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Implementation of the Program Keluarga Harapan in Ratahan District, Southeast Minahasa Regency of Indonesia

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Abstract. This study aims to analyze the implementation of the *Program Keluarga Harapan* in the Ratahan sub-district, Southeast Minahasa Regency. The article uses a qualitative approach. Techniques to study data in research, observation, interviews, and documents. Data sources, namely, program recipient communities, field implementers, and technical implementers. The results showed that: a). This program has not been socialized according to the program's objectives to the community, which is the program's target, b). The commitment of the technical and field implementers has not been formed according to program objectives, c). The available funding sources for implementers are not sufficient to support program implementation, e). social conditions of the community have not been formed to support the program, f). There is no accurate data available on the target beneficiary group of the program. For that, it is suggested: a). There is accurate data on the target group receiving the program, b). The program is socialized to the community and target groups, c). Determined technical and field implementers who are committed to implementing the program based on objectives, d). Funds available for program implementation, e). The community and target groups are conditioned to be critical in supporting programs.

Keywords. Program Keluarga Harapan, Ratahan, Southeast Minahasa

A. Introduction

The Social Security Policy (Law No. 40 of 2004), which was followed up by Presidential Decree No. 15 of 2010 concerning the Acceleration of Poverty Reduction and its implementer is that the Ministry of Social Affairs is rolled out through the *Program Keluarga Harapan* (family hope program) in every Province, Regency, and City throughout Indonesia. This program aims to provide conditional social assistance to Beneficiary Families, which are registered in the Integrated Data for the Management of the Poor, to accelerate the reduction of chronic poverty. The target of this program is to open access for low-income families, especially pregnant women and children, to take advantage of health service facilities, educational service facilities, food, and nutrition, care, and assistance, including the promotion of people with disabilities and provision of nutritious food using local food, health care at least once a year for elderly family members starting from seventy, (http://www.pkh.kemsos.go.id/).

The distribution of PKH to KPM is stipulated by the Directorate of Family Social Security which is given four stages each year. The value of assistance refers to the Decree of the Director-General of Social Protection and Security Number 26 / LJS / 12/2016 dated 27

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December 2016 concerning Index and Components of Social Assistance Programs The Family of Hope in 2017. The components of assistance and the PKH assistance index in 2017 are as follows: a). PKH Social Assistance Rp. 1,890,000, b). Elderly Assistance Rp. 2,000,000, c). Assistance for Persons with Disabilities Rp. 2,000,000, d). Assistance for Papua and West Papua Region Rp. 2,000,000.

In 2017, BPS recorded that the number of poor people in Indonesia experienced a reduction in poverty from 10.64% in 2017 to 10.12% in September 2017 of the total population or 27,771,220 people in March to 26,582,990 people in September, with a decrease in the total number of poor people as much as 1,188,230 or a reduction of the number of poor people by 0.58%. However, the phenomenon of chronic poverty is still a central problem and has not yielded the expected results. In Ratahan District, Southeast Minahasa Regency, there are 526 recipients of the *Program Keluarga Harapan* (PKH). Still, in initial observations, there are individuals and families who this program including several: a has not touched). pregnant women and toddlers have not been able to take advantage of health service facilities, b). educational service facilities, c). food and nutrition, d). maintenance, e). assistance for persons with disabilities, f). they are providing nutritious food with the use of local food, g). health care at least once a year for elderly family members starting from seventy, h). school-aged children from elementary to high school. Even though this program has been implemented since 2007 and now entered 2019, this program has been implemented for 12 years. Observing some of these phenomena, it is necessary to carry out a theoretical and systematic study of the PKH program, especially in Ratahan District, Southeast Minahasa Regency, especially from program implementation.

The concept of social welfare is the ultimate goal of achieving the *Program Keluarga Harapan* [1]. The implementation of the *Program Keluarga Harapan* is expected to improve the standard of life of the social economy, education, and health communities, especially in the District Ratahan Regency Minahasa Tenggara [2]. One of the government policies which the government developed is the Program Family. The *Program Keluarga Harapan* (PKH) is a program that provides cash assistance to low-income families. As a reward, low-income families must meet the requirements associated with increasing the quality of the source of human power, namely education and health [2]. The *Program Keluarga Harapan* is not equal and not an advanced program Subsidy / Help Direct Cash (BLT), which is already underway to help the poor retain the power to buy at the current government-adjusted price of fuel. PKH is intended more to build a social protection system for the poor to maintain and improve the social welfare of the poor and an effort to cut the poverty chain that has occurred so far [1]. Based on the experiences of other countries, similar programs are very beneficial for low-income families, especially those with chronic poverty. The purpose of the CCT is to reduce poverty and improve the quality of the source of the power of man, especially in the group of people poor [3]. The continuity of the program will contribute to accelerating the achievement of Objective Development MDGs (Millennium Development Goals or MDGs). At least there are several components of the MDGs that are supported through the *Program Keluarga Harapan*. These goals are an effort to accelerate the achievement of the MDGs targets [4]. In particular, the purpose of CCT consisted on:

1) Improve the socio-economic conditions of RTSM;
2) Increase the educational level of RTSM children;
3) Improving the status of health and nutrition mother pregnant, the mother postpartum and children in under six years of RTSM;
4) Improve access and quality of education and health services, especially for RTSM.

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Family Poor becomes target PKH is a group of people who stay one roof, both are bound by the kinship of blood (family bath) or not (family area) who have income per capita per month in the bottom line of the poor Rp. 92,192. Criteria Participants PKH has a component of health with the criteria mother pregnant/lactating, children aged zero up to six years. Details of education with the criteria of child SD / MI or equivalent, Child High School / MTs or equivalent, child SMA / MA or equivalent, and children aged six to 21 years who have not completed the required study 12 years. Since the year 2016, there are additional components of the well-being social with the criteria of advanced age preferably ranging from 70 (seven twenty) years, and persons with disabilities take precedence persons with disabilities weight [5].

B. Literature Reviuw

1. The Purpose of the *Program Keluarga Harapan* (PKH)

The program's protection aims to improve the quality of life of Family Very Poor (KSM) with the requirement to access the services of health and education specific assigned to the Family Very Poor (KSM). By providing this access, it is hoped that behavior changes will occur that support the achievement of social welfare. Furthermore, in the run short of funds, aid is expected able to reduce the burden of expenditure house stairs (impact of consumption directly), and the term length of the investment generation of future ahead that much better through the improvement of health and education (the effect of the development of capital humans). This means that PKH is expected to be a program capable of breaking the chain of poverty between generations. In particular, the purpose of CCT is 1) Improve the access and quality of services of education and health for participants PKH. 2) Improve the education level of participants. 3) Improve the health and nutritional status of pregnant women (pregnant women), postpartum mothers under five years old (toddlers), and preschool children who are members of impoverished families (KSM). 4) Improve the socio-economic conditions of PKH participants [6].

2. Provisions for The *Program Keluarga Harapan* (PKH)

Participants PKH is RTSM / KSM by the criteria of BPS and meet one or several standards of the program, namely: Components of education with the requirements of elementary school (SD / MI) or equivalent, High School / MTs or equivalent, child senior high school (SMA / MA) or equivalent, and children aged six up to 21 years of age who have not completed the 12-year compulsory education. Since the year 2016, there are additional components of the well-being social with the criteria of advanced age preferably ranging from 70 (seven twenty) years, and persons with disabilities take precedence persons with disabilities weight. Each PKH recipient is given a participant card as proof of membership. Names are listed in the card participants PKH RTSM is the name of female adult (mother, grandmother, aunt, and son female adult) who took care of RTSM. While the terms are listed in the card, participants PKH KSM is a female adult (mother and child women adult). In certain conditions, it can be replaced by the head of the family. Cards are used to receive aid PKH and help social others. Participants PKH included in the program help the social other, among other programs JAMKESMAS, BSM, Raskin, KUBE, BLSM, Assistance Operations School (BOS), Insurance Health Family Poor (ASKESKIN), Rice for Family Poor (Raskin), and so on [7]. Several obligations of PKH Participants must be fulfilled, namely:

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a) Responsibilities of the Health Sector

Participants PKH already have a card PKH, shall meet the health requirements specified in the protocol service of health for participants PKH. Participants PKH are subject to healthcare needs if the participant has a mother pregnant/postpartum, children toddlers or children aged 5-7 years who have not entered the elementary education school. The Health Service Protocols for PKH Participants are: First, children aged 0-6 years; Baby New Born (BBL) should get the IMD, the examination immediately while born, keeping the baby stays warm, Vit K, HB0, ointment eyes, counseling breastfeeding. Kids aged 0-28 days (neonatal) must be checked his health as much as three times: checks first at 6-48 hours, the second: 3-7 days, three: 8-28 days. Kids aged 0-6 months should be given breast milk exclusively (breast milk only). Kids old 0-11 months should be immunized complete (BCG, DPT, Polio, Measles, Hepatitis b weighed heavyweight is routinely every month and detected development [8]. Four times a year, receive Vitamin A one time (specifically for children ages 6-11 months). Kids ages 12-59 months should receive Vitamin A two times a year in February and August, weighed heavyweight is routinely every month, and detected the development of two times a year every six months. Kids ages 5-6 years considered heavyweight are regularly every month and saw the growth of two times a year every six months. Include children in group education Children Age (ECD / Early Childhood Education) if ECD facilities are in the location / Integrated Healthcare Center nearby [9]. Second, the mother was pregnant and maternal postpartum. During pregnancy, mothers pregnant should carry out checks of pregnancy at the facility's health as much as four times. That one time at the age of gestation three months I, first time at the period of gestation three months II, 2nd time in 3 months past, and a Fe tablet supplement. The personnel of health / medical should assist mothers who give birth. Mothers Postpartum must carry out inspection / checked his health at least three times in a week I, IV, and VI after childbirth [2].

b) Obligations in Education

PKH participants who have children aged 7-15 years are required to be registered/registered with primary education institutions (SD / MI / SDLB / Salafiyah Ula / Paket A or SMP / MTs / SMLB / Salafiyah Wustha / package B including open SMP / MTs). And follow attendance in classes of at least 85% of the effective school every month during the year teachings in progress. If there are children aged 5-6 years who had entered the school base and the like, then the concerned subject to verification of the field of education. Participants PKH who have children aged 15-18 years old and have not completed the training base, the required child are enrolled/registered to the unit of education regular or non-regular (SD / MI, or SMP / MTs, or Package A or Package B). Child participants PKH work or are working child or have left the school in a sufficiently long time; then the child must follow the remedial program that prepared him back to the unit level. A therapeutic program is a service house layover or shelter that held the Ministry of Social for children streets and Manpower for the labor of children [10].

3. Target Recipients of PKH Assistance

Recipients help PKH is RTSM by the criteria of BPS and meet one or several standards for programs that have a mother pregnant/postpartum, children toddlers or children aged 5-7 years who have not entered the elementary education school. Children aged elementary and junior and children 15-18 years old who have not completed primary education. As proof of membership, PKH gave cards of participants PKH on behalf of Mothers or female adults. The card is used to receive PKH assistance. Furthermore, card PKH can serve as a card JAMKESNAS for the whole family receiver PKH, as described in the book Guidelines for the

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Implementation of JAMKESMAS 2009 [6]. The use of aid CCT is intended to improve the quality of education and health. Hence assistance will be more effective and purposeful if the aid recipient is the mother or female adults who care for children at home stairs concerned (to grandma, aunt/aunt, or sister female). The PKH participant card listed is the name of the mother/woman who takes care of the child, not the head of the household. It is because if the funds help the head of the family receives PKH program, then allow it feared not to be used for the needs of the child would but help it can be misused to use for others necessity as an example to buy cigarettes or any matter other [7]. Exception of the provisions in the above can be made in limited conditions; for example, when the head of the family can replace no female adult in the family. Participation PKH is not shut opt-nyan RTSM on government programs more on the cluster I, like JAMKESNAS, BOS, Raskin and BLT [11].

C. Research Methods

This research uses qualitative research and aims to explore and understand the meaning of social or humanitarian problems relevant to the research focus. This research is focused on the implementation of the *Program Keluarga Harapan* (PKH) in Ratahan District, Southeast Minahasa Regency on four sub-focuses, namely (1) policy objectives, (2) procedures, (3) time and budget (4) constraints faced. The constraints referred to are the determinants of implementing the *Program Keluarga Harapan* (PKH) in Ratahan District, Southeast Minahasa Regency. Data (1) Target policies (2) procedures (3) time and budget (4) constraints faced. The data sources are nine sub-districts and two villages—data collection techniques through observation, semi-structured in-depth interviews, and documents. In qualitative research, data analysis is carried out from the beginning and throughout the research process. The researchers used qualitative data analysis (Miles and Huberman) with procedures, data reduction, data presentation, conclude, or verification: data collection, data reduction data presentation, and decision. The data validity technique uses four criteria: trust degree, transferability, dependence, and certainty. Using this method, researchers will get more in-depth, complete, credible data and contain real meaning, namely actual data regarding implementing the *Program Keluarga Harapan* in Southeast Minahasa.

D. Research Results And Discussion

Ratahan District is one of the sub-districts in Southeast Minahasa Regency, consisting of 9 (nine) sub-districts and 2 (two) villages with 12,301 people. For details, see table 1.

Table 1
Number of Pendudk in Ratahan Subdistrict and Manpower

No	Desa / Kelurahan	Jumlah Pendudk Tahun 2019		Jmlh	Tenaga Kerja	
		L	P		(%) kel. Pertanian	Buruh Pertanian
1	Rasi	660	613	1 273		
2	Tosuraya	517	516	1 033		
3	Lowu Satu	504	475	979		
4	Lowu Dua	547	491	1 038		
5	Wawali	546	536	1 082		
6	Rasi Satu	652	620	1 272		

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7	Tosuraya Barat	988	940	1 928
8	Tosuraya Selatan	416	397	813
9	Lowu Utara	874	783	1 657
10	Nataan	709	611	1 320
11	Wawali Pasan	443	412	885
		6856	6394	13225

Data BPS Diolah 2020

1. Socialization of the *Program Keluarga Harapan*

The program's target in Ratahan District, Southeast Minahasa Regency, is based on the government's efforts to improve the quality of life for poor and vulnerable families by increasing access to health and education services, including planned, targeted, and orderly social welfare. The community does not yet understand that pregnant women and children aged 0-6 years will receive IDR 250,000 per month; SD, Rp. 75,000 per month; Junior high school students Rp. 125,000 per month, and high school students Rp. 166,000 per month. Meanwhile, persons with severe disabilities and seniors aged 70 years and over receive IDR 200,000 per month, health service facilities, and educational service facilities. These facilities include basic social service facilities for health and education, food and nutrition, care, and assistance, including access to various other social protection programs. In addition, social assistance (*Bansos*) should be given every month to people in Ratahan District who are entitled until December 2020 to beneficiary families. This program is offered to impoverished households with family members consisting of children aged 0 to 15 years or pregnant women and is at the selected location, whose name is listed on the PKH card.

Langkai (2015) discussed program implementation models, including the socialization proposed by Van Mater and Van Horn, where socialization in delivering information to the public and program targets about policy objectives is a determinant of policy. Socialization was also put forward by Edward III [12]. Langkai wrote that the formulation of policies must be disseminated to policy targets to achieve a standard view of policy goals and objectives. The results showed that this program had not been perfectly communicated and socialized so that the community and policy targets did not understand the exact program objectives. Thus, communication and outreach are determinants of program success to achieve program goals and objectives.

2. Commitment to the implementer of the *Program Keluarga Harapan*

Implementing this program starts with the central government by determining the location and number of candidates sourced from the Integrated Database based on the BPS census, selecting candidate participants, and preparing a list of recipients. It contains information about individuals, the state of health and education, the location of the health and education service providers in the participating areas, then forming groups of 15-20 groups. The follow-up is the Ratahan District *Program Keluarga Harapan* Implementing Unit to report the entire series of results of the initial meeting to the UPPKH Regency Partners, namely a record of activities during the meeting accompanied by a list of attendance at the conference, including action plans and follow-up actions that various parties must complete, then updating data and payments, participant elasticity data may change due to pregnancy, miscarriage, changes in children following primary education, children who have dropped out of school, and other things related to PKH, so there is a need for updating of data by assistants. Then the operator will update this data online. Based on the updating of this data, payments are made for PKH

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participants through local banks. In the policy implementation approach, according to Merilee S. Grindle, the success of public policy implementation is primarily determined by the level of policy implementation itself [13][14][15], which consists of content of policy and context of policy in this case, type of benefits (type of benefit) [16][17] which seeks to show or explain that in a policy there must be several types of services that offer the positive impact generated by the implementation of the policy to be implemented [18][19].

To verify and signed by the local village head on the form provided by the channeling bank. Sometimes it does not fulfill the procedure because it is pretty convoluted, making it difficult for implementers to implement it. Moreover, suppose you confirm data on social assistance recipients through the banking system based on account data that the Ministry of Social Affairs has sent through the application. In that case, the distribution will be done using collecting non-cash social assistance funds from other Government Accounts to the accounts of social assistance recipients. A reconciliation mechanism is carried out to check and check the administration, data and funds disbursed whether it has been carried out correctly. All related parties can monitor the distribution flow in this reconciliation, both from the KPN and then into the Association of State-owned banks as distributors and forwarded to recipient recruitment [20][21]. In reconciliation at the district level, one essential activity is to download distribution data to the application. Several factors cause social assistance recipients have not been appropriately implemented, namely when the account is checked, no assistance is received, has not received a savings book from the channeling bank, has not received a savings book [22]

The role of the partner district social service in the aid distribution mechanism, also an important aspect is the Monitoring, Evaluation, and Reporting of the Distribution of Social Assistance. In the mapping, the scope of monitoring and evaluation of the implementation of companion in Ratahan District is the realization of fund distribution from banks to beneficiary accounts, distribution and affordability of *e-warong* / Bank Agents, ATMs, and Bank Branch Offices for KPM, Availability of e-warong liquidity / Performance Bank Agents. Technology infrastructure at HIMBARA, e-wrong / Bank Agents, such as machines, signal strength, network availability, other supporting tools, additional fees charged to KPM. The reporting and monitoring needs of the Distributing Bank provide a Dashboard. The social facilitator has not updated to determine the latest data so that the funds disbursed are by the number of recipients. The companion must know all the provisions in this PLH program and continue to update. Weak coordination with us as the sub-district government in terms of data collection is a problem in carrying out the duties of the Assistant assigned to this Rtahan District. PKH social facilitators experience difficulties with weak cooperation from PKM parties, which find it challenging to communicate the development before and after the distribution and PKH, such as its utilization and reports. Individuals who have a structural role will be the key to successfully implementing the PKH program in the Ratahan District. The weak role of facilitators is the point of the problem coupled with the behavior of individual PKH program recipients.

3. Availability of financial resources to support program implementation

The availability of funds in program implementation has always been a cliché excuse. Still, it is a fact in the field, especially since the rupiah tends to fall and costs per group. The follow-up is that the Ratahan District *Program Keluarga Harapan* Implementation Unit reports the entire series of results of the initial meeting to UPPKH Kabupaten Mitra, namely a record of activities during the meeting takes place, follow-ups that must be completed by various parties, updating of data, monitoring activities, channeling funds from banks to beneficiary accounts, affordability of *e-warong* / Bank Agents, ATMs and Bank Branch Offices for KPM, Availability of *e-warong* liquidity / Bank Agent Infrastructure performance technology at

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HIMBARA, *e-warong* / Bank Agents, such as machines, signal strength, network availability, and other supporting tools, additional fees charged to KPM. The reporting and monitoring needs of the Distributing Bank provide a Dashboard. All of these activities cost money and are not taken into account in policies or programs. The development is in sync between this government policy and its socialization for PKM in Ratahan sub-district.

Mazmanian (1981) and Sabatier's model classifies the policy implementation process into three aspects, including independent elements, especially social conditions, characterized by the diversity of behavior of the target group [23]. Notoatmojo (2003) emphasized that all parties involved in a policy affect the success of the policy. As is the national problem, recipients of the program, where data on low-income families changes every year, especially with the conditions of Covid 19. People who previously were not categorized as inferior can now become poor. In addition, the situation of pregnant women changes every month and year. Coupled with people who in certain conditions do not want to be categorized as inferior, when the government launched a poverty alleviation program, many people claimed to be poor [24].

4. Various social conditions from the outside.

The behavior of all parties involved in a policy greatly influences how good a rule is made; if one of the parties involved in the policy is not good, then the policy will not work correctly. Because one direction is not only implemented by one party but all parties must be involved in implementing a policy, because if one party such as the community who is the target of a policy has the behavior of not wanting to implement a policy, then the policy will not work well. The diversity of conduct of each community involved in implementing a policy also affects implementing a policy where the government has made efforts to implement the policy well. However, when people who still do not participate in the Mazmanian still do not participate in the policy, Sabatier Model classifies the implementation process. Policies into three aspects, including independent factors, especially social conditions, marked by the diversity of behavior of the target group [25]. Notoatmojo (2003) emphasized that all parties involved in a policy affect the success of the policy. Recipients of the program are like a national problem where data on low-income families changes every year, especially with Covid 19. People who previously were not categorized as inferior now can become insufficient. In addition, the condition of pregnant women changes every month and year. Coupled with the behavior of people who in certain conditions do not want to be categorized as inferior, many people claimed to be flawed when the government launched a poverty alleviation program. Implement a policy properly, then all the efforts made by the government won't end either

E. Conclusions

This program has not been socialized according to the program's objectives to the community that is the program's target. The commitment of technical and field implementers has not been formed according to program objectives. The available funding sources for implementers are not sufficient to support program implementation. The social conditions of the community have not been formed to support the program. There is no accurate data available on the target beneficiary group of the program.

For that, it is recommended that: there is accurate data on the target beneficiary group of the program. The program is socialized to the community, and target groups determined technical and field implementers committed to implementing programs based on objectives. Funds are available for program implementation. The community and target groups are conditioned to be critical in supporting the program.

References

[1] Usman, C., "Efektivitas Program Keluarga Harapan (PKH) dalam Rangka Penanggulangan Kemiskinan (Suatu Studi di Kecamatan Kota Utara Kota Gorontalo)," *Jurnal Administrasi Publik*, vol. 2, no. 001, 2014.

[2] Suleman, S. A., & Resnawaty, R., "Program Keluarga Harapan (PKH): Antara Perlindungan Sosial dan Pengentasan Kemiskinan," *Prosiding Penelitian Dan Pengabdian Kepada Masyarakat*, vol. 4, no. 1, pp. 88-92, 2017.

[3] Aminudin, N., & Sari, I. A. P., "Sistem Pendukung Keputusan (Dss) Penerima Bantuan Program Keluarga Harapan (PKH) Pada Desa Bangun Rejo Kec. Punduh Pidada Pesawaran Dengan Menggunakan Metode Analytical Hierarcy Process (AHP)," *Jurnal TAM (Technology Acceptance Model)*, vol. 5, pp. 66-72, 2017.

[4] Kholif, K. I., "Implementasi Program Keluarga Harapan (PKH) dalam Menanggulangi Kemiskinan di Kecamatan Dawarblandong Kabupaten Mojokerto," *Jurnal Administrasi Publik*, vol. 2, no. 4, pp. 709-714, 2014.

[5] Purwanto, S. A., Sumartono, S., & Makmur, M., "Implementasi Kebijakan Program Keluarga Harapan (PKH) Dalam Memutus Rantai Kemiskinan (Kajian di Kecamatan Mojosari Kabupaten Mojokerto)," *Wacana Journal of Social and Humanity Studies*, vol. 16, no. 2, pp. 79-96, 2013.

[6] Rahmawati, E., & Kisworo, B., "Peran Pendamping dalam Pemberdayaan Masyarakat Miskin melalui Program Keluarga Harapan," *Journal of Nonformal Education and Community Empowerment*, vol. 1, no. 2, pp. 161-169, 2017.

[7] Sari, W., & Nadjib, M., "Determinan Cakupan Imunisasi Dasar Lengkap Pada Penerima Program Keluarga Harapan," *Jurnal Ekonomi Kesehatan Indonesia*, vol. 4, no. 1, 2019.

[8] Laisouw, A. R., Lutfi, S., & Tempola, F., "Sistem Pendukung Keputusan Pemberian Bantuan Program Keluarga Harapan (PKH) pada Orang Miskin di Kota Ternate Menggunakan Metode AHP," *JIKO (Jurnal Informatika dan Komputer)*, vol. 2, no. 1, pp. 34-40, 2019.

[9] Najidah, N., & Lestari, H., "Efektivitas Program Keluarga Harapan (PKH) Di Kelurahan Rowosari Kecamatan Tembalang Kota Semarang," *Journal Of Public Policy and Management Review*, vol. 8, no. 2, pp. 69-87, 2019.

[10] Suharto. Edi., "*Kemiskinan dan Perlindungan Sosial di Indonesia*," Bandung. Alfabeta, 2009.

[11] Roidah, I. S. Evaluasi Kebijakan Pengentasan Kemiskinan Dalam Program Keluarga Harapan di Kecamatan Rejotangan Kabupaten Tulungagung," *Jurnal AGRIBIS*, vol. 12, no. 14, pp. 39-47, 2016.

[12] Langkai J. *Dampak Implementasi Kebijakan Pembangunan Berbasis Lingkungan dalam Meningkatkan Kesejahteraan Masyarakat di Kota Manado*, 2015.

[13] Kamuzinzi, M., "When traditional principles bring coherence in complex networks management: the case of "Imihigo" in public policy implementation," *Policy Studies*, vol. 42, no. 1, pp. 98-116, 2019.

[14] Levine Daniel, J., & Fyall, R. The Intersection of Nonprofit Roles and Public Policy Implementation," *Public Performance & Management Review*, vol. 42, no. 6, pp. 1351-1371, 2019.

[15] Hufen, J. A. M., & Koppenjan, J. F. M., "How evidence becomes authoritative in public policy implementation. Lessons from three Dutch white ravens," *Policy Studies*, vol. 35, no. 3, pp. 264–281, 2014.

[16] Figueroa Huencho, V., Lagos Fernández, C., Manriquez Hizaut, M., & Rebolledo Sanhueza, J., "Implementation Challenges in Public Policies Towards Indigenous Peoples:

The Impact of Health Policies in Urban Contexts," *Journal of Intercultural Studies,* vol. 41, no. 4, pp. 405–423, 2020.

[17] Hedegaard Sørensen, C., & Paulsson, A., "Contextualizing Policy: Understanding Implementation under Socio-technical Transitions," *International Journal of Public Administration,* vol. 43, no. 12, pp. 1055-1067, 2019.

[18] Rahman, M. H., Naz, R., & Nand, A., "Public Sector Reforms in Fiji: Examining Policy Implementation Setting and Administrative Culture," *International Journal of Public Administration,* vol. 36, no. 13, pp. 982–995, 2013.

[19] Grindle, Merilee S., "Politics and Policy Implementation in The Third World," New Jersey: Princeton University Press, 1980.

[20] Plomien, A., "Gender inequality by design: does successful implementation of childcare policy deliver gender-just outcomes?," *Policy and Society*, vol. 38, no. 4, pp. 643-662, 2019.

[21] Vento, I., "Hands-off or Hands-on Governance for Public Innovation? A Comparative Case Study in the EU Cohesion Policy Implementation in Finland," *International Journal of Public Administration*, vol. 43, no. 11, pp. 989-999, 2019.

[22] Flynn, A., "Investigating the implementation of SME-friendly policy in public procurement," *Policy Studies,* vol. 39, no. 4, pp. 422–443, 2018.

[23] Mazmanian, Daniel A. and Paul A. Sabatier., "*Effective Policy Implementation*," Toronto: D.C. Heath, 1981.

[24] A Agustino, Leo., "*Dasar-dasar Kebijakan Publik*," Bandung: CV. Alfabeta, 2006.

[25] Langkai, J., "The Implementation of Environment Based Program BPL to Increase Community Welfare in Manado City," *Odisha Journal of Sosial Science*, vol. 2, no. 2, pp. 19-39, 2015.