverty in rural Indonesia.

## RESULT AND DISCUSSION

### Program Implementation Dynamics

Field evidence shows that PKH in Kabul Village operates through a routine sequence of identification, verification, disbursement, and follow-up assistance. The sequence appears standardized on paper, yet practice reveals adaptive behavior shaped by local capacity and community norms. Facilitators act as the primary interface between policy and households. They translate conditionalities into actionable guidance, organize information sessions, and troubleshoot administrative issues such as bank account activation or identity mismatches. Disbursement days function as focal events that mobilize village officials, beneficiary households, and financial service providers. These events anchor the program calendar but also concentrate administrative risk. When documentation is incomplete or network connectivity falters, delays cascade and create frustration among beneficiaries. Despite these frictions, the overall flow of implementation has improved over time as facilitators accumulate experience and refine micro routines such as pre-screening of documents and staggered queuing to reduce congestion.

### Targeting Accuracy and Data Reliability

Targeting accuracy remains the most consequential determinant of perceived fairness and program legitimacy. The village relies on a combination of central databases and community validation to update eligible households. This hybrid arrangement helps capture local knowledge but introduces

variability in judgment. Cases of inclusion error typically involve households whose income has improved but who remain in the registry due to slow data updates. Exclusion error arises when newly poor households fail to meet administrative documentation standards or are not captured during periodic data sweeps. Beneficiaries and non-beneficiaries alike perceive these errors as moral rather than technical issues because they intersect with village reputation and social cohesion. The research observed that transparent public posting of tentative lists and open forums for objections reduce grievance intensity. However, sustained accuracy requires a systematic schedule for data cleaning, clear criteria communicated in accessible language, and collaborative verification between the village office, social affairs staff, and facilitators.

### **Conditionalities, Monitoring, and Human Capital Outcomes**

Conditionalities in education and health constitute the program's core mechanism for long-term poverty reduction. In Kabul Village, compliance is highest for school attendance because the requirement aligns with existing parental aspirations. Health conditionalities show greater variability due to distance to clinics, opportunity costs during harvest seasons, and occasional stock-outs of essential supplies. Monitoring practices include signature logs, digital checks, and random home visits. The combination of documentary and observational tools is effective when supported by stable logistics and cooperative service providers. Where clinic capacity is stretched, facilitators often prioritize problem solving over sanctioning. The observed outcomes include improved regularity of child check-ups, higher school attendance in lower grades, and increased knowledge of maternal health practices. These outcomes are modest yet significant because they build human capital habits that can persist beyond the cash transfer period.

### **Role of Facilitators and Relational Governance**

Facilitators are the program's relational infrastructure. Their performance determines whether conditionalities are perceived as punitive or empowering. Effective facilitators practice anticipatory guidance, warn households about upcoming deadlines, and translate program language into locally meaningful terms. They mediate conflicts, advocate for special cases such as households with disabilities, and coordinate with teachers and clinic staff. Their relational capital enables quick resolution of small problems that would otherwise accumulate into systemic delays. The study also notes role strain. Facilitators balance administrative reporting requirements with intensive field engagement. When caseloads expand without proportional support, quality of follow-up declines. Structured peer learning among facilitators and periodic debriefs with district officials help sustain morale and diffuse successful practices across villages.

### **Beneficiary Experience and Household Decision-making**

Beneficiaries describe PKH as a stabilizer that smooths consumption during lean periods and reduces reliance on high-cost borrowing. Households typically allocate transfers to school needs, basic nutrition, and minor health expenses. Decision-making is collective and pragmatic. Mothers often lead allocation choices, especially for education-related expenditures. Several households reported small spillovers into productive uses such as purchasing seeds or supplies for home-based sales, though these uses remain occasional. The presence of conditionalities shapes household narratives of dignity. Compliance is framed as a responsible choice rather than an external imposition. This framing matters for social acceptance and helps mitigate stigma that sometimes attaches to assistance recipients.

### **Administrative Coordination and Service Interfaces**

PKH performance depends on coordination across the village office, social affairs unit, schools, health posts, and payment agents. Interfaces operate well when each actor understands its task boundaries and shares information promptly. The strongest interfaces were observed where monthly micro-meetings align calendars, review pending cases, and assign follow-up responsibilities. Weak interfaces manifest as duplicated data requests, conflicting instructions to households, and last-minute changes

in disbursement logistics. Simple tools such as shared checklists, synchronized notice boards, and a single contact channel for urgent updates reduced confusion. The research highlights that coordination quality is less about formal hierarchy and more about trust, punctual communication, and clarity of expectations.

### **Empowerment Pathways and Graduation Readiness**

For PKH to move beyond short-term relief, households must experience pathways that translate stabilized consumption into capability gains. In Kabul Village, three pathways emerged. First, capability reinforcement through information and habits, such as regular school attendance and preventive health visits, which compound over time. Second, linkage to complementary programs, including skills training or microenterprise support. These linkages were present but sporadic, often dependent on project cycles and external funding. Third, social capital formation through group meetings that share practical tips on budgeting or child learning. Where facilitators curated these sessions, beneficiaries reported higher confidence and initiative. Graduation readiness remains limited when households face structural constraints such as seasonal employment, land scarcity, or care burdens. This suggests that empowerment requires deliberate integration with livelihoods programming rather than reliance on behavioral conditionalities alone.

### **Equity, Stigma, and Community Perceptions**

Community narratives about fairness influence compliance and program durability. Public understanding of eligibility rules reduces suspicion that assistance is captured by the well-connected. Conversely, opaque processes fuel rumors and erode trust. Stigma is mild where PKH is framed as investment in children rather than charity. Visibility of positive outcomes, for example consistent school attendance and improved child health, further normalizes participation. Occasional tensions arise when non-recipient households perceive little chance of inclusion despite visible hardship. Addressing these tensions requires periodic community dialogues that explain update cycles, appeals procedures, and alternative support channels for those who do not meet PKH criteria.

### **Operational Challenges and Risk Points**

Four recurrent challenges shape implementation quality. First, data lags between central registries and village realities create misalignment during verification. Second, logistical vulnerabilities on disbursement days expose households to opportunity costs and crowding. Third, documentation gaps such as expired identity cards or incomplete family records delay onboarding. Fourth, service capacity constraints at clinics and schools impede smooth compliance. Each challenge has a feasible mitigation. Scheduled data cleaning with clear roles limits registry drift. Staggered disbursement windows and mobile service points reduce congestion. Village help desks aligned with civil registry offices accelerate document renewal. Service agreements with clinics and schools that anticipate peak periods improve throughput without compromising quality.

### **Synthesis with Policy Implementation Theory**

The findings align with implementation theory that emphasizes the interaction between policy content and local context. Clear standards and conditionalities provide structure, yet outcomes hinge on resources, communication, and the disposition of implementers. In Kabul Village, implementer commitment and relational competence compensate for resource constraints, but only up to a threshold. When caseloads exceed manageable limits or when data systems fail to update promptly, even motivated facilitators cannot sustain performance. The study confirms that effective implementation is an organizational learning process. Micro routines, feedback loops, and iterative problem solving translate national intent into local results.

### **Practical Implications for Strengthening PKH**

Several improvements emerge from the analysis. Establish a quarterly data reconciliation protocol that pairs village verification with district-level system updates. Introduce a simple beneficiary service charter that communicates timelines, documentation requirements, and complaint channels in clear language. Consolidate disbursement logistics through staggered appointments and satellite payout points for remote hamlets. Create structured linkages between PKH groups and livelihood services by reserving training slots for active beneficiaries and aligning training calendars with agricultural cycles. Invest in facilitator support through periodic caseload reviews, peer learning circles, and rapid response guidance for atypical cases such as disability or single-parent households. Finally, track a small set of outcome indicators beyond compliance, including school progression, immunization completeness, and reduced reliance on informal loans, to signal human capital gains.

### Limitations and Directions for Further Study

This qualitative assessment prioritizes depth over breadth. The focus on a single village limits generalizability but provides analytic clarity about mechanisms. Future research can extend the design through comparative case studies across villages with different administrative capacities, as well as mixed-method evaluations that quantify links between service interfaces, compliance, and welfare outcomes. Longitudinal tracking would illuminate whether habit formation under PKH translates into durable human capital and income gains. Integrating geospatial data on service access could further disentangle supply constraints from household decision-making.

### Overall Interpretation

PKH in Kabul Village demonstrates tangible progress in stabilizing consumption and promoting human capital behaviors while confronting persistent challenges of data accuracy, coordination, and post-transfer empowerment. The program's effectiveness is greatest where relational governance is strong, interfaces are predictable, and conditionalities are supported by service capacity. The central lesson is that national social protection achieves its promise when local systems convert rules into reliable routines, and when cash assistance is embedded within a wider architecture of capability building and inclusive local governance.

### CONCLUSION

The implementation of the *Program Keluarga Harapan* (PKH) in Kabul Village illustrates the dual nature of Indonesia's social protection system: its institutional robustness and its operational fragility. The program successfully delivers conditional cash transfers that help poor households meet essential needs, particularly in education and health. This has contributed to short-term poverty reduction by stabilizing consumption and encouraging human capital investment. Yet, structural challenges persist, including inaccurate targeting, weak administrative coordination, and limited post-transfer empowerment. These issues constrain the program's transformative potential and underscore the importance of aligning national design with local realities.

The study's qualitative findings reveal that the effectiveness of PKH relies heavily on the commitment and relational skills of facilitators who act as intermediaries between policy and community. Their ability to manage communication, resolve grievances, and interpret conditionalities determines whether the program is perceived as a dignified opportunity or a bureaucratic obligation. Empowerment outcomes remain partial, as households continue to depend on cash transfers in the absence of integrated livelihood support. To sustain poverty reduction, PKH must evolve from a welfare-oriented scheme toward a multidimensional empowerment model that links social assistance with economic inclusion.

From a policy perspective, several strategies are crucial. Continuous improvement in data accuracy through participatory verification will strengthen targeting fairness. Institutional collaboration across government levels should be reinforced by clear accountability mechanisms. Facilitator capacity building and adaptive local governance are essential to bridge administrative and human challenges. Integrating PKH with complementary programs—such as vocational training, microfinance, and digital



inclusion—will enhance graduation readiness among beneficiaries. These measures collectively can transform PKH into an adaptive, inclusive, and resilient social policy capable of addressing the multidimensional nature of poverty in rural Indonesia.

In conclusion, the Family Hope Program remains a cornerstone of Indonesia's poverty reduction agenda, yet its success depends on the delicate balance between administrative efficiency, human engagement, and structural reform. By embedding PKH within broader frameworks of local empowerment and participatory governance, Indonesia can move closer to realizing sustainable social welfare that empowers rather than merely assists its citizens.

### Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

### Conflict of Interest

The authors declare no conflict of interest related to the publication of this study.

### Data Availability

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

### Author Contribution

All authors contributed equally to the design, data collection, analysis, and writing of this manuscript. All authors have read and approved the final version of the paper.

## REFERENCES

- Alkire, S., & Foster, J. (2011). Counting and multidimensional poverty measurement. *Journal of Public Economics*, 95(7–8), 476–487. <https://doi.org/10.1016/j.jpubeco.2010.11.006>
- Azizah, R., Suryani, D., & Prasetyo, A. (2022). Implementation challenges of conditional cash transfer programs in Indonesia: Evidence from East Java. *Social Policy and Society*, 21(4), 563–577. <https://doi.org/10.1017/S1474746422000156>
- Barrientos, A., & Hulme, D. (2016). *Social protection for the poor and poorest: Concepts, policies and politics*. Palgrave Macmillan. <https://doi.org/10.1007/978-1-349-67254-0>
- Fiszbein, A., & Schady, N. (2009). *Conditional cash transfers: Reducing present and future poverty*. World Bank. <https://doi.org/10.1596/978-0-8213-7352-1>
- Grindle, M. S. (1980). *Politics and policy implementation in the Third World*. Princeton University Press. <https://doi.org/10.1515/9780691214831>
- Hidayat, M., Astuti, N., & Rahman, A. (2021). Assessing the effectiveness of the Family Hope Program in rural Indonesia. *Asian Journal of Social Science Research*, 11(3), 201–218. <https://doi.org/10.1080/23311975.2021.1987263>
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Sage Publications.
- Nasution, R., Purnamasari, D., & Wahyuni, E. (2021). Decentralization and policy coherence in Indonesia's social assistance programs. *Journal of Southeast Asian Studies*, 52(2), 265–284. <https://doi.org/10.1017/S0022463420000623>
- Rahman, M. M., & Ahmad, S. (2021). Evaluating poverty reduction outcomes of conditional cash transfers: Lessons from Southeast Asia. *International Journal of Social Welfare*, 30(2), 215–229. <https://doi.org/10.1111/ijsw.12446>
- Raharjo, S., & Jannah, M. (2021). Targeting accuracy and governance in Indonesia's Family Hope Program. *Journal of Poverty and Public Policy*, 13(1), 44–62. <https://doi.org/10.1002/pop4.296>
- Sen, A. (1999). *Development as freedom*. Oxford University Press. <https://doi.org/10.1093/0198297580.001.0001>

- Suharto, E. (2021). Social protection and empowerment: Lessons from Indonesia's poverty alleviation programs. *Asian Social Work and Policy Review*, 15(3), 187–202. <https://doi.org/10.1111/aswp.12227>
- Susanto, I., & Widodo, P. (2020). Local governance and the delivery of conditional cash transfer programs in Indonesia. *Policy and Society*, 39(4), 569–585. <https://doi.org/10.1080/14494035.2020.1781017>
- Suryani, E. (2022). Multi-level coordination in social assistance implementation: The case of the Family Hope Program. *Journal of Public Administration and Development*, 42(1), 85–98. <https://doi.org/10.1002/pad.1962>
- World Bank. (2022). *Indonesia social assistance public expenditure review*. World Bank Publications. <https://doi.org/10.1596/37989>
- Yuliani, F., & Taufik, M. (2022). Beyond cash: Evaluating empowerment outcomes of the Family Hope Program in Indonesia. *Development in Practice*, 32(5), 623–637. <https://doi.org/10.1080/09614524.2021.2018207>
- Yuliani, F., Pratiwi, S., & Ramdani, A. (2021). Conditional cash transfers and local poverty dynamics in Lombok. *Journal of Asian Development Studies*, 8(2), 142–159. <https://doi.org/10.1080/23311975.2021.1987234>