



Submitted: 27/01/2022

| Reviewed: 28/02/2022

| Approved: 26/03/2022

Implementation Of Social Protection Policy Through Program Keluarga Harapan (PKH) In Rural Society

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ABSTRACT

This paper analyzes about the implementation of the PKH program and the factors that influence the implementation of the program. This policy evaluation research uses a qualitative approach. Data obtained by observation, interviews, and documentation. The selection of informants used a purposive technique and was developed using the snowball method. The analysis technique uses an interactive model. The results of the study show that the implementation of PKH in North Wanarejan village is in accordance with the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 1 of 2018 concerning PKH. Supporting factors in the implementation of PKH include: 1) the enthusiasm of the residents in responding to the Program; 2) the presence of PKH recipients participating in activities; 3) active recipients of PKH assistance in implementing the program; 4) PKH recipients are easy to accept suggestions and directions from PKH facilitators. Meanwhile, the inhibiting factors in the implementation of PKH include: 1) the community does not understand the regulations related to the PKH mechanism; 2) the data received by the PKH facilitator is direct data from the central government, so the data is different from the facts on the ground; 3) The names of PKH participants who are not entitled to receive assistance cannot be exchanged, replaced or added. This fact contradicts the Regulation of the Minister of Social Affairs No. 1 of 2018 concerning PKH.

Keywords: PKH, Policy, Poverty, Social Protection

ABSTRAK

Paper ini menganalisis tentang pelaksanaan program PKH dan faktor-faktor yang mempengaruhi pelaksanaan program tersebut. Penelitian evaluasi kebijakan ini menggunakan pendekatan kualitatif. Data diperoleh dengan observasi, wawancara, dan dokumentasi. Pemilihan informan menggunakan teknik purposive dan dikembangkan dengan metode snowball. Teknik analisis menggunakan interaktif model. Hasil penelitian menunjukkan bahwa implementasi PKH di desa Wanarejan

Utara sudah sesuai dengan Peraturan Menteri Sosial Republik Indonesia Nomor 1 Tahun 2018 tentang PKH. Faktor pendukung dalam pelaksanaan PKH, antara lain: 1) antusias warga dalam menyikapi Program; 2) kehadiran penerima PKH mengikuti kegiatan ; 3) aktifnya penerima bantuan PKH dalam melaksanakan program ; 4) penerima PKH mudah untuk menerima saran dan arahan dari fasilitator PKH. Sedangkan faktor penghambat dalam pelaksanaan PKH, antara lain: 1) masyarakat kurang memahami peraturan terkait dengan mekanisme PKH.; 2) data yang diterima oleh pendamping PKH merupakan data langsung dari pemerintah pusat, sehingga data tersebut berbeda dengan fakta di lapangan; 3) nama-nama peserta PKH yang tidak berhak menerima bantuan tidak dapat ditukar, diganti ataupun ditambah. Fakta tersebut bertentangan dengan Peraturan Menteri Sosial Nomor. 1 Tahun 2018 tentang PKH.

Kata Kunci: *Perlindungan Sosial, PKH, Kemiskinan, Kebijakan*

Introduction

Poverty is a classic problem in Indonesia. Therefore, the Country is obliged to overcome its. One of the tasks of the state is to eliminate poverty and distribute wealth to achieve justice and the welfare of society. It is the oldest in Alenia IV Preamble of the Constitution of the Republic of Indonesia in 1945, namely: 1) protecting all the nation of Indonesia; 2) promoting public welfare; 3) educating the life of the nation; 4) implementing world order based on independence, peace, and social justice. Based on this mandate, the state in this case the Government of Indonesia should provide welfare for all its citizens without exception, which in this case is to reduce poverty for all citizens of Indonesia.

Manifestation from Alenia IV, preamble Constitution of the Republic of Indonesia, 1945 is technically stated in the Minister of Social Affairs Regulation Number 1 of 2018 on the Program Keluarga Harapan or commonly referred to as PKH. According to Article 1 Paragraph (1) of the Minister of Social Affairs Regulation Number 1 of 2018 concerning the PKH, which is meant by PKH is a program of providing conditional social assistance to families and/or people who are poor and vulnerable who are registered in the Integrated Data Management Program of the poor,

processed by the Social Welfare data and Information Center and designated as family beneficiaries of PKH.

The purpose of PKH, as stated in Article 2 Minister Of Social Affairs Regulation No. 1 Of 2018, among others: a. to improve the standard of living of beneficiary families through access to education, health, and Social Welfare Services; b. reduce the burden of spending and increase the income of poor and vulnerable families; c. creating changes in the behavior and independence of beneficiary families in accessing health and education services and social welfare; d. reduce poverty and inequality, and e. introduce the benefits of formal financial products and services to beneficiary families. While the target of PKH as Article 3 Regulation Of The Minister Of Social Affairs Number 1 Of 2018, among others: 1) family and/or someone poor and vulnerable; 2) registered in the Integrated Data Management Program Poor People; 3) have a component of health, education, and/or social welfare. That is, the PKH program has a broad component of health, education, and social welfare.

However, this program in fact can not be implemented optimally, because the recipients of this PKH are still not on target. As happened in Wanarejan Utara Village, Taman Sub-District, Pemalang Regency, Central Java, where the recipient of assistance PKH is also still not on target. The results of interviews with village officials showed that the amount of poor people in this region is very much, while data on poverty is obtained directly from the Central government. The PKH facilitator cannot change the data, because it has been determined by the Central Government. Therefore, many recipients of assistance are recorded in the data, but they belong to the category of economically capable people, on the contrary, many poor people do not receive assistance (Taryati, Personal Interview, December 18, 2021)

The total population in Wanarejan Utara village is 10,397 people, the male population is 5,324 people and the female population is 5,073 people. Amount of Head Of Family 3,657 (Village Office, Secondary Data, Wanarejan Utara village 2021). Recipients of the PKH in Wanarejan Utara Village are seen in the table below:

Table. 1 Recipients of the PKH in Wanarejan Utara Village

No	Components	Total
1.	Pregnant mother	11
2.	Early childhood	202
3.	Primary school Student	392
4.	Junior High School student	231
5.	Senior High School student	230
6.	Elderly	173
7.	Disability	5
	Total	690

Source: Village Office, Secondary Data, Wanarejan Utara village 2021

Based on the table, it can be stated that the highest beneficiary is primary school Students, ie: 392; then junior high school Students, 231, high school students, 230, Early Childhood, 202, the elderly, 173 people, pregnant women 11 and the last disability number 5. The amount PKH recipients are 690 people. If the number of PKH recipients is 690 people when compared with the total population of poor in this region that is 1374 or 1374: 690. That is, there are half the poor in this region who do not receive PKH, namely 684 people. Therefore, this program is not yet implemented optimally. This study aims to explain and analyze the implementation of the PKH and the factors that affect the implementation of the program.

Research Method

This policy evaluation research uses a qualitative approach. Primary data sources are village officials, PKH facilitators, PKH aid recipients, and poor people who do not receive PKH in Wanarejan Utara Village, Taman District, Pemalang regency, Central Java. Data was obtained with observation, interviews, and documentation. Selection of informants using the purposive sampling technique, developed by the snowball method. Analytical techniques using interactive models.

Result and Discussion

Social Protection policy through The PKH

Social protection is a policy designed to reduce poverty and vulnerability by using one of the methods of protection in terms of the capacity of the population to have got income to fulfilled the needs of life (Nasional, 2014). Social protection is a set

of social welfare policies and programs designed to reduce poverty and vulnerability through the expansion of an efficient job market, as well as reducing the number of unemployment at risk for life dan threaten people and make strengthening the capacity of society in protecting itself from various dangers and income disorders (Habibullah, 2017). According to Article 1 paragraph (9) Law, Republic of Indonesia Number 11 of 2009 concerning Social Welfare, that social protection is the process of handling the risks that occur to social vulnerability for someone in a family, group, or community that aims to prevent someone from being burdened in living their survival.

According to Asian Development Bank (ADB), social protection is divided into five elements, namely: 1) labor market; 2) Social Insurance; 3) Social Assistance; 4) micro scheme for protection for local communities; 5) Child Protection (Bappenas, 2014). In this case, the government of the Republic of Indonesia provides social protection in the form of social aid, where this aid is a conditional aid that is given by the government to certain communities that fulfilled the requirements that have been determined by the government through legislation (Rustanto, 2014).

Social protection can provide strength to efforts to fulfill basic needs and basic human rights through easy access, including access to income, life, work, health, and education. The objectives of social protection include: 1) preventing the misery experienced by the community; 2) increasing the capacity of vulnerable groups of people to deal with poverty, misery, and socio-economic insecurity; 3) enabling the community to be successful and avoid poverty so that no poverty is passed down from generation to generation (E Suharto, 2017). The benefits of social protection include: 1) avoiding prolonged misery and getting protection to avoid risks that cause problems; 2) reducing vulnerable people in facing poverty, either individually or in groups; 3) poor families have a dignified standard of living, and 4) achieve prosperity (Nawawi, 2021).

The forms of social protection policies include 1) Social Aid, namely: Cash Transfer for the poor; Social welfare services, such as counseling; School Operational Aid and PKH; 2) Social Advocacy, namely advocacy carried out to empower the poor, by helping clients coordinate the distribution of services for registered clients or

designing and developing other welfare policies and programs (Edi Suharto, 2013). That is, PKH is a form of social protection policy in addition to other forms. The legal basis for social protection policies through PKH, among others:

- a. Law of the Republic of Indonesia Number 40 of 2004 concerning the National Social Security System. (State Gazette of the Republic of Indonesia of 2004 Number 150, Supplement to the State Gazette of the Republic of Indonesia Number 4456)
- b. Law of the Republic of Indonesia Number 11 of 2009 concerning Welfare Social Affairs (State Gazette of the Republic of Indonesia Year 2009 Number 12, Supplement to the State Gazette of the Republic of Indonesia Number 4967).
- c. Law of the Republic of Indonesia Number 13 of 2011 concerning Handling of the Poor (State Gazette of the Republic of Indonesia Year 2011 Number 83, Supplement to the State Gazette of the Republic of Indonesia Number 5235).
- d. Government Regulation of the Republic of Indonesia Number 39 of 2012 concerning Implementation of Social Welfare (State Gazette Republic of Indonesia Year 2012 Number 68, Supplement to the Gazette Republic of Indonesia Number 5294)
- e. Presidential Regulation Number 15 of 2010 concerning the Acceleration of Poverty Reduction.

Technically, PKH is regulated in the Minister of Social Affairs Regulation Number 1 of 2018 concerning PKH. PKH is a government program that has access to and benefits from social services by providing health, education, and social welfare services for the entire community, especially for the poor. PKH was launched by the government in 2007. Similar programs have been implemented and have been quite successful in several countries, known as Conditional Cash Transfers (CCT). PKH is not a continuation of the Direct Cash Subsidy program that is given to help poor households maintain purchasing power when the government adjusts the price of fuel oil but is intended as an effort to build a social protection system for the poor (Suleman & Resnawaty, 2017).

According to Article 1 Paragraph (1) of the Regulation of the Minister of Social Affairs Number 1 of 2018, PKH is a program of providing conditional social assistance to families and/or poor and vulnerable people who are registered in the integrated data of the program for handling the poor, processed by the Center for Data and Information. Social Welfare and designated as PKH beneficiary families. The objectives of PKH, as stated in Article 2 of the Regulation of the Minister of Social Affairs Number 1 of 2018, among others: a. to improve the standard of living of Beneficiary Families through access to education, health, and social welfare services; b. reduce the burden of expenditure and increase the income of poor and vulnerable families; c. create behavioral changes and independence of Beneficiary Families in accessing health services, education and social welfare; d. reducing poverty and inequality, and e. introducing the benefits of formal financial products and services to Beneficiary Families. Meanwhile, the targets of PKH as stated in Article 3 of the Regulation of the Minister of Social Affairs Number 1 of 2018, among others: 1) families and/or someone poor and vulnerable; 2) registered in the integrated data program for handling the poor; 3) have health, education, and/or social welfare components. This means that the PKH program has broad components, namely health, education, and social welfare.

Implementation of Social Protection Policy through PKH in the Wanarejan Utara Village, Pematang, Central Java.

Policy implementation is a policy activity that includes input, output, or autosomes. Policy implementation uses top-down logic or policy reduction as concrete action (Wibawa, 1994). According to Meter and Horn, policy implementation is an action taken to achieve a goal by the government individually or in groups. According to Grindle, the policy implementation process begins with goals and objectives by established regulations, namely to achieve common goals (Aneta, 2010).

The essence of policy implementation is an attempt to create an enabling relationship for the policy so that it can be realized as a government activity. Policy implementation aims to achieve the desired result. Policy implementation is a process that can turn the formulation of a policy into policy action to realize the maximum final result by the goals and objectives that have been set (Wibawa, 1994). This means that

policy implementation is a step for the government to answer the choice of an action taken so that it can run continuously and can be implemented properly.

The policy implementation process consists of several stages, including 1) the interpretation stage. The interpretation stage is a technical operational stage. For example, socialization activities so that the community can understand what can be used as targets for the policy process. In addition, it is necessary to understand the direction and objectives for the policy objectives, so that the community provides full support for the implementation of the policy and what has been planned; 2) organizing stage. At this stage, signs are set to prepare the process of activities to be carried out by determining the stages in a policy process. Things that must be done in this stage, among others: 1) determine the implementers of the policy and determine who will be the actors of the policy; 2) prepare a budget (how much budget is needed, where does it come from, how to use and account for); 3) prepare facilities and infrastructure; 4) determination of work order; 5) determination of leadership patterns and coordination of policy implementation (Purwanto, 2012).

The implementation of the PKH policy in North Wanarejan Village is the responsibility of the Pematang District Social Service, which is assisted by the PKH implementer in the Taman District. The PKH Implementing Duties in Taman Sub-district, among others: 1) are responsible for providing information and socialization of PKH in sub-districts/villages including in North Wanarejan village; 2) carry out PKH mentoring activities; 3) ensure that the implementation of PKH is by the plan; 4) resolve problems in the implementation of PKH; 5) build networks and partnerships with various parties in the implementation of PKH; and 6) report the implementation of PKH to PKH implementers in Pematang Regency (Personal interview of PKH Facilitator, 23 January 2022). This is as mandated by Article 31 Paragraph (5) of the Regulation of the Minister of Social Affairs Number 1 of 2018.

The implementation of PKH in this region is carried out in stages: a. planning; b. determination of PKH participant candidates; c. Data validation of prospective PKH beneficiaries; d. determination of PKH Beneficiary Families; e. distribution of PKH Social Assistance; f. PKH assistance; g. Family Capacity Building; h. Verification of the

commitment of PKH Beneficiary Families; i. Updating of PKH Beneficiary Family Data; and J. PKH Membership Transformation. As stated by the head of North Wanarejan Village that the PKH Program is carried out by applicable regulations. The PKH program is a very helpful program to ease the burden on the economically disadvantaged community. PKH recipient communities are those recorded in data directly selected by the central government, so it does not include data from the village (Mahmud, Personal interview, 20 December 2021)

According to the PKH facilitator, the people who are selected and whose names are registered on the list to receive PKH program assistance are carried out through a data collection process that refers to the Central Statistics Agency (BPS) and then submitted to the Ministry of Social Affairs. The data is random data sent to Pematang Rejang Regency and then submitted to the PKH assistant under the auspices of the Social Service to validate whether the data is accurate or not (Isbad, Personal Interview, 20 December 2021). Aid recipients in this region amounted to 690 people, while the number of poor people amounted to 1,374 people. This means that a total of 684 poor people in this region will not receive PKH in 2021. A total of 690 recipients of PKH assistance are divided into several categories, including Elementary School Students, namely 392; junior high school students 231, high school students 230, early childhood 202, elderly 173; 11 pregnant women, and 5 people with disabilities (Secondary data from Wanarejan Utara Village Office, 2021)

According to the PKH facilitator, the process of receiving PKH assistance is carried out in several stages, among others:

- 1) collect aid recipients to clarify data on communities that have been selected as recipients of PKH assistance. In this event, the PKH Facilitator also explained so that the beneficiaries comply with the regulations set by the accompanying officer;
- 2) Divide PKH groups. PKH facilitators divide into groups to make it easier to carry out mentoring activities. After dividing the group into several members, then the PKH facilitator chooses one member to serve as the group coordinator, thus facilitating the implementation of the activities required for the

beneficiaries. The head of the coordinator is chosen according to the one appointed by the facilitator. The task of the coordinator is to provide information related to PKH that has been conveyed by the facilitator to the participants who are members. The coordinator is fully responsible for its members;

- 3) an agreement or agreement for PKH recipients with a facilitator, in which case the PKH participants must agree on the activities that must be carried out by the beneficiary as stated in Articles 7 and 8 of the Regulation of the Minister of Social Affairs Number 1 of 2018. If the PKH Recipient Family does not fulfill its obligations then receive sanctions in the form of suspension or termination of PKH Social Assistance. The obligations of PKH recipients include a) health checks at health service facilities by health protocols for pregnant/breastfeeding mothers and children aged 0 (zero) to 6 (six) years; b). participate in learning activities with an attendance rate of at least 85% (eighty-five percent) of effective study days for school-age children who are required to study for 12 (twelve) years, and c). participate in activities in the field of social welfare for the needs of families who have an elderly component starting from 60 (sixty) years and/or people with severe disabilities. (Article 7). Obligations of PKH Access Beneficiary Families, among others: a). health, namely: checking health at health service facilities and/or health service officers and/or health cadres in the village for pregnant/postpartum women; check health at health service facilities and/or health service officers and/or health cadres in the village for breastfeeding mothers by providing exclusive breast milk; and. check health at health service facilities and/or health service officers and/or health cadres in the village for infants and toddlers. . b) education, namely: participating in learning activities with existing educational facilities in ordinary schools, village schools, family education, Islamic boarding schools, Sunday schools, courses, as well as learning skills for children of 12 (twelve) years of school age; and c). social welfare, namely: providing nutritious food by utilizing local food ingredients and health care at least 1 (one) time in 1 (one) year for

elderly family members starting from 60 (sixty) years old; and asking health workers to check health, maintain cleanliness, try to eat with local food for people with severe disabilities (Article 8).

- 4) the payment of the funds that have been determined is given to participants who meet the PKH requirements, namely Beneficiary Families. It should be noted that, for recipients of assistance, especially assistance for children and school students, the participant card is entrusted to the female parents. As stated by the PKH facilitator, the acceptance of assistance was given to women's parents because women can be trusted and responsible more than men to meet the family's needs, namely their children in terms of education and health. Assistance obtained by PKH recipients is given in stages, namely once every 3 (three) months which can be collected at Bank Rakyat Indonesia. (Isbad, Personal Interview, 20 December 2021).

Regular meetings are held every 3 months to see the progress of the PKH beneficiaries, and whether the beneficiaries have implemented the regulations given by the government to ensure the benefit of the beneficiary communities. The meeting activity was intended for all members of the recipient community to get to know each other and establish friendships (Isbad, Personal Interview, December 20, 2021). In addition to regular meetings every 3 months, if necessary, a meeting outside the regular meeting will be held. The purpose of the meeting is to receive complaints from the community about problems that occur related to PKH's facilitator. If PKH participants rarely or even never meet and communicate directly with the facilitator, it can trigger the blocking of names on the list of beneficiaries (Isbad, Personal Interview, 20 December 2021).

PKH facilitator is provided by the government in the form of conditional non-cash money, where beneficiaries will get their rights if they fulfill their obligations by government regulations. This is what distinguishes PKH from other aid programs. PKH facilitator helps the community to get the facilities that are already available, namely education and health at a cost provided by the government, so that PKH participants who previously did not want to go to the posyandu are happy to go to the posyandu,

to the puskesmas and others because there are assistance programs that require health checks. . Each activity is required to make a report on the attendance list for the recipients of PKH assistance. In addition, with the help of PKH, underprivileged children can continue their education without feeling ashamed because they are no longer afraid of paying school fees and other facilities. As stated by PKH participants that their children finished school to junior high school and Senior high school (Kusyati, personal interview, 23 December 2021).

Based on this explanation, PKH in Wanarejan Utara village, Taman District, Pemalang Regency, Central Java has been implemented by the policy implementation process which includes input, output, or auto comes to achieve the common goal of poverty reduction. The provision of free health services through Posyandu and Community Health Centers (Puskesmas), including the growing awareness of parents about the importance of education for their children, is evidence that PKH in this village has been implemented properly.

Factors influencing the implementation of PKH in Wanarejan Utara Village, Pemalang Regency.

PKH-based social protection is a program that aims to improve the living standards of Beneficiary Families through access to education, health, and social welfare services; reduce the burden of expenditure and increase the income of poor and vulnerable families; create behavioral changes and independence of Beneficiary Families in accessing health and education services as well as social welfare; reducing poverty and inequality, and introduce the benefits of formal financial products and services to Beneficiary Families (Article 2 of the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 1 of 2018). This means that PKH must be implemented by the objectives as stated in Article 2 above.

The implementation of PKH in North Wanarejan Village has been carried out according to the objectives, which are marked by the presence of people who benefit from this PKH. But the program is still not optimal because there are still things that are not the right target. As the results of interviews with PKH facilitators and the community in North Wanarejan Village, where many people in this village complain or propose that

they feel they have the right to get assistance because they are less capable and cannot provide learning facilities for their children, but they do not get PKH assistance (Isbad, Jumanah & Surti, Personal interview, 21 December 2021;). Another fact also shows that the number of poor people in Wanarejan Utara Village is 1,374 people, so it is not comparable to PKH recipients which are only 690 people (North Wanarejan village office, secondary data 2021).

According to Sugiyono, there are several indicators to measure the success of a program, including: 1) the accuracy of program targets, namely the extent to which the program participants are by what has been determined in the regulations. Target accuracy is short-term and operational. Determinants of targets set individually and organizationally greatly determine the success of organizational activities. Likewise, if the targets set are not appropriate, it will hinder the implementation of the various activities themselves; 2) Program socialization. The ability of program implementation in conducting socialization of the activities to be carried out, so that information regarding the implementation of the program to be carried out can be conveyed to the public in general and the target program participants in particular. Providing information is the first step taken to get good results and also facilitate the continuation of a program; 3) program objectives. The purpose of a program is intended to determine the suitability of the results with the goals that have been previously set. Achievement of goals is the overall effort to achieve that must be viewed as a process. Therefore, to ensure the achievement of the final goal, it is necessary to have a good phasing plan and carry out the stages of activities to the fullest (Yuliani, 2017).

Based on these indicators, it can be stated that there are 3 components to measure the success of the implementation of a program, including: 1) program objectives, namely to determine whether the objectives of the establishment of the program have been achieved or not; 2) program targets, namely how the program designed by the manager has been conveyed to the target group or the extent to which the institution has succeeded in carrying out the targets to be achieved; and 3) results, namely to find out how they form of real change before and after the existence

of the program, so that it can be measured through the extent to which the program provides an effect or impact on the community. Therefore, it is important to know the supporting and inhibiting factors in a program according to these indicators, because these factors are a reference for program implementation and evaluation result.

1. Supporting factors for PKH Implementation in Wanarejan Utara Village.

According to the village head and PKH facilitator, several supporting factors in the implementation of PKH in North Wanarejna Village, among others: 1) the enthusiasm of the residents in responding to the PKH Program; 2) the active presence of PKH recipients to participate in activities that have been agreed with PKH facilitators and other members; 3) PKH assistance recipients are active in implementing programs set by the government as a condition for recipients of assistance; 4) PKH recipients are easy to give direction to by PKH facilitators (Isbad and Mahmud, Personal Interview, 20 December 2021).

Some of these supporting factors facilitate the process of implementing PKH in this village. In addition, it also determines the success of PKH implementation by predetermined objectives. As Article 2 of the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 1 of 2018 concerning PKH, the objectives of PKH include: improving the living standards of Beneficiary Families through access to education, health, and social welfare services; reducing the burden of expenditure and increase the income of poor and vulnerable families; create behavioral changes and independence of Beneficiary Families in accessing health and education services as well as social welfare; reducing poverty and inequality; introduce the benefits of formal financial products and services to Beneficiary Families.

2. Obstacle factors to PKH Implementation in Wanarejan Utara Village.

Some people in this area protested because they did not receive PKH assistance (Isbad and Mahmud, Personal Interview, 20 December 2021). According to some people, some people receive PKH assistance even though that person is not in the poor category as one of the criteria for PKH recipients, on the contrary, some are categorized as poor but do not receive PKH (Iskaq, Marhamah, and Siti,

Personal Interview 28 December 2021). According to the PKH facilitator, this happened because they could not replace or add to the quota of PKH recipients because the data was obtained directly from the central government and not chosen by the village head or PKH facilitator (Isbad, Personal Interview, December 20, 2021). This is an inhibiting factor in the implementation of PKH so that the target indicators are not met in the implementation of policies or programs.

In more detail, the inhibiting factors for the implementation of PKH in North Wanarejan Village, among others: 1) the community does not understand the regulations related to the PKH mechanism. This is evidenced by the complaints from several residents to PKH facilitators and village officials; 2) the data received by the PKH facilitator is data directly from the central government or is top-down rather than bottom-up, so the data is different from the facts on the ground; 3) the names of PKH participants who are not entitled to receive assistance cannot be exchanged, replaced or added because the data obtained has been determined by the central government (Isbad and Mahmud, Personal Interview, 20 December 2021). This fact contradicts the Regulation of the Minister of Social Affairs No. 1 of 2018 concerning PKH. Therefore, verification, validation, and updating of data are important. According to Article 1 paragraphs (13,14 and 15) of the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 1 of 2018, what is meant by verification is the process of checking and reviewing activities to ensure the truth of the data. Validation is an activity to determine the validity of the data. Data Update is the process of updating part or all of the data of PKH Beneficiary Family members

Conclusion

The implementation of PKH in North Wanarejan village, Taman District, Pemalang Regency, Central Java is by the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 1 of 2018 concerning PKH. The provision of free health services through Posyandu and Community Health Centers, including the growing awareness of parents about the importance of education for children in North

Wanarejan Village, is proof that PKH in this village has been implemented properly.

Supporting factors in the implementation of PKH in North Wanarejna Village, among others: 1) the enthusiasm of the residents in responding to the PKH Program; 2) the presence of PKH recipients to participate in activities; 3) PKH assistance recipients are active in implementing programs set by the government as a condition for recipients of assistance; 4) PKH recipients easily accept directions from PKH facilitators. While the inhibiting factors in the implementation of PKH in North Wanarejna Village, among others: 1) the community does not understand the regulations related to the PKH mechanism; 2) the data received by the PKH facilitator is data from the central government and is top-down so that the data is different from the facts on the ground; 3) the names of PKH participants who are not entitled to receive assistance cannot be exchanged, replaced or added (Isbad and Mahmud, Personal Interview, 20 December 2021). This fact contradicts the Regulation of the Minister of Social Affairs No. 1 of 2018 concerning PKH. Therefore, it is necessary to verify, validate and update the data again.

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