



The Implementation of Hope Family Program (PKH) in Poverty Prevention Effort in Kluwut Village Bulakamba District Brebes Regency

Agnes Pradina Simanjuntak [✉], Rusdarti, P. Eko Prasetyo

Universitas Negeri Semarang, Indonesia

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Abstract

PKH (Hope Family Program) is a social assistance program that provides conditional cash assistance to very poor families (KSM) and in return, the KSM is required to fulfill the relevant requirements in an effort to improve the quality of human resources, which is education and health. The most PKH in Brebes Regency is in Kluwut village, Bulakamba district. The life of coastal communities and fishermen, with the potential of adequate natural resources, is often not commensurate with their income and decent living. This is one of the factors that caused many residents of Kluwut village to become recipients of PKH assistance. The research objectives are (1). Describe the characteristics of PKH participants in Kluwut village, Bulakamba district, Brebes Regency. (2). Analyzing PKH Implementation in Kluwut village. (3). Analyze the mechanism of PKH distribution in Kluwut village. (4). Analyze the obstacles faced in implementing the PKH in Kluwut village. (5). Analyze the solutions to overcome the obstacles of the PKH implementation in Kluwut village. This type of research is a qualitative descriptive. The data collection method in this study was questionnaire and interview techniques. The questionnaire took a sample of 30 PKH participants and interviewed 14 informants relating to this study. The results of the study showed that the implementation of PKH in Kluwut village has gone well and is able to improve the standard of living of PKH participants through access to education and health services.

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[✉] Correspondence :
Postgraduate Universitas Negeri Semarang
Jalan Kelud Utara III, Petompon, Gajahmungkur, Kota
Semarang, Jawa Tengah, Indonesia 50237
E-mail: agnespradinas@gmail.com

INTRODUCTION

Poverty is caused by many factors. It is rare to find poverty which is only caused by a single factor. A poor person or family can be caused by several factors that are interrelated with one another, for example experiencing disability, having low education, not having the capital or skills to do business, unavailability of employment opportunities, being exposed to Termination of Employment (PHK), absence of social security (pension, health, death), or living in a remote location with limited natural resources and infrastructure (Suharto, 2010).

Poverty is a picture of life that occurs in many developing countries, one of them in Indonesia. One of the provinces that have the highest number of poor people is in Central Java. Poverty is still a major problem there. The number of poor people in Central Java is ranked the second highest on Java island after East Java, which is in 2017 as many as 4,450,720 people. So, it needs improvement not only in the economic sector but also from health and education issues. The high rate of poverty in Central Java proves that the province with an area of 32,548 km² still has very high social disparities. The high level of poverty in Central Java has made the government pay more attention to efforts to alleviate poverty (Puspita, 2015). In understanding the problem of poverty in Indonesia, it is necessary to pay attention to the locality in each region, namely poverty at the local level determined by the community and the local government. Thus the criteria of poverty, poverty data collection, targeting, problem-solving and poverty prevention efforts can be more objective and right on the target (Rusdarti, 2013). To overcome poverty there needs to be a strong determination from all parties involved, cooperation, consistency, and commitment to eradicating poverty (Usman, 2014).

Table 1. Number of Poor Population in Java Island 2016-2017 (thousand people)

Province	2016	2017
DKI Jakarta	385.84	389.69
West Java	4 168.11	4 168.44
Central Java	4 506.89	4 450.72
DI Yogyakarta	488.83	488.53
East Java	4 638.53	4 617.01
Banten	657.74	675.04
Jawa Island	14 845.94	14 789.43

Source : BPS Indonesia, 2017

Based on the data from the Central Statistics Agency (BPS) in 2017, it can be seen that the number of poor people in Central Java, which is 4,450,720 lives, is second only to East Java with 4,617,010 people. The third order is West Java with 4,168,440 people. The high number of poor people in Central Java requires a joint policy in managing both regional and provincial and central government by focusing on districts or cities that have a large number of poor people so that poverty problems can be addressed.

As an effort to accelerate poverty prevention, Indonesia Government has implemented PKH since 2007. The PKH policy, which is one of several policies included in the escort of the National Team for the Acceleration of Poverty Prevention (TNP2K) in group 1 is a group based on aid and social protection. In general, PKH is a program that provides conditional cash assistance to very poor families (KSM) and in return, the KSM is required to fulfill the relevant requirements in an effort to improve the quality of human resources, namely education and health. This program is better known as Conditional Cash Transfer (CCT) or conditional cash assistance. In PKH, assistance will be given to Very Poor Households (RTSM) whose categories have been determined by the Central Statistics Agency (BPS) (Lidiana, 2014). Hope Family Program has two funding assistance priorities, namely for the health and education sectors, each of which has been coordinated in accordance with the stipulated provisions and flow mechanisms, such as forms of PKH management cooperation with health and education services, in collaboration with all health centers, hospitals, health services through government access, and working with schools,

which of course has been agreed from the central level (Debora, 2016). The implementation of PKH in Brebes Regency began in 2011 until now. In its implementation, PKH in Brebes district has fulfilled most of the variables that influence policy implementation but PKH has not been able to reduce poverty in Brebes significantly because it is influenced by several main inhibiting factors, namely the quality of PKH participants' low human resources and misuse of aid by PKH participants (Febrina, 2014).

Brebes Regency consists of 17 subdistricts, out of 17 existing sub-districts, as many as five are inhabited by residents who work as fishermen who have a poor level of life, each of which is in Brebes, Wanasari, Bulakamba, Tanjung, and Losari Districts (Tobirin, 2010). Based on the data from the Program Implementers Hope Family (PPKH) in Brebes, it was found that the highest number of PKH participants in Brebes was Bulakamba district. It is the district with the highest population in Brebes with 169,542 inhabitants or around 9.55 percent of the total population of Brebes regency with a population density of 1,647 people/km (BPS, 2017).

Table 2. Number of PKH Participants in Bulakamba District 2017

Village	PKH Participants
Bangsri	480
Banjaratma	528
Bulakamba	226
Bulakparen	123
Bulusari	527
Cimohong	335
Cipelem	707
Dukuhlo	300
Grinting	385
Jubang	200
Karangsari	283
Kluwut	1319
Luwunragi	652
Pakijangan	596
Petunjungan	331
Pulogading	364
Rancawuluh	470
Siwuluh	301
Tegalglagah	358
Total	8485

Source : PPKH Brebes Regency, 2017

Bulakamba sub-district has 19 villages and all villages receive PKH assistance. The majority of PKH participants were in Kluwut village, which amounted to 1,319 participants. Although it has the highest number of participants in Bulakamba, the number is only around 6.75 percent of the total population of Kluwut village which is 18,633 people (BPS, 2017). Kluwut village is located on the Pantura road whose inhabitants work as fishermen and farmers. The life of coastal communities and fishermen, with the potential of adequate natural resources, is often not commensurate with their income and decent living. This is one of the factors causing the many residents of Kluwut village to be recipients of PKH assistance.

The PKH that is implemented in Brebes is already quite good, but this program cannot be separated from problems or things that are not in accordance with this program. As happened in Kluwut village, Bulakamba subdistrict, and the implementation of the PKH have not been implemented optimally. The problem that occurs is about the feasibility of the hope family program assistance participants. Basically, this program is specifically for impoverished people. In fact, the community questioned the existence of participants or prospective participants in the hope family program who were considered not including poor families, while at the same time there were people who were considered impecunious people who had been eliminated as participants in the hope family program. The main reason for the existence of PKH is that the welfare problems in Brebes are still low, so a commitment from the government is needed. To overcome this problem, the government needs to provide several community empowerment programs aimed at alleviating poverty.

The focus on PKH implementation in Kluwut village needs to be sought through research on the implementation or implementation of the program, and by looking at the constraints and solutions to have a significant impact on the beneficiaries of the program. The research objectives are (1). Describing the characteristics of PKH participants in Kluwut village. (2). Analyzing PKH Implementation in Kluwut. (3). Analyzing the mechanism of PKH distribution in Kluwut. (4). Analyzing the

obstacles faced in implementing the PKH in Kluwut. (5). Analyzing solutions to overcome the obstacles to implement PKH in Kluwut.

METHODS

The approach used in this study is a qualitative approach. This research design uses qualitative research with a descriptive model, which is a study that provides a careful description of the circumstances, symptoms, or phenomena that occur. Arikunto (2005: 234) states that descriptive research is a study that is intended to collect information about the status of a symptom that exists, namely the state of symptoms according to what they are at the time of the study. This study seeks to conduct a study on an effort of interpretation and analysis to illustrate how the implementation of the Hope Family Program in poverty prevention efforts in Kluwut village, Bulakamba district, Brebes Regency in the form of written or oral words from the informants studied.

Data collection techniques are carried out in four ways, namely observation, documentation, interviews, and questionnaires. The results of the interview with informants representing the population. Informants were determined in advance using a purposive sampling technique, where the selection of informants was deliberately chosen based on predetermined criteria and used several people as key informants and as supporting informants. Key informants in this study were PKH Participants. Supporting information in the research is on PKH implementation in Kluwut was obtained from PKH implementers at the district level, namely the Head of Brebes Regency PPKH, District Coordinator, and PKH implementers at the sub-district level, namely PKH Assistant Kluwut Village, PKH Coordinator of Bulakamba District and the Head of Kluwut Village. PKH implementers at the sub-district level are considered as supporting informants because they can help provide information in accordance with the focus of the research. Other supporting informants were the Head of the Kluwut Village and PKH implementers at the district level who was responsible for each stage of the program's implementation to completion. The Head of the

Village was the one who was obliged to regulate and be responsible for the community. So that the village head election as a supporting informant because the village head is obliged to know the problems experienced by the community. Data analysis techniques used are Interactive Model by Miles and Huberman (Sugiyono, 2016) with data analysis procedures used namely data collection, data reduction, data presentation, verification and the final part of drawing conclusions.

RESULTS AND DISCUSSION

General description of Kluwut village

Kluwut village is one of the villages included in the administrative area of the Bulakamba district in Brebes regency. It is one of the villages that was used as the center of fishermen activity because most of the residents there work as fishermen and have a Fish Auction Place (TPI). The area is included in the main line of the North Coast (Pantura). The distance of the Kluwut to regency capital is about 16 Km and the district capital is around 5 Km with strategic road access. Based on the structure of the government, it is a village led by a Village Head and divided into 7 hamlets with a total of 16 Community Houses (RW) and 85 Neighborhood Groups (RT) that are scattered in each hamlet and have other community institutions such as the Village Government, Village Consultative Body (BPD), Family Welfare Development (PKK), Community Self-Help Agency (BKM) and Karang Taruna. This village has seven hamlets including Kemuning, Karang Asem, Karang Jaya, Karang Mulya, Sapu Laut, Blangko, and Gudang Balung. Based on monographic data of Kluwut village, the population there was recorded at 18,633 people until 2017. This number consists of 9,512 men and 9,121 women.

Based on this figure, the population density of Kluwut village was recorded as much as 2,482 people/km, with a total of 7,852 heads of households (KK). This number is the highest number of family heads in Bulakamba. Almost every house in Kluwut is inhabited by more than one family, this is because the population there experiences an increase every year and is followed by the rate of population growth.

Characteristics of PKH Participants in Kluwut Village

PKH beneficiary participants as determined by the Ministry of Social Affairs must be a mother or a woman, so PKH Participants in this study were all female, and respondents determined in the characteristics of PKH were 30 participants from the total PKH Participants spread over 17 RW in Kluwut. The results showed that the highest number of PKH participants was in the age range of 31-40 years as many as 17 people or around 56.70 percent. In general, around the age of 31-40 years, women are married and have children as well as PKH Participants, most of them who are married and have children according to what is categorized as a requirement for PKH Participants in the health and education component. The most types of work for PKH Participants based on the questionnaire were 17 housewives or around 56.60 percent. These participants did not work productively because the husband worked as a fisherman to go fishing for months so they thought that it was better to be at home, taking care of children, and managing the household. Approximately 76.70 percent of PKH participants were educated equivalent to elementary school (SD/MI). This is due to economic limitations so that they do not proceed to a higher level. Each of them has one to three components which are the requirements for PKH participation. Through PKH, the government provides conditional cash assistance to meet education and health needs. Each PKH beneficiary must meet the recipient's compensation component determined by the government. The beneficiaries component are as follows:

1. Assistance is given to maximum family members in accordance with the components and criteria.
2. If there are more than three family members in one family, then PKH assistance is given to the component with the largest nominal value.
3. Pregnant women are included in the component, but the fourth pregnancy is not included in the additional components of participation.

The most components owned by the participants were 19 children of elementary school, then the next sequence was a component

of toddlers as many as 14, followed by junior high school children as many as 12 and components of high school as many as 5 people and no component of pregnant women.

The Implementation of PKH activities in Kluwut Village

PKH in its implementation in the field is carried out by the District Social Service then continued by the assistant of each district. The Hope Family Program Assistant is an officer who is directly confronted by participants in the villages so that the companion's active role greatly influences the implementation of the program. The existence of a companion in the Hope Family Program (PKH) in the midst of the community is an agent of change that plays a role in advancing and prospering the community, especially the very poor one. PKH facilitators are part of the PKH implementing unit at the sub-district level. Their companion duties included; conduct, socialize, validate PKH participant data, supervise and assist very poor households in fulfilling their commitments (Suryana, 2016). The implementation mechanism of the Hope Family Program consists of the targeting process which includes the determination of the location and selection of prospective PKH participants, the initial meeting and validation, the distribution of assistance, verification of commitments, and updating the data. All the main processes in implementing PKH activities always involve PKH Facilitators. The following is an explanation of the stages of PKH implementation in Kluwut village:

1. Targeting Stage

Targeting is carried out after going through the process of identifying and analyzing the needs of the initial data by issuing a Decree (SK) for Establishing the Location of PKH Expansion by the Director General of Social Protection and Security. The results of the targeting are followed up by carrying out the initial meeting and validation activities. The determination of prospective PKH participants was determined by the Director of the Social Security of the Ministry of Social Affairs of the Republic of Indonesia. The determination of participant candidates is based on Social Protection Program Data Collection (PPLS) conducted by BPS while targeting to expand PKH Participant Family coverage, target

data sources come from Integrated Data for Poor Management Handling in accordance with Social Minister Regulation Number 10/ HUK/2016 dated May 3, 2016, concerning the Mechanism of Using Integrated Data on Poor Management Programs.

2. Initial Meeting and Data Validation

The initial meeting was aimed at disseminating the program to prospective PKH participants by matching their initial data with the current conditions. So, their data were valid and fulfilled the eligibility criteria for PKH. During the initial meeting, the PKH program was socialized to the participants. Data validation is also an activity that facilitates assistants to provide information related to PKH which includes the benefits and objectives of PKH, obligations as PKH participants, activities while being a PKH participant, and how the process of channeling aid funds.

3. PKH Participant Group Meeting

During group meetings, there were the formation and assistance of groups. The formation of PKH Participant groups aims to improve the ability of beneficiary families, update the data, monitor aid distribution, develop groups and for the purpose of solving problems in implementing PKH. In addition, to these activities, the companion also provided Family Development Session (FDS) material called the Family Capacity Improvement Meeting (P2K2). The learning material of the group meeting is in the form of a family capacity improvement (P2K2) meeting module which includes: education, health, economy, child protection, and social welfare. The PKH companion Family Improvement Meeting (P2K2) in West Semarang district conducted P2K2 which aims to increase PKH participants' knowledge and awareness about the importance of education and health in improving the quality of family life in the future (Evi, 2017).

4. Distribution of Assistance

Distribution of assistance is given to the participants who have a membership component and have fulfilled their obligations as PKH Participants. Distribution of aid is one of the cycles in the PKH assistance process. The distribution of PKH assistance in Brebes especially in Kluwut since 2016 has been carried out by

Bank Distributors, namely BNI, after assistance from 2011 has been channeled by PT. POS Indonesia. The aid is given in four stages in one year.

5. Commitment Verification

PKH facilitators monitor the attendance level of PKH Participants at health and education facilities, routinely in accordance with health, education and social protocols. The implementation of commitment verification uses a verification form that is submitted by the facilitator to health and education service officers to fill in data on PKH Participant members who are absent every month. The attendance verification form that has been filled in by health and educational officers need to input/entry in the PKH SIM application.

6. The latest of PKH Participant Data

The purpose of updating the data is to obtain the current conditions of PKH participants. The data is used as basic data for social protection program. Specifically for PKH, the data is used for verification, distribution, and termination of assistance. Some changes to information from PKH participants are as follows: (1). Changes in the status of PKH participants. (2). Changes in membership category components. (3). Changes to health facilities access. (4). Changes in education facilities access. (5). Changes in the domicile of PKH participants

The escort and group leader checks the related status changes and records them in the Companion Data Update Form to fill out the Data Update Form in accordance with the related data changes and submits them to PKH in the regency/city. PKH in the district/city carries out data entry updates online.

The Mechanism for channeling the Hope Family Program (PKH)

The distribution of cash consists of the first distribution after validation for new participants and subsequent distribution based on the results of the commitment verification for PKH participants. PKH Assistance Fund is directly paid to the participants through the PKH Participant Management bank account at the Paying Institution and taken directly by them. The amount of PKH assistance in each component is the same. The distribution of aid is carried out in

four stages in one year according to the PKH aid distribution cycle which is a provision of the central government. The first distribution for new participants is scheduled in each sub-district which is decided by the implementer of the Regency/city. Hope Family Program (UPPKH) after coordinating with the payment institution. The process of distributing PKH funds consists of (1). The opening of PKH participant's account. (2). Distribution of PKH assistance. (3). Reconciliation of distribution.

Constraints faced in the implementation of the Hope Family Program (PKH)

PKH through PKH Assistance in carrying out activities also encountered problems related to PKH implementation. Through various information from research informants obtained by interviews and observations in the field showed that in the implementation of PKH activities in Kluwut village, Bulakamba subdistrict, several obstacles were found, including:

1. Lack of commitment in carrying out obligations for participants in the Hope Family Program.

The low education of PKH Participants who is average elementary school graduates and the difficulty of changing their thinking patterns in looking at the importance of their children's health and education makes them less aware of fulfilling their commitment obligations as the participants. The commitment or obligation of some participants of the Hope Family Program in Malalayang Satu village found that half of the respondents carried out commitments, said some PKH participants who committed that they must continue to carry out commitments or obligations that they had to do because of fear that PKH assistance they were receiving will be revoked by the PKH management if they do not do what they are obliged to do. There are also some PKH participants in there who do not carry out the commitments that they have to make because of several factors, they are; because of the distance from home to school is too far away so that they need transportation costs whereas they are not always had money to use as a transportation fee for children school and also to go to health facilities (Laoh, 2016).

2. Data source implementation of determination of Target Households (RTS)

In Brebes, the determination as a PKH Participant still has the wrong target due to the use of data that is vulnerable for quite a long time and there is no accompanying authority to determine new participants. The problem of inaccurate data sources has implications for the rejection of data from prospective recipients by some village or district officials, as well as causing protests from residents who are not registered in the prospective PKH recipient. This must be addressed because if it left unchecked, it will cause conflict (Febrina, 2016). Based on the results of the study, data collection of PKH participants was using data from the center, namely BPS, is considered still not meeting the target accuracy, this is because the standard data used national standards, while the field conditions have different poverty standards from other regions. The village government should be involved in determining the participants; this is because the village government is more aware of the real situation in the field (Fidyatun, 2012).

3. Lack of PKH socialization among the community

Technical constraints in the dissemination of the PKH implementation were the lack of socialization of the PKH Program conducted by PKH Facilitators in Kluwut village, where there were technical constraints which caused socialization to not be optimal so that many people did not yet know the PKH Program. Information dissemination did not reach out to community leaders, district officials and RT officers, so their knowledge was very minimal about PKH. Then, the availability of budget was inadequate for socialization. The socialization media is still limited to direct meetings because the community and PKH recipients are not yet accustomed to accessing other media such as electronic and other print media.

4. Distribution of PKH assistance through the Bank

The distribution of PKH assistance at the time of the initial entry of PKH in Brebes in 2011 was carried out at the post offices in each sub-district. Then in 2016, the distribution of stage 3 PKH assistance began through BNI Bank accounts. Each participant has an account and

assistance from PKH in every step of which enters their account in accordance with the aid distribution cycle. The transfer of aid distribution from the post office to the bank experienced several obstacles, among others; PKH participants cannot use the ATM machine, mistake in entering the pin code causing the ATM card to be blocked, technical problems that cause zero or unloaded balances, misuse of ATM cards by providing ATM cards and pin codes to another party to collect PKH assistance and administrative issues at opening account, for example, PKH Participants died, worked abroad, letter errors on the participant's name on the KTP and in the account.

5. Capable/independent PKH participants who do not want to resign

PKH in Brebes has been held for approximately 7 years. During this time, they are expected to experience an increase in their economic conditions. Many of them were considered graduations (there was an increase in income) but sometimes there were some participants who thought that they were still in transition (considered still poor). Because for PKH participants who were considered graduated, the assistance was stopped. This is often raising the commotion between PKH participants and Non-PKH Participants.

Solution to overcome the obstacles faced

The Hope Family Program (PKH) through PKH Facilitators in each region is given the task of implementing the program, of course, it will also encounter problems related to program implementation. The results of interviews and observations are the basis of researchers to discuss solutions to overcome obstacles in the implementation of PKH in Kluwut village and can be described as follows:

1. Provision of sanctions for PKH Participants who do not fulfill commitments

In accordance with the provisions of the PKH general guidelines, if there are those who do not fulfill their obligations, they must be subject to sanctions or penalties. Sanctions for PKH participants who do not fulfill their health and education commitments are subject to sanctions in the form of postponing the next stage of assistance. The provision of sanctions that should

have been applied to assistants and PKH Participants was constrained by the lack of community participation in overseeing the program. The temporary suspension is valid if PKH participants do not fulfill the specified commitment for 1 payment cycle (3 consecutive months) and PKH participants do not take payments for 1 payment cycle (3 consecutive months). Then for cancellations, it can occur if PKH Participants prove to be ineligible as the participants, through among other things, proven complaints and spot checks. Within 2 consecutive payment cycles (6 months) PKH participants do not fulfill commitments but make claims against assistance. RTSM that has been canceled is not able to be reappointed as a recipient of assistance. So far there has been no cancellation of the PKH program in the sub-district.

2. Basic data validation of PKH prospective participants use the latest data.

There were data mismatches in the implementation of PKH because the data used were the results of data collection in 2008 while the new program was implemented in 2011. There is a need to stipulate inclusion and exclusion errors, as an effort to meet the PKH participant quota for a particular area due to participants those who did not meet the requirements but entered as PKH participants and conversely there were participants who fulfilled the requirements of the PKH participants but did not become PKH participants, then the appropriate quota of the village was carried out, with a mechanism. In the implementation of PKH in Kluwut village this thing did not happen, where the rules explained in detail but the consistency with the objectives of PKH did not materialize well.

3. PKH socialization

This socialization aims to convey all information regarding PKH data and funds. This socialization was delivered by PKH Facilitators at the district level.

4. Providing education for PKH Participants regarding banking rules

PKH facilitators need to educate the PKH Participants in order to find out the banking rules so that the assistance received by PKH Participants is not delayed.

5. The Graduation of PKH Participants for those who are already able and economically independent

One of the goals of PKH was to create behavioral changes and the independence of beneficiary families. During the period of getting assistance since 2011 until now, there have been changes experienced by PKH Participants, especially improvements in the economy. Changes in conditions of their life that were previously poor became capable of being expected to voluntarily resign from PKH membership.

CONCLUSION

Based on the theory, research, data collection, and analysis that has been carried out, the study entitled “The Implementation of the Hope Family Program (PKH) in Poverty Prevention Efforts in Kluwut Village, Bulakamba District, Brebes Regency” can be summarized as follows:

Characteristics of PKH Participants in Kluwut village are seen from their age at most in the age range of 31-40 years. Judging from the level of education, around 76.70 percent of PKH participants have an education equivalent to elementary school (SD/MI). This is due to economic limitations so that PKH Participants do not proceed to a higher level. Furthermore, it was seen from the main work. The most types of work for PKH participants were working as housewives and the head of the family most worked as fishermen. The highest number of categories held by PKH Participants is the age component of elementary school children. Information about the characteristics of PKH Participants was obtained through questionnaires and interviews.

Implementation of the Hope Family Program in Kluwut consists of a targeting process (targetting) which includes the determination of the location and selection of prospective PKH participants, the initial meeting and validation, distribution of assistance, verification of commitments, and updating of data. All the main processes in implementing PKH activities always involve PKH Facilitators and are in accordance with PKH implementation guidelines.

Distribution of assistance carried out in four stages in one year is in accordance with the PKH

aid distribution cycle which is a provision of the central government. The distribution of cash consists of the first distribution after validation for new participants and subsequent distribution based on the results of the commitment verification for PKH participants. PKH assistance is directly paid to PKH Participants through the PKH Participant Management bank account at the paying agency and taken directly by PKH Participants.

Constraints on the implementation of PKH activities in Kluwut, Bulakamba sub-District are lack of commitment in implementing obligations for Hope Family Program Participants, Data source for implementation of Target Households (RTS), Lack of PKH socialization among the community, PKH aid distribution through banks, PKH Participants who is independent do not want to resign.

Efforts to provide solutions to the obstacles that occurred during the implementation of PKH in Kluwut village were carried out by way of sanctions for the participants who did not fulfill PKH Participants' commitments and graduations for those who were already able and economically independent so that the objectives of PKH implementation could be achieved.

Suggestion

Based on the results of the analysis and discussion, the suggestions that can be submitted are as follows:

PKH implementation showed a tendency to increase the participation of PKH participants in educational and health facilities. Increased participation will have implications for improving the quality of education and health of PKH participants. The government should give priority to the expansion and sustainability of PKH by expanding the number of recipients, as well as increasing the percentage of the PKH assistance index.

PKH needs to be better evaluated and monitored, it is necessary to conduct socialization both nationally to provide correct awareness and understanding of this program to all stakeholders, both the implementing apparatus and the community. The socialization activity must be clearly regulated and in accordance with the general guidelines. In determining PKH

Participant candidates, it is expected to use valid data to make it more targeted.

In order to accelerate the independence of PKH recipients as the concept of community empowerment, the government should provide additional programs in the form of entrepreneurial activities or family economic improvements such as; Joint Business Group (KUBE) program, or other Productive Economic Enterprises (UEP) to increase income and accelerate the independence of PKH participants. Try to do the intervention of the Hope Family Program (PKH) only, without any other empowerment program interventions.

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