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Performance Analysis of Family Hope Program (PKH) and Their Role in Enhancing Community Welfare: A Case Study in Sumenep District, Madura

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Abstract:

This study aims to analyze the performance of Family Hope Program (PKH) facilitators in Sumenep District, focusing on three sub-districts: Pragaan, Gili Genting, and Lenteng. The research evaluates facilitator performance based on three key dimensions: quality, quantity, and timeliness in task implementation. A descriptive qualitative approach with a case study method was employed. Data were collected through in-depth interviews, observations, and documentation involving PKH facilitators and Beneficiary Families (KPM). The findings reveal that overall, the facilitators performed their duties effectively. In terms of quality, they successfully established effective communication with KPM and provided assistance in accordance with technical guidelines. Regarding quantity, facilitators met targeted activities such as Family Capacity Building Meetings (P2K2) and periodic data updates. Concerning timeliness, most facilitators demonstrated discipline in submitting daily and monthly reports. However, certain technical challenges, particularly poor internet connectivity in island areas, hindered the reporting process. These results highlight the importance of improving digital infrastructure and providing continuous support for facilitators to enhance the effectiveness and efficiency of the PKH program, especially in remote regions.

Keywords: *Performance, PKH Facilitators, Quality, Quantity, Timeliness, Sumenep District.*

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1. Introduction

Poverty is a phenomenon that is clearly visible in Indonesia and is one of the roots of multidimensional social problems, which are characterized by high unemployment and poverty rates as well as underdevelopment and community powerlessness (Sahem et al., 2021). According to (Damanik & Sidauruk, 2020) Poverty is the inability to meet minimum living standards. Poverty is a problem that is difficult to overcome in the development of a country, especially for developing countries such as Indonesia (Fauzi et al., 2023). The problem of poverty in Indonesia is a challenge faced by the government from time to time and requires proper handling to overcome poverty.

Although Indonesia has achieved various advances in economic development, poverty is still a major challenge, especially in certain areas such as in East Java Province and

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one of them is Sumenep District. Based on data from the Central Statistics Agency (BPS) in March 2024, the percentage of poor people in Indonesia was recorded at 9.03%, a decrease of 0.33% points compared to March 2023. East Java, with the second largest population in Indonesia, still faces a relatively high poverty rate, reaching 3.983 million people in March 2024 and Sumenep district is one of the areas with a high poverty rate in the province. In 2024, the poverty rate in Sumenep is estimated to reach 17.78%, down from 18.70% in 2023, registering a decrease of 0.92%. Although the poverty rate in Sumenep continues to decline, according to an interview with the Head of BPS Sumenep, Mr. Joko Santoso, about 20-25% of Sumenep residents still live below the poverty line. Below is the poverty data for Sumenep district.

Table 1. Poverty data in Sumenep district

Indicator	Unit	2015	2016	2017	2018	2019	2020	2021	2022	2023
Percentage of Poor Population	Percent	20,2	20,09	19,62	20,16	19,48	20,18	20,51	18,76	18,70
Number of Poor People (PO)	Soul (000)	216,84	216,14	211922	218,6	211,98	220,23	224,73	206,20	206,10
Index into Poverty (P1)		2,39	2,9	1,78	3,57	3,03	4,33	4,73	3,72	4,51
Poverty severity index (P2)		0,45	0,75	0,23	1,15	0,79	1,3	1,56	1,16	1,42
Poverty Line	IDR/ Capita/ month	284756	301781	313330	340033	357473	382491	400960	427882	471860
GK changes				3,83	0,0852	0,0513	0,07	0,0483	0,06	0,10

Source: Data BPS Sumenep District Year 2024

Based on the poverty rate in Sumenep district according to BPS publication data, Sumenep district ranks third in the poverty rate in East Java. The poorest areas in East Java Province based on data from the BPS 2024 publication are Sampang district 21.76%, Bangkalan district 19.35%, Sumenep district 18.70%, Tuban district 14.91%, Ngawi district 14.40%, Pamekasan district 13.85%, Pacitan district 13.65%, Bondowoso district 13.34%, Lamongan district 12.42%.

As a manifestation of the mandate in the 1945 Constitution to advance the general welfare and educate the nation's life, the government has made various efforts to overcome welfare and poverty problems (Aeda & Jannah, 2022). By issuing a program, namely the Family Hope Program. The Family Hope Program (PKH) is a conditional cash transfer program from the Ministry of Social Affairs in Indonesia that is intended for poor families. PKH is known as Conditional Cash Transfers (CCT) and families who receive this social assistance are referred to as Beneficiary Families (KPM). Where they are families who are registered in the Integrated Social Welfare Data (DTKS) and have components in the specified requirements (Suwarno et al., 2024). Based on the PKH Implementation Guidelines for 2021-2024, the implementation of PKH involves ministries, institutions and local governments. PKH is implemented by the Provincial Social Service and the Regency/City Social Service in charge of PKH social assistance, protection and social security. PKH began in 2007

in 7 provinces and by 2020, PKH had been implemented in 34 provinces covering 514 districts/cities and 6,709 sub-districts. One of these districts is Sumenep. The following is the integrated social welfare data (DTKS) from 2023-2024, this data contains residents who have the lowest social welfare status.

Table 2. Integrated data on social welfare in Sumenep district

Subdistrict	Number of Individuals			Family Size		
	2022	2023	2024	2022	2023	2024
Sumenep	25,803	24,334	24,196	9,960	9,586	9,551
Kalianget	23,280	22,236	22,052	9,701	9,342	9,231
Manding	17,431	16,927	16,808	6,834	6,714	6,695
Talango	23,908	21,518	21,373	10,463	9,801	9,750
Bluto	34,279	32,360	32,247	12,773	12,284	12,235
Saronggi	30,675	28,322	28,131	11,757	11,120	11,035
Lenteng	44,537	42,341	42,054	16,651	16,132	16,033
Giliginting	17,075	16,056	15,969	6,931	6,669	6,628
Guluk-Guluk	38,142	37,052	36,828	13,451	13,227	13,161
Ganding	27,318	22,698	22,556	9,738	8,443	8,396
Pragaan	48,092	45,921	45,387	18,728	18,193	17,981
Ambunten	26,015	24,690	24,463	10,890	10,500	10,397
Pasongsongan	36,325	34,398	34,279	13,215	12,779	12,728
Dasuk	21,892	20,675	20,608	8,791	8,455	8,427
Rubaru	31,732	29,810	29,666	10,965	10,521	10,499
Batang Batang	39,944	37,380	36,981	16,682	16,005	15,890
Batuputih	31,704	30,307	30,153	13,430	13,042	12,998
Dungkek	21,681	20,911	20,730	10,767	10,530	10,446
Gapura	22,635	20,832	20,700	10,095	9,567	9,515
Gayam	22,016	20,907	20,788	11,085	10,726	10,643
Nonggunong	9,099	8,697	8,616	4,534	4,382	4,351
Ra'as	21,170	19,920	19,821	9,802	9,420	9,364
Masalembu	9,216	8,795	8,748	4,992	4,875	4,844
Arjasa	37,645	35,447	35,299	18,385	17,697	17,643
Sapeken	32,318	31,035	31,009	12,696	12,374	12,352
Batuan	5,284	4,736	4,685	2,359	2,209	2,186
Kangayan	14,937	14,224	14,228	7,226	7,003	7,004
Total	714,153	672,529	668,375	292,901	281,596	279,983

Source: Sumenep District Social Service Data 2024

Table 3. Data on integrated improvement of social welfare in Sumenep district

Subdistrict	Needs Improvement		
	2022	2023	2024
Kota Sumenep	1,387	309	239
Kalianget	1,224	187	158
Manding	576	169	142
Talango	3,101	584	535
Bluto	2, 384	438	382

Subdistrict	**Needs Improvement**		
	2022	2023	2024
Saronggi	2,613	365	314
Lenteng	2,902	681	590
Giligenting	1,467	454	422
Guluk-guluk	2,290	805	714
Ganding	4,866	329	285
Pragaan	2,997	756	632
Ambunten	1,865	523	462
Pasongsongan	2,848	753	696
Dasuk	1,746	388	342
Rubaru	2,546	335	291
Batang-batang	3,322	883	819
Batuh putih	1,723	349	304
Dungkek	1, 296	552	513
Gapura	1,941	171	154
Gayam	1,822	727	663
Nonggunung	606	208	183
Ra'as	2,503	1,270	1,192
Masalembu	691	246	203
Arjasa	3,666	932	833
Sapekken	1,801	567	485
Batuan	613	44	35
Kangayan	1,226	443	397
Total	56,042	13,468	11,985

Data Source: Sumenep District Social Service 2024

This data contains improved data from the previous data, with the process of selecting people through the population census, people who meet the poverty criteria will be included in the improved data that will receive assistance from the family hope program. One of the PKH human resources that plays an important role in accelerating the achievement of PKH goals is the PKH Facilitator. PKH Facilitators are human resources who have been recruited and have a work contract with the Ministry of Social Affairs as the implementation of mentoring activities carried out in the local sub-district. The role of assistants in implementing this program greatly determines the sustainability and success of this program (Najidah & Lestari, 2019). Facilitators are people who are tasked with accompanying KPM (Beneficiary Families) to validate data, verify data, educate participants to get out and rise from poverty (Abdurrohim et al., 2019).

The performance of the Family Hope Program Facilitator is the role and responsibility carried out by the companion in implementing the Family Hope Program (PKH) in the field. Facilitator performance is influenced by motivation and ability to complete tasks where, a person must have availability and a certain level of ability (Aprillia & Santoso, 2021). According to Mr. Baihaki, the PKH Coordinator of Sumenep District, according to him, the performance of assistants is the implementation of tasks by providing assistance that can change the perspective of the community, assistants play a role in changing the conservative mindset (kulot thinking) to be more advanced, and making people aware of changing negative habits to positive ones. Facilitators' performance is assessed based on their ability to motivate and help the community to transform. Therefore, assessing or measuring the performance of the Family Hope

Program (PKH) facilitators in Sumenep District is very important because measuring the performance of PKH facilitators is needed to ensure that the program runs well, is transparent, and provides maximum benefits for beneficiary families. In addition, it also enables continuous improvement which in turn increases the long-term success of the program. to ensure the effectiveness and efficiency of the program in improving the welfare of beneficiary families (KPM).

Performance measurement is conducted by referring to three main indicators, namely, work quality, work quantity, and timeliness. The quality of work includes the extent to which assistants can carry out all their tasks well, such as carrying out validation and initial meetings, carrying out data updating, carrying out aid distribution, conducting P2K2 meetings, conducting routine visits to KPM. Work quantity refers to the number of KPM being assisted and how capable the assistants are to assist the KPM. Meanwhile, timeliness includes the ability of facilitators to complete tasks according to a predetermined schedule, including daily or monthly data collection and performance reports. By using these three indicators, it is hoped that it can be seen how well the performance of PKH facilitators has had a positive impact on PKH and KPM, as well as helping to develop a more optimal program in the future (Nurmayanti, 2021). According to the results of researchers' interviews with the PKH Coordinator Mr. Baihaki in Sumenep District, according to him, the performance of PKH assistants in Sumenep District out of 210 assistants spread across Sumenep District is not all good performance, meaning that there are still some assistants who have not met the performance standards of the three indicators above.

The Family Hope Program (PKH) in Sumenep district faces various problems and obstacles in its implementation. According to Mr Baihaki, the local PKH coordinator, problems in PKH often arise from the beneficiary families, such as ignorance about the benefits and mechanisms of the program, which leads to lack of participation and misuse of assistance. Some KPM are also inconsistent in participating in the program, for example missing meetings or not carrying out education and health activities. There are also participants who do not want to leave PKH membership, while according to Mr. Yasir, PKH Coordinator of Sumenep District, according to him, to cross out (eliminate) PKH recipient data who are considered capable / prosperous cannot be eliminated unilaterally, it must go through several procedures. First, by means of a persuasive approach so that they want to withdraw from PKH participants. Second, through the Village Deliberation by reviewing the beneficiary data and then giving a certificate from the village if the beneficiary is already capable / prosperous. Other obstacles from the facilitators include difficulties in reaching rural areas and islands that are difficult to access and limited banking services, which hamper the disbursement of assistance. Although PKH aims to improve welfare, community responses to the program vary depending on their understanding and socioeconomic conditions.

Sumenep District, located on the eastern tip of Madura Island, faces significant challenges related to poverty and social inequality. Covering an area of 2,093 km² with a population of approximately 1,135,903 people, Sumenep consists of 48 inhabited islands and 78 uninhabited islands. The district's unique geographical

characteristics create complexities in the implementation of government programs, particularly social assistance programs aimed at alleviating poverty. These geographical barriers often affect the efficiency of program delivery and the performance of facilitators who are tasked with ensuring that the programs reach intended beneficiaries.

To obtain comprehensive and representative data, this study focuses on three specific sub-districts selected based on two main criteria. The first criterion is sub-districts with the highest poverty rates and the largest number of Family Hope Program (PKH) beneficiaries. The second is sub-districts where the performance of PKH facilitators has been less than optimal, encompassing both urban and island areas. The first selected sub-district is Pragaan, which consists of 14 villages and is supported by 10 PKH facilitators. Pragaan also has the highest number of PKH beneficiaries, with a total of 4,240 households. The second sub-district, Gili Genting, is a small island region that includes 8 villages and is assisted by 4 facilitators. Due to its remote location and limited accessibility, Gili Genting faces significant logistical challenges that directly affect the facilitators' ability to perform their duties effectively. The third sub-district, Lenteng, comprises 20 villages and is supported by 10 facilitators. The selection of these three sub-districts represents diverse geographical conditions and illustrates the different operational challenges faced in the implementation of PKH in Sumenep District.

The importance of examining facilitator performance in these locations is reinforced by findings from previous studies. Research conducted by Utami et al. (2020) revealed that the overall performance of PKH facilitators in Bandar Lampung City was categorized as good, indicating that tasks were generally carried out according to established procedures. However, their performance in the distribution of PKH social assistance was classified as moderate due to delays in the transfer of funds from the central government to beneficiary families, known as *Keluarga Penerima Manfaat* (KPM). These delays resulted in assistance being disbursed later than scheduled. Similarly, research by Indi Rahmawati et al. (2024) found that the performance of PKH facilitators in Bandar Lampung was also in the medium category when evaluated based on several indicators, including membership validation, assistance distribution, data updating, and reporting activities. Despite these challenges, the study noted that facilitators were still able to fulfill their core responsibilities in line with the program's procedures.

Although there have been several studies examining the Family Hope Program, this research differs in its focus. While many previous studies have emphasized the efficiency of aid distribution, compliance with program requirements, and the direct impact of PKH on improving the quality of life of poor families, this study specifically concentrates on the quality, quantity, and timeliness of facilitator performance. PKH facilitators play a central role in ensuring the success of the program, acting as the primary link between the program's policies and the families it serves. Without the support and active involvement of facilitators, the PKH Implementation Unit at the district and city levels would be unable to effectively reach all targeted households.

The performance of PKH facilitators in this study is measured through three main indicators. The first indicator, performance quality, reflects how well facilitators execute their responsibilities, including conducting validation and initial meetings with beneficiary families, updating data accurately, distributing aid in accordance with procedures, conducting regular home visits, organizing *Pertemuan Peningkatan Kapasitas Keluarga* (P2K2) meetings, and providing clear and effective counseling to families. The second indicator, performance quantity, focuses on the number of beneficiary families managed by each facilitator and the type of support provided to them. The third indicator, timeliness, refers to the ability of facilitators to complete their assigned tasks according to predetermined schedules. This includes the timely submission of daily reports through the Sikenji application as well as monthly reports, which must be compiled in both digital and physical formats.

Based on the background and challenges described, this study aims to analyze the performance of PKH facilitators in Sumenep District. By focusing on quality, quantity, and timeliness, the research seeks to provide a deeper understanding of how geographical conditions, program management, and facilitator performance interact to influence the overall success of the Family Hope Program. The findings of this study are expected to contribute to the improvement and development of facilitator performance, thereby enhancing the effectiveness of PKH as a tool for poverty reduction and social welfare improvement in Sumenep District.

2. Theoretical Background

Performance: According to (Cappiello et al., 2020) performance is the result of work both in quality and quantity that a person achieves in accordance with their responsibilities. Performance reflects behavior that can be observed and assessed, and is influenced by individual competencies that are continuously developed to support optimal task execution.

Family Hope Program (PKH): Based on Minister of Social Affairs Regulation No. 1/2018, the Family Hope Program (PKH) is a conditional social assistance provided to poor and vulnerable families registered in the integrated data on handling the poor. This assistance includes several components, namely health, education, and social welfare, with the aim of improving the quality of life of recipient families. In addition to helping meet basic needs, PKH is also expected to encourage the creation of a healthy, intelligent and independent generation, and accelerate the achievement of community welfare (Indi Rahmawati et al., 2024).

Performance of Family Hope Program Facilitators: Facilitator performance is a key indicator in assessing the successful implementation of the Family Hope Program (PKH). According to (Indi Rahmawati et al., 2024), performance reflects the work of assistants in quantity and quality in carrying out their duties and functions. Performance is important because it shows the extent to which program objectives can be achieved. This is in line with (Sugyono, 2011) opinion, which states that assistants

have a strategic role in ensuring the program runs effectively, through the various functions they carry out to support the success of PKH in the field.

3. Methodology

This research used a qualitative approach with a case study research type, which is defined as a method to reveal a particular case in depth (Assyakurrohim et al., 2022). The research location was purposively selected in three sub-districts in Sumenep District, namely Pragaan, Gili Genting, and Lenteng, taking into account the poverty rate, geographical conditions, and the number of PKH beneficiaries. Primary data was obtained through in-depth interviews with facilitators, coordinators, the Social Affairs Office, and KPM, and supplemented with field observations and program documentation (Ghony Djunaidi & Almanshur, 2012; Sugiyono, 2010). Data collection instruments included interview guidelines and recording devices to maintain information accuracy. Data validity was tested through method triangulation and source triangulation techniques to obtain objective and reliable data.

4. Empirical Findings/Result

Quality of Assistance Performance

Table 4. Assessment of the quality of the companion's performance

No	Companion name initials	Quality of Assistance Performance																			
		Validation				Distribution				Update				P2K2				Home Visit			
		P	K	KPM	Score	P	K	KPM	Score	P	K	KPM	Score	P	K	KPM	Score	P	K	KPM	Score
1	D	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
2	S	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
3	F	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
4	FK	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
5	FT	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
6	I	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
7	A	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
8	FR	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
9	J	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
10	SF	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
11	AM	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10
12	DN	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10
13	Y	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
14	SW	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
15	SJ	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10
16	DY	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
17	K	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
18	H	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
19	UB	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10
20	FRY	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
21	MS	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
22	MF	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
23	IS	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10
24	ID	✓	✓	✓	10	✓	✓	✓	10	✓	✓	✓	10	x	x	x	**1**	✓	✓	✓	10

Data source: processed by researchers, 2025

Based on the data in Table. 5, in general, the performance quality of PKH Facilitators in Sumenep district shows very good results in four main indicators, namely KPM data validation, assistance distribution, data updating and home visits. The majority of facilitators obtained the maximum score (10) on all four aspects, reflecting that they

are active, responsible and able to carry out technical tasks in accordance with their roles. However, there is a significant gap in the P2K2 (Family Capacity Building Meeting) indicator. Most assistants only scored 1, indicating that the implementation of this education-based empowerment activity has not run optimally. Only a handful of assistants such as A, DN, SJ, and UB carry out P2K2 activities consistently so that they get the maximum score. The low score is also an indicator that most assistants have not been able to encourage KPM to exit the PKH program independently. Therefore, although the technical aspects have been implemented well, strengthening the capacity of facilitators in the empowerment aspect, especially through P2K2 activities, needs to be a concern so that the main objective of PKH in creating independent families can be achieved thoroughly.

Quantity of Facilitator Performance

Table 5. companion performance quantity assessment

Quantity of Facilitator Performance				
KPM Category	**Number of KPM**	**Number of beneficiaries coached**	**Score**	
Small	0-300	6	3	Average 1 pass per companion (low for small loads)
Medium	322-400	13	4	Still about 1 pass per companion, slightly better
Great	410-563	17	8	Average >2 per companion, effective and in line with load

Data source: processed by researchers, 2025

Based on Table 3, the quantity of facilitator performance is assessed by the number of KPM fostered and the number of KPM that successfully graduated. The Small Category (0-300 KPM) recorded 6 KPM graduations from 7 assistants, with a low average, thus receiving a score of 3. The Medium Category (322-400 KPM) graduated 13 KPM from 9 assistants and obtained a score of 4. Meanwhile, the Large Category (410-563 KPM) recorded the best performance, graduating 17 KPM from 8 assistants with the highest score of 8. These results indicate that the quantity of performance is not only determined by the number of assistants, but also the success in producing KPM graduations. Assessment should consider the balance between workload and real results in the field.

Timeliness

Table 6. assessment of timeliness in the collection of companion tasks

No	Companion name initials	Timeliness					
		Daily Tasks			Monthly Tasks		
		P	K	Score	P	K	Score
1	D	✓	✓	10	✓	✓	10
2	S	✓	✓	10	✓	✓	10
3	F	✓	✓	10	X	x	1

No	Companion name initials	Timeliness					
		Daily Tasks			Monthly Tasks		
		P	K	Score	P	K	Score
4	FK	✓	✓	10	X	x	1
5	FT	✓	✓	10	✓	✓	10
6	I	✓	✓	10	✓	✓	10
7	A	✓	✓	10	✓	✓	10
8	FR	✓	✓	10	✓	✓	10
9	J	✓	✓	10	✓	✓	10
10	SF	✓	✓	10	✓	✓	10
11	AM	✓	✓	10	✓	✓	10
12	DN	✓	✓	10	✓	✓	10
13	Y	✓	✓	10	✓	✓	10
14	SW	✓	✓	10	✓	✓	10
15	SJ	✓	✓	10	X	x	1
16	DY	✓	✓	10	X	x	1
17	K	✓	✓	10	✓	✓	10
18	H	✓	✓	10	X	x	1
19	UB	✓	✓	10	X	x	1
20	FRY	✓	✓	10	X	x	1
21	MS	✓	✓	10	X	x	1
22	MF	✓	✓	10	X	x	1
23	IS	✓	✓	10	X	x	1
24	ID	✓	✓	10	X	x	1

Data source: processed by researchers, 2025

Based on the table, the timeliness of the assistants is assessed from the collection of daily and monthly assignments. All assistants submit daily assignments on time, thus receiving a full score. However, on monthly assignments, only 13 assistants were disciplined, while the other 11 were late so they were given a low score. In general, discipline in daily assignments is very good, but the collection of monthly assignments still needs to be improved. Further supervision is needed so that assistants are consistent in reporting as part of professional responsibility.

5. Discussion

The implementation of validation and initial meetings in the Family Hope Program (PKH) represents a crucial stage in ensuring the accuracy of beneficiary targeting. The findings indicate that validation is conducted using official BNBA data from the Ministry of Social Affairs and is carried out directly through village meetings or home

visits. This process has proven effective in filtering out potential recipients who do not meet the requirements, such as households without eligible components or families that have moved to a different domicile. The initial meeting also plays a vital role in improving participants' understanding of their rights, obligations, and the program's workflow. This understanding supports active participation of beneficiary families (*Keluarga Penerima Manfaat*, KPM) in follow-up activities such as P2K2 sessions and aid disbursement. Facilitators play a key role, not only as technical implementers but also as vital communication links between the government and the community.

These findings align with previous studies by Afni and AB (2022) and Magfira and Saharuddin (2022), which emphasize the importance of direct verification by facilitators as the first step to ensure the accuracy of data and the alignment between records and actual field conditions. Document-based validation and component checks significantly improve the accuracy of beneficiary data and strengthen the overall effectiveness of PKH implementation.

Data updating is another essential component of PKH implementation, ensuring that social assistance is accurately targeted. In Gili Genting, Lenteng, and Pragaan sub-districts, data updating is carried out flexibly and dynamically, not tied to a fixed schedule but triggered by reports of changes in family conditions. These changes may include births, deaths, pregnancies, relocation, or changes in household composition. The updating process involves home visits, interviews, and verification of official documents. The data is then entered into the SIKENJI application, which is integrated with national systems such as Dapodik, Dukcapil, and Emis. Cross-sector coordination is an important element of this process, involving PKH facilitators, village governments, schools, community health centers (*puskesmas*), and local health cadres (*posyandu*). These findings are consistent with Fahrurozi (2023), who highlights the importance of regular verification and multi-stakeholder coordination to ensure the validity and accuracy of KPM data. A responsive data updating system allows PKH to be more effective and precisely targeted.

The distribution of PKH assistance in the three sub-districts is conducted quarterly using two main mechanisms: non-cash transfers through Himbara banks and cash disbursements via PT Pos Indonesia for KPM without banking access. Most beneficiaries collect their assistance independently, while PKH facilitators are responsible for providing disbursement information, offering technical guidance, and accompanying vulnerable groups such as the elderly and individuals with disabilities. Facilitators also coordinate with banks, post offices, and village governments to ensure a smooth process. In Lenteng and Pragaan, the distribution process was more efficient and responsive than in Gili Genting, which faced additional logistical challenges. Overall, the distribution was carried out smoothly and in accordance with procedures, reflecting the effective role of facilitators. These findings are supported by studies conducted by Harahap et al. (2023) and Abas et al. (2021), which emphasize that even with a modernized distribution system, the active involvement of facilitators

remains crucial for ensuring accountability, timeliness, and equitable access to assistance.

P2K2 meetings in Gili Genting, Lenteng, and Pragaan are held monthly using a systematic and participatory approach. Beneficiaries are divided into small groups of 30 to 35 participants, and meetings are held at accessible locations within the community. The materials are drawn from official modules developed by the Ministry of Social Affairs, covering topics such as education, health, childcare, and family financial management. Facilitators deliver the content interactively through discussions, storytelling, games, and educational videos. Beyond education, P2K2 sessions serve as spaces for mutual support and solidarity among KPM participants. Facilitators also provide special attention to elderly participants and individuals with disabilities through home visits when they are unable to attend meetings. While the technical implementation of P2K2 is generally consistent and well-organized, the sessions have not yet fully succeeded in fostering beneficiary independence. Many participants remain reliant on PKH support and are reluctant to exit the program, even when they are economically capable of doing so. These findings are consistent with research by Triana et al. (2025) and Praratya et al. (2024), which highlight that while P2K2 improves understanding and engagement, encouraging behavioral change and readiness to graduate from social assistance programs remains a significant challenge due to limited facilitator capacity and the high dependency of beneficiaries on aid.

Home visits are another vital aspect of PKH facilitator responsibilities. In the three sub-districts, home visits are conducted regularly and are often triggered by reports from group leaders, village officials, healthcare workers, or findings from P2K2 sessions. These visits focus on households with special conditions, such as elderly members, individuals with disabilities, high-risk pregnant women, or families facing issues such as school dropouts or economic misreporting. Home visits not only serve a verification and monitoring function but also help build emotional connections and trust between facilitators and beneficiaries. This approach creates an open space for dialogue and problem-solving. The outcomes of these visits are documented for evaluation and follow-up, including determining whether households remain eligible for PKH or are ready to transition toward independent graduation. However, one persistent challenge is motivating beneficiaries to voluntarily exit the program once they are economically self-sufficient. This indicates the need for more persuasive communication strategies and enhanced educational efforts by facilitators. These findings are in line with studies by Resdati (2021) and Nurkhalim et al. (2022), which stress the effectiveness of home visits in fostering personal connections and promoting behavioral changes, particularly in health practices and economic independence.

The quantitative performance of PKH facilitators in 2024 across Gili Genting, Lenteng, and Pragaan demonstrated a strong commitment to coaching beneficiaries through activities such as validation, data updating, P2K2 sessions, and home visits. Despite these efforts, the number of beneficiaries who successfully graduated from the program remains low. Many beneficiaries are reluctant to leave PKH even when financially stable, viewing the assistance as a form of guaranteed income or “fixed

salary." Evaluating facilitator performance should therefore consider not only the number of beneficiaries assisted but also the number who successfully graduate to economic independence. Facilitators who manage a large caseload and successfully graduate more beneficiaries are considered more effective. The highest performance scores were achieved by facilitators overseeing 410 to 563 beneficiaries, with an average of eight successful graduations. In contrast, facilitators with smaller caseloads but minimal graduation outcomes received lower scores. These findings are supported by research by Silviana and Chilmy (2024) and Nurhayati (2025), which reveal that while facilitators actively fulfill their roles, persistent beneficiary dependency, limited facilitator authority, and inadequate communication strategies remain significant obstacles. Addressing these challenges requires more personalized educational approaches and policies that explicitly promote independence among beneficiaries.

Timeliness is a key indicator for assessing PKH facilitator performance. In the three sub-districts, facilitators demonstrated strong discipline in daily and monthly reporting through digital platforms such as SIKENJI and SDM PKH. Daily reports were consistently submitted on time, indicating a high level of commitment and efficiency. However, variations were observed in the submission of monthly reports, with only 13 out of 24 facilitators meeting the deadlines. Geographical barriers and technical challenges contributed to these delays, but many were mitigated through proactive scheduling and active coordination with the District Coordinator. Among the three sub-districts, Lenteng achieved the highest level of reporting discipline, consistently submitting reports ahead of schedule. Effective internal coordination and tiered supervision were identified as key factors in maintaining this high standard of timeliness. These findings align with Sukardi (2012) and Oktavia Diva Ramadhani (2024), who emphasize that timely reporting is essential for the smooth disbursement of assistance and for strengthening program accountability. Timeliness reflects facilitator professionalism, adaptability to digital systems, and commitment to the administrative success of PKH implementation.

6. Conclusions

The implementation of the Family Hope Program (PKH) in Gili Genting, Lenteng, and Pragaan Sub-districts generally shows a fairly good performance of social assistants, especially in technical aspects such as validation, data updating, field assistance, and reporting. The facilitator's role is very strategic in social education, especially through P2K2 activities and home visits, which have succeeded in increasing KPM's understanding of their rights and obligations.

However, substantially, the essence of PKH social empowerment has not been fully achieved. The low level of independence and the high dependence of KPM on assistance indicate that behavioral and economic transformation has not been optimal. This is exacerbated by limited follow-up programs, low program literacy, minimal access to training, and lack of support from village governments and local stakeholders.

On the other hand, the discipline aspect of assistants, especially in monthly reporting, still needs to be improved due to delays that have an impact on program evaluation. Geographical factors are also an obstacle in reaching services evenly. Overall, PKH has met most of the administrative targets, but has not yet had a sustainable empowerment impact. Cross-agency synergy, increased capacity of facilitators, and further program integration are needed so that PKH truly becomes a means of building hope through mindset change and economic independence.

This research has several limitations that need to be considered. First, the research area only covers three subdistrict, so the findings cannot be generalized to all PKH implementation areas. Second, the research focus is still limited to evaluating the technical implementation and the role of assistants, while internal aspects of KPM such as personal motivation, family dynamics, and the role of other local institutions have not been explored in depth. Third, the data used is mostly descriptive, so it has not yet reached a more comprehensive quantitative analysis of the impact of the program on economic and social changes of KPM.

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