

IMPLEMENTATION OF FAMILY HOPE PROGRAM (PKH) POLICY IN TASIKMALAYA CITY IN 2016

(Policy Implementation of the Family Hope Program (PKH) In Tasikmalaya City 2016)

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Abstract

Based on the observation that the policy implementation of the Keluarga Harapan Program is still weak because of the following, Lack of regular companion meetings, unscheduled socialisation, including with community leaders, the general public, and aid recipients, There is no synergy between local governments as a coordinating team and implementers. Lack of understanding between implementors (assistants) in Tasikmalaya City The purpose of the study was to analyze the political implementation of the Family Hope Program (PKH) in Tasikmalaya City. The method used is qualitative, with descriptive analysis methods. Then the data collection techniques that the author uses are through literature studies and field studies, which include observation, interviews, and documentation; data analysis through data collection; data condensation; and conclusion drawing. The results showed that the interaction between policy makers and implementors was very minimal, and then the socialization of scheduled programs to the targets and stakeholders carried out by the person in charge was very lacking for various reasons and the absence of full responsibility of the person in charge charge of activities in the regions, thus making coordination blocked, especially with the emergence of socio-economic differences between various stakeholders and program targets. In conclusion, the Kelurga Harapan program in Tasikmalaya City is still not effective.

Keywords: *Policy Implementation, Family Hope Program, Tasikmalaya City*

INTRODUCTION

The life of the people in Indonesia always prioritizes the achievement of welfare, in line with the principles stated in the 1945 Constitution Article 34 paragraph 3. This principle emphasizes the responsibility of the state in providing adequate public service facilities, and this has a significant impact on the performance of the government in providing public services as a whole. The goal is that development in the field of welfare can be felt and sustained through the programs implemented. Poverty in Indonesia can be divided into two types, namely structural and cultural poverty. Structural poverty is caused by injustice in the social, economic, and political systems that result in inequality in the distribution of resources. This can be triggered by factors such as limited access to education, lack of job opportunities, and social disparities in society.

Meanwhile, cultural poverty arises due to difficulties in utilizing existing resources, due to cultural factors, norms, and values that hinder opportunities to achieve prosperity. These factors include mindsets, traditions, and social norms that influence how individuals or families manage their resources. The importance of having accurate and relevant poverty data is crucial in supporting poverty alleviation strategies. The Central Statistics Agency (BPS) uses the concept of basic needs to measure poverty levels in Indonesia, with two different approaches. First, BPS uses the National Socio-Economic Survey (Susenas) Data to estimate the percentage of the poor population, focusing on the population's inability to meet their basic needs. Second, BPS conducted Population Socio-Economic Data (PSE) in 2005 to identify recipients of Direct Cash Assistance (BLT), but this approach does not provide a comprehensive picture of poverty at the macro level. With a better understanding of the types of poverty that exist, the government and society can design more targeted programs and policies to address poverty issues. A holistic and sustainable approach is needed to break the cycle of poverty and provide better opportunities for people to improve their welfare and achieve a more decent life. To improve the quality of

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human resources, the government can have public policies and programs that encourage citizens to build their competitiveness, rather than creating a pattern of dependency. The effectiveness of policy or program implementation can be measured by four aspects, namely appropriate policy, appropriate implementation, appropriate target, and appropriate environment. One of the efforts to address the problem of poverty through improving the quality of human resources, especially in terms of health and education, is through the Family Hope Program (PKH). Starting in 2007, the Indonesian Government has implemented Conditional Cash Assistance (BTB) known as the Family Hope Program (PKH). This program is a stage towards a system of one of the social protection and has proven successful in overcoming poverty in the country. Ministry of Social Affairs, Directorate of Social Security, PKH Companion and Operator Workbook, (2015).

The Family Hope Program (PKH) is a program that provides cash assistance to Very Poor Households (RTSM) based on certain requirements, such as attendance at educational facilities for school-age children or at health facilities for toddlers and pregnant women and the elderly. This type of program is also known internationally as Conditional Cash Transfers (CCT).

The technical implementation of this program is based on 3 things:

1. Verification is very important in the Family Hope Program (PKH). This verification activity aims to ensure that PKH participants comply with the previously set requirements.
2. PKH has a mechanism for cutting cash assistance for families who do not comply with the established obligations.
3. The main objective of the Family Hope Program (PKH) is to reduce poverty rates and break the chain of poverty, as well as improve the quality of human resources.

Since 2012, the Family Hope Program (PKH) has experienced changes in the target beneficiaries. Initial data for PKH beneficiaries were taken from the Integrated Database of PPLS 2011 results managed by TNP2K. Until 2014, PKH targeted coverage of 3.2 million families. This program initially ran as a trial activity in 2007, with 387,928 Very Poor Households (RTSM) in 7 provinces and 48 districts/cities. However, in 2011, the implementation of PKH was expanded to 25 provinces, 118 districts/cities, and served 1.1 million RTSM (2016).

In the next expansion phase, the Family Hope Program (PKH) will be implemented in all provinces in Indonesia and the number of beneficiaries will be gradually increased to cover all Very Poor Households (RTSM). In 2014, the target for PKH participants reached 3.2 million families. The PKH assistance payment mechanism is carried out by providing cash funds to the Family Administrator, who is usually the mother or adult female in the family. This has proven effective in improving the quality of education and health of the recipients of assistance. The PKH Participant Card is used as proof of participation, and the assistance money can be collected at the Post Office by the Family Administrator by showing the card. An exception is made if there are no adult females in the family, then the head of the family can receive assistance.

The rights of Family Hope Program (PKH) participants include:

1. Receive cash assistance.
2. Get health services for mothers and babies at designated health facilities.
3. Receive educational services for children of compulsory school age according to the provisions.

However, in addition to having rights, PKH participants also have obligations in accordance with the general PKH guidelines. If obligations are not met, the assistance received can be reduced or even stopped. The amount of conditional cash assistance given to PKH participants varies according to the composition of their dependents. The amount of assistance in 2016 can be seen in the PKH guidelines:

Table 1. PKH Participant Assistance Rights in 2016

No	Category	Magnitude	Disbursement	Information
1	Pregnant women, toddlers	1,200,000/year	4x	
2	SD, MI and equivalent	450,000/year	4x	
3	Junior high school, Islamic junior high school, equivalent	750,000/year	4x	
4	High school, MA, equivalent	1000.000/year	4x	
5	Elderly	?		
6	Disability	?		
7	Permanent Assistance	500,000/year	1x	
8	Total full assistance	3,900,000/year		

Source: PKH Guidelines 2016

Participants of the Family Hope Program (PKH) have the right to receive integrated social assistance program services. They should also automatically qualify to receive other assistance programs, such as Health Insurance, Education Assistance for Poor Students (BSM), Prosperous Rice Assistance, and other assistance programs (PKH guidelines (2016)

The Poor Student Assistance Program (BSM) should also be given to students from PKH Participant Households in accordance with the BSM General Guidelines from the Ministry of Education and Culture (Kemendikbud) and the Ministry of Religion (Kemenag). The priority for providing BSM has been set for children of PKH participants based on the Circular Letter from the Director General of Islamic Education No: Dj.1/PP.04/51.2014, Ministry of Religion.

The Family Hope Program (PKH) is a long-term social assistance program with non-permanent membership. PKH participants can only receive assistance for six years as long as they meet the specified requirements. After six years, if there are no more binding requirements, they will exit the program naturally (Natural Exit). In the fifth year of PKH membership, recertification or re-registration is carried out to ensure that the family still meets the requirements using certain methods.

Based on data obtained from the UPPKH of Tasikmalaya City in 2015, there were 21,290 Very Poor Families (KSM) spread across 10 Districts, namely Kawalu, Tamansari, Cibeureum, Purbaratu, Tawang, Cihideng, Mangkubumi, Indihiang, Bungursari, and Cipedes. The Family Hope Program (PKH) which is implemented for poor households in Tasikmalaya City is expected to provide a positive impact on the lives of the community itself.

As PKH recipients, each KSM has different characteristics, although the Central Statistics Agency (BPS) has used 14 poverty indicators for selecting PKH recipients. However, in the field, the 14 indicators have not been able to fully describe the needs of each KSM. It was found that KSM groups have differences in terms of assets and household conditions. For example, some have good house conditions with ceramics and brick walls, but some have houses with cubicle walls. In addition, there are several households that are not included as PKH recipients, but physically their houses need more assistance. This raises concerns about the accuracy of targeting in receiving PKH assistance Bayu Prakoso, Albertus (2016)

From these findings, it can be concluded that the implementation of the Family Hope Program policy is not yet optimal and still needs to be improved. Some of the identified symptoms of problems that are empirically problems are as follows:

1. Lack of regular or periodic meetings between policy makers (especially the Ministry of Social Affairs) and implementers (PKH facilitators) in the field.
2. PKH socialization is not carried out on a scheduled basis to the community, including to Community Leaders, the general public, and PKH participants.
3. There is no clear synergy between the local government as a coordinating team and the implementers (PKH assistants) in Tasikmalaya City, especially in terms of reducing poverty rates.
4. Lack of mutual understanding between implementers (PKH facilitators) in Tasikmalaya City due to differences in educational and political backgrounds. There are differences in educational background and political affiliation among PKH facilitators, because most PKH facilitators are not Civil Servants (PNS).

Based on the description above, it is interesting to conduct a research entitled "Implementation of the Family Hope Program Policy in Tasikmalaya City"

This study will look at some descriptions of previous research results that are relevant to the theme of the study of Policy Implementation, which the author chose to add references and understanding and can be used as a comparison in carrying out discussions on the topic of PKH policy implementation which is related to Public Administration and studied by the author. For this study are:

Iyos Rosyid, M. (2023). Implementation of the Family Hope Program (PKH) for Community Welfare in Lebak Regency: A Study in Malingping District, Lebak Regency, Banten Province. JDKP Journal of Decentralization and Public Policy. To conduct a more in-depth study, we can refer to previous studies. The content of which is Poverty is a symptom that arises due to the inability of society to meet the needs of life, resulting in a decrease in the quality of life and disrupting the productivity of society. To overcome this problem, the government has developed a program that encourages improving community welfare, namely the Family Hope Program (PKH). This program provides social assistance with conditions to poor families as beneficiaries. This paper focuses on the implementation of the Family Hope Program (PKH) for Community Welfare in Lebak Regency (Study in Malingping District, Lebak Regency, Banten Province). The data collection method used is a

descriptive approach through observation, study, and documentation. Data analysis involves data reduction steps, data presentation, and drawing conclusions or recommendations.

From the results of this study, it can be seen that the PKH Program is considered to provide benefits to beneficiary families, resulting in changes in the quality of education and health services. However, this program has not had a significant impact in reducing poverty levels. There is a lack of uniformity in data management, and data irregularities are still found, such as mismatches in writing names, population identification numbers (NIK), family card numbers (KK), and various IBDT (Integrated Database Identity) numbers. In addition, there are still obstacles in coordinating data management from the RT/RW level to the central government. The program's socialization has not reached all levels of society, and the assistance provided has not been utilized optimally. Financial assistance is often used outside the provisions that have been set for beneficiaries. In addition, the PKH money withdrawal service also experiences obstacles with the BRI Link service.

This study has similarities in terms of the approach to the theme, methods and data collection techniques with the research conducted by the researcher but different research locations and theories used, as well as the research results are certainly very different. Next, the researcher will discuss matters related to policy and policy implementation for more details can be seen as follows:

Similarities between the two studies:

1. Focus on Social Programs: Both studies focus on social programs designed to improve the welfare of the underprivileged. One is the Family Hope Program (PKH), while the other does not mention a specific social program, but analyzes government efforts to overcome poverty.
2. Qualitative Approach: Both studies used a qualitative approach in data collection and analysis. They conducted observations, interviews, and field studies as part of their research methodology.
2. Data Anomalies: Both studies note the existence of non-uniformity in data managed by the government in the context of social programs. Inconsistent or anomalous data was one of the problems identified in both studies.

The differences between the two studies:

1. Research Location: One study focused on Lebak Regency, Banten Province, while the other focused on Tasikmalaya City. This means that the studies were conducted in different locations with possibly different social, economic, and government dynamics.
2. Programs Analyzed: The first study focused on the Family Hope Program (PKH) in Lebak Regency, while the second did not explicitly mention a specific program other than mentioning the government's efforts to overcome poverty. Although both are related to social welfare issues, differences in the programs analyzed may produce different findings.
3. Research Results: Although both noted some problems in the implementation of social programs, their research results may differ. The first study noted that PKH provided benefits in the quality of education and health services, while the second noted that PKH in Tasikmalaya City was not yet effective.
4. Contextual Factors: The two studies may also have considered different contextual factors, such as differences in culture and government structures in their research locations, which may impact the implementation of social programs and the resulting findings.

1. Policy and policy implementation

Public policy is a decision taken to address problems, carry out specific activities, or achieve certain goals. This policy is an action from a government agency that has the authority in the task of organizing government and state development. (Mustopadidjaja in Kusnandar, 2016). According to Islamy in Kusnandar (2016), Public policy is a series of actions that are legally chosen and allocated by the government or state to achieve certain goals for the public interest.

To address the wishes of the community conveyed to the government in the form of established policies that need to be implemented. Udoji in Wahab (2017) formulated a rule or policy in detail. "The whole process of articulating and defining problems, formulating possible solutions into political demands, channeling those demands into the political systems, seeking sanctions or legitimation of the preferred course of action, legitimation and implementation, monitoring and review (feedback)" Meaning: "The whole process involved in public policy includes articulating and defining the problems faced, formulating possible solutions to the problems in the form of political demands, channeling those demands into the political system, efforts to provide sanctions or legitimacy for the chosen action, ratification of the policy, and implementation. In

addition, this process also involves monitoring and reviewing (feedback) the results of the implementation to ensure that the policy runs as expected"

This view shows that the participation and role of individuals in the process of achieving policy objectives is greatly influenced by the political structure in government decision-making regarding the implementation of public policies. Howlett, M., & Mukherjee, I. (Eds.). (2019) believes that public policy is a decision or action that is intentionally created, thought about, or processed through certain procedures and is under the influence or control of the government. The policy is made with careful thought and planning, according to priority needs, and involves the government from the smallest level to the central level.

Public policy is an action or decision taken by the government and implemented in the implementation of governance. Policy implementation is the second step of the public policy process, which is very important to change policies from mere papers into something useful in reality. Grindle (Cairney, P. 2019) has a special view on policy implementation, that actual implementation is not only concerned with the elaboration of political decisions into routine procedures through bureaucracy, but more than that, involves conflicts, decisions, and the distribution of benefits from a policy. Islamy (in Kusnandar, 2016:89) also stated that the implementation of public policy is the implementation of government programs that produce concrete results. Various elements in the government bureaucracy, including the executive, legislative, judiciary, as well as leaders of political parties, community organizations, and citizens, have a major role in the implementation of public policy.

Udoji (in Wahab, 2015:59) stated that policy implementation is as important or even more important than policy making. Policies will only remain dreams or plans in the archives if they are not implemented properly and correctly. Policy implementation is the focus of attention after a program or policy is declared effective. According to Mazmanian and Sabatier, P. A., & Weible, C. M. (Eds.). (2018) Policy implementation is a process involving activities and events after the policy guidelines are passed, including administrative efforts and the real impacts that arise on society. This is a crucial stage in implementing public policy. (2021) explains that policy implementation is a way to achieve policy objectives. This can be done by implementing programs that are directly related to the policy or through the formulation of derivative policies from the original policy. To analyze policy implementation, it is necessary to pay attention to several important elements or components, such as determining policy problems, determining assessment criteria, alternative models and types of decisions, political feasibility, and the policy analysis cycle. All of these components play a role in assessing and understanding the effectiveness of implementing a public policy. (Rosul, et al. in Kusnandar, 2016:36). Based on the views of the experts above, the author tries to conclude that the implementation of public policy is understanding the consequences and impacts of a policy program after it has been formulated and implemented.

2. Policy Implementation Models

To effectively analyze the process of implementing public policy, various models developed by experts can be used. One of the models developed by Van Meter and Van Horn in Zahariadis, N. (2016) is the Policy Implementation Process Model emphasizes that differences in the implementation process are influenced by the nature of the policy to be implemented. This model connects policy with work performance through a number of interrelated independent variables, such as the size and objectives of the policy, sources of policy, characteristics or nature of implementing agencies/agencies, communication between related organizations and implementation activities, attitudes of implementers, and the economic, social, and political environment. There are also other models developed by experts to analyze and understand the implementation of public policy in an abstract manner.

The Grindle model, as stated in Hill, M. (2017), identified six elements that can provide an overview of public policy implementation. These elements are:

- 1) Affected interests: This model attempts to understand who will be affected by the implemented policy program, either positively or negatively.
- 2) Types of benefits generated: This model considers the types of benefits or impacts expected from the policy program, both for the government, the community, and other parties involved.
- 3) Degree of desired change: This model examines the extent to which the policy program aims to change the current situation or condition. Whether the program aims to achieve major changes or smaller changes.

- 4) Decision-making status: This model highlights who has a role in the decision-making process related to policy implementation. Whether the decision is made by a high-ranking official in government or involves various stakeholders.
- 5) Program implementer: This model determines who is responsible for implementing the policy program, whether from the government or other institutions or organizations involved.
- 6) Resources used: This model evaluates the resources needed to implement the policy program, including the budget, manpower, and facilities needed.

The Grindle model can provide a comprehensive picture of the public policy implementation process and its impact on the various parties involved. By considering the six elements including policy problem determination, assessment criteria determination, alternative models and types of decisions, political feasibility, and policy analysis cycles, this model allows for a more holistic analysis in analyzing the process and results of public policy implementation. Charles O. Jones' model (1994:296) emphasizes that there are three activities as pillars in implementing the program, including:

The public policy implementation model can be structured based on three main elements: organization, interpretation, and application.

1. Organization: Involves the formation or rearrangement of resources, units, and methods to carry out the program effectively.
2. Interpretation: Focuses on interpreting policies so that they become appropriate plans and directions that can be accepted and implemented well.
3. Application: Related to the implementation of routine provisions in services that are adjusted to the objectives or equipment of program implementation.

By paying attention to these three elements, policy implementation can run more smoothly and efficiently. Jones (1994:297) presents several challenges faced by implementers in the policy implementation process.

These challenges include:

1. Recurrence of problems and demands: The problems and demands faced often continue to emerge and must be re-identified in the policy process.
2. Policy makers define problems for others: Policy makers often define problems for others without considering their perspectives and understanding.
3. Diverse interpretations of the program: Programs involving community and government participation often experience varying interpretations of the program's objectives, which can lead to inconsistencies in implementation.
4. Failures are not learned from: Some programs may be implemented without learning from the failures that occur, so that there is no meaningful learning for improving future policies.
5. Compromise takes precedence over decisiveness: Programs often reflect achievable agreements rather than clear and definite goals.
6. Problems are not clearly defined: Many programs are developed and implemented without clearly defining the problems they are intended to address, so that the objectives and direction of implementation become unclear.

In facing the challenges in policy implementation, policy implementers need to have a deep understanding of the problems faced and carry out good communication and coordination with policy makers and related communities to achieve effective and targeted policy implementation. In the realization of policy implementation, there are two things that consistently occur according to Jones (1994), namely that many of these programs are absorbed by agencies whose positions at the government level are confusing.

In analyzing the Implementation of the Family Hope Program Policy in Tasikmalaya City, the author uses the implementation model proposed by Smith in Béland, D., & Cox, R.H. (Eds.). (2016). That the implementation is influenced by four variables, namely: 1. Idealized policy: 2. Target groups: 3. Implementing organization: 4. Environmental factors: The assumption in the analysis of the implementation of the Family Hope Program policy is that the interaction between policy makers from decision makers to the implementation of PKH in Tasikmalaya City, including socialization to stakeholders and the community, as well as communication from leaders to officers in the field related to the PKH target group (namely PKH Companions).

In addition, the analysis also considers the differences in abilities and backgrounds of the implementers or PKH companions. The implementation of public policy involves several important elements, including organization, interpretation, and application of policies. In addition, the commitment of officers who implement policies in the field is also a crucial factor in the success of the implementation of the policy. The implementing

unit responsible for being the policy implementer has a vital role in ensuring that the policy can be implemented effectively and in accordance with the objectives set. By considering all these aspects, the implementation of the policy can run more efficiently and have a positive impact on the community, namely the UP-PKH of Tasikmalaya City, also becomes the focus in the analysis of the implementation of the policy and acts as the person in charge of the implementation of the Family Hope Program in Tasikmalaya City. Based on the description in the background, the purpose of this study is to determine and analyze the Implementation of the Family Hope Program (PKH) Policy in Tasikmalaya City.

METHOD

This study uses a qualitative approach with a descriptive research type. The data produced is in the form of descriptions of the speech, writing, and behavior of the people observed.(2016). Data collection is done through observation, interviews, and documentation, researchers use primary data by conducting interviews and secondary data in the form of archival writings and important letters. The data collected can be quantitative data (numbers) and qualitative data (words, sentences, schemes, images). In this study, researchers try to find facts and provide the right interpretation of the data obtained from the research results. This study uses data analysis by following the stages and steps of activities to process the data that has been collected.

The data analysis technique refers to the Miles and Huberman and Sadana methods in(2016), which includes data condensation, data presentation, and drawing conclusions (verification). This study took place for six months in 2016 at PPKH Tasikmalaya City. What the author did was determine the theme by conducting a literature study, observation to find problems using participatory observation techniques based on data and facts, conducting in-depth interviews using closed interview techniques where questions were limited and provided by the author, the informant determination technique using purpose sampling, collecting both primary and secondary data, analyzing the collected data by means of data condensation, collecting verification data and drawing conclusions and pouring them into a complete manuscript.

RESULTS AND DISCUSSION

The PKH program is a government program that is considered successful in overcoming poverty. The success of this program can occur because it focuses on education and health that are in accordance with the needs of the community, not based on the desires of individuals or outside parties. Policy implementation is a concrete step in implementing a policy is a decision or plan that has been approved to achieve a certain goal. Policy implementation is carried out using means or tools to achieve the goals of the policy. Policy implementation is a concrete step in implementing a policy operationally. In the bottom-up perspective, Adam Smith focuses on the policy implementation model that views it as a process or flow in dealing with social and political change. Policies made by the government aim to make improvements or changes in society as a target group. Policy implementation is influenced by four variables, namely:

1. Idealized policy:
2. Target groups:
3. Implementing organization:
4. Environmental factors:.

The results of the study on the implementation of PKH policies in Tasikmalaya City are based on observations and interviews with PKH implementers, the community, and other related parties. The author presents the results of the study based on the data obtained.

1. Idealized policy

Policy implementation involves interaction between policy makers and target groups with the aim of encouraging them to implement the policy. To assess the success of implementation, it is necessary to measure the achievement of realistic goals by considering socio-cultural conditions. If the goals are too idealistic, implementation is difficult. In the context of the Family Hope Program (PKH) in Tasikmalaya City, the goal is to overcome poverty by achieving prosperity and independence. However, to achieve this, a clear understanding of the objectives and standards of the policy is needed. The disposition of the implementers is also important, because of its influence on the success of the implementation. The results of the study show that PKH has covered 3,500 million poor families in Tasikmalaya City. PKH facilitators have a key role in this program by providing training and coordination with the community. However, communication with PKH policy makers is still lacking, and scheduled meetings have not been implemented properly. To improve the success of the program, communication

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and coordination between PKH facilitators and policy makers need to be improved. Although PKH implementation has reached a wide coverage, further efforts are needed to ensure the program runs according to community expectations.

The research results show that PKH has been implemented in Tasikmalaya City since 2013 with a coverage of 3,500 million KSM. The purpose of PKH is to improve the quality of human resources, especially in very poor communities and break the chain of poverty between generations. The specific objectives of PKH include improving the socio-economic conditions of KSM, the level of education of KSM children, the health and nutritional status of pregnant women, postpartum mothers, and children under 5 years of age from KSM, as well as access and quality of education and health services especially for KSM.

In the implementation of PKH, PKH facilitators have a very important role in achieving the success of the program. PKH facilitators routinely provide training to the committee/community self-help groups before carrying out activities. They also communicate and coordinate with PKH participants in making decisions to reach consensus. However, there are obstacles in communication and coordination with PKH policy makers. Scheduled meetings for policy discussions or routine evaluations with policy makers have not been implemented properly due to the wide reach of the PKH program nationally. Interaction with policy holders or makers on PKH issues is very minimal, in fact there have only been two BinteK (Technical Guidance) held to strengthen facilitators with policy makers in Tasikmalaya City during the 3 years running.

From the analysis, it can be concluded that the implementation of PKH in Tasikmalaya City has reached a wide coverage and PKH facilitators have an important role in the success of the program. However, further efforts are needed to improve communication and coordination between PKH facilitators and policy makers, so that the program runs more effectively according to community expectations.

2. Target Groups

The Family Hope Program (PKH) was established as a response to poverty alleviation. The Family Hope Program Control Team (TPK) was formed to formulate the PKH program. This program aims to achieve equitable development by the central government. The Central Government is responsible for managing the PKH program honestly and responsibly. The PKH General Document is used to direct the implementation of the program at the city, district, and sub-district levels.

PKH involves community groups as part of policy stakeholders, who are expected to adopt interaction patterns that have been formulated by policy makers. This is expected to help achieve PKH's goals in reducing poverty and improving the quality of human resources in very poor community groups. In the implementation of PKH, PKH facilitators provide training and coordinate with the participating community. However, there are obstacles such as changes in participant data that are not immediately submitted. This program also applies sanctions to PKH members who are not committed to using funds.

The PKH program has received a positive response from the community because it has a big impact, especially in spending on education and health. However, there are obstacles such as problems with validating participant data. PKH socialization has been done, but not directly to the community due to budget constraints. In dealing with poverty, local governments also focus on mitigation through other programs such as P3KK. Synergy between PKH and the city government is very important in efforts to overcome poverty. Although there are some obstacles in communication, the local government continues to support the PKH program with budget support.

The results of the field research show that the Family Hope Program (PKH) in Tasikmalaya City received a positive response from the community. PKH has a significant impact on program participants. One of them is in terms of spending on education and health, PKH has succeeded in intervening in participant spending up to 20 percent, which is very helpful for them. PKH also succeeded in increasing participant participation in schools and integrated health posts, so that the program's goal of improving the quality of human resources, especially in very poor communities, could be achieved. However, in the implementation of PKH, there are several obstacles that often arise. One of them is during participant validation, where the problem faced by the facilitator is the complaint from KSM that is not in the validation data.

Another obstacle is the change of address and administrators that are not immediately conveyed to PKH facilitators, so that it affects data verification and the nominal assistance received by participants does not match the latest conditions. However, PKH facilitators work well and no facilitators were found to have dual positions. In terms of program socialization, PKH has been carried out but not directly to the community. Socialization has only been carried out at the service level and at most to the village head level, but it has not been scheduled routinely due to budget limitations provided by the Tasikmalaya City government. In dealing with poverty, the local

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government emphasized its focus on overcoming this problem, including through the P3KK program which aims to increase productivity and community-based family income. PKH itself has had a positive impact on the poor in accessing education and health.

In synergy with the City government, PKH runs hand in hand in an effort to eradicate poverty in Tasikmalaya City. Although there are shortcomings and some miscommunication due to the large amount of work to be faced, the local government continues to support and provide budget support for PKH so that this program can run optimally in Tasikmalaya City. Overall, the results of the field research show that PKH has a significant impact on the people of Tasikmalaya City in overcoming poverty, increasing access to education and health, and empowering the economy of the poor. Support and synergy between PKH and the City government are the keys to the success of implementing this program.

3. Implementing organization

The implementing agencies involved in the implementation of the Family Hope Program (PKH) in Tasikmalaya City need to improve their communication and cooperation. Currently, coordination between them is not optimal, and this can result in a lack of focus on the program and a better understanding of the duties and functions of each agency. New professionalism is seen at the implementing level, such as PKH facilitators. However, communication with the Regional Development Planning Agency (Bappeda) in the Social and Cultural Sector is still experiencing obstacles.

To overcome this problem, it is important for implementing agencies and related agencies to be more active in communicating, coordinating, and supporting each other. By increasing synergy between them, the implementation of PKH in Tasikmalaya City can be more effective and efficient in achieving the goals of poverty alleviation and improving community welfare. The study also shows that the PKH program in Tasikmalaya City is very relevant to the high poverty rate in the city. Data from the Central Statistics Agency (BPS) of Tasikmalaya City shows that the number of poor people in the city is quite high, and PKH is expected to help alleviate poverty. Although the implementation of PKH is going quite well, there are still some obstacles such as protests from residents who do not receive PKH funds.

Coordination between stakeholders involved in PKH is considered good, and there are no signs of illegal levies carried out by PKH assistants. However, the problem that needs to be addressed is the lack of responsibility of related agencies for this program, as well as budget constraints that limit the comprehensive socialization of PKH. From the results of the study, it can be concluded that the PKH program in Tasikmalaya City has a positive impact on poverty alleviation, but there are still several challenges that need to be overcome, such as improving coordination between stakeholders and strengthening the responsibility of related agencies. In addition, adequate budget allocation needs to be considered so that the implementation of PKH can run more optimally.

2. Environmental factors

The results of the study showed that the Family Hope Program (PKH) in Tasikmalaya City received high enthusiasm from residents and was considered relevant to the current economic conditions of the community. PKH provides hope for the poor in accessing education and health, which are important things to improve their quality of life. Intense communication carried out by PKH facilitators with PKH recipient community groups is an important factor in facilitating the understanding and acceptance of this program. The existence of PKH helps residents to meet the educational and health needs of their children, and provides hope for a better life. This program also provides support to poor families in facing economic difficulties. Although there are some technical obstacles, good communication and coordination have helped resolve the problem.

Among PKH recipients, such as Juju Juarsih, the program has provided significant benefits. PKH funds have helped Juju to send her children to school and meet their needs. Juju is very committed to using PKH funds for her children's education. She feels fortunate to receive this program because she previously did not receive assistance from the government. The PKH program provides hope and opportunities for underprivileged people to improve their lives and become more economically independent.

Although the PKH program in Tasikmalaya City has had a positive impact, there are still aspects that need to be considered so that this program runs better in the future. The involvement and full support of various related agencies and sub-districts need to be increased so that the PKH program becomes stronger and more sustainable. In addition, attention must also be given to social and political aspects so that feelings of jealousy and dissatisfaction do not arise among people who do not receive PKH funds.

Overall, the implementation of PKH in Tasikmalaya City has provided positive benefits for the poor, and the sustainability of this program is a hope for them. Support from the government and various related stakeholders, as well as commitment and active participation from the community, will be the key to achieving the broader goals of the PKH program and having a positive impact on the community in need.

In addition, supportive external environmental conditions are also very important in the success of policy implementation. In Tasikmalaya City, infrastructure developments such as the Cileunyi-Tasikmalaya Toll Road and Wiriadinata Airport are factors that support economic growth and city development. In addition, support from various banks and large companies as well as well-known local products also provide positive contributions.

However, it should be noted that policy implementation does not only depend on physical resources, but also on human resources and good coordination between the various parties involved. Efforts to strengthen coordination and communication and overcome technical obstacles need to be continuously improved so that the PKH program can run more efficiently and have a positive impact on the community in need.

Environmental Factors elements in the environment that influence policy implementation such as social, cultural, political and economic aspects, this is very influential because the implemented policy must have interaction in all policy factors that cannot be separated from this which results in incompatibility and will cause pressure or tension if not communicated comprehensively between program makers and implementers and target groups that are targeted and tension can create a pattern of failure in program implementation with the emergence of inconsistent patterns related to the objectives of a policy, and can create high scores in reality and the abilities of policy implementers, so wise communication is needed so that linear policy implementation is established.

However, this policy process opens up opportunities for transactions to occur through the negotiation process to produce policy compromises in the process that have a target group dimension, but the capabilities of the policy implementers or implementing units when the policy is implemented are still in doubt regarding their readiness and capabilities. Judging from the results of the study, this environmental element is actually a very complex problem so that there are many compromises and negotiations both in the process and in implementing policies that are possible to be a regional readiness in making this Family Hope Program a success so that there is high synergy from all elements seeing the potential of Tasikmalaya City but it is always a complex problem in it.

CONCLUSION

Based on the discussion regarding the implementation of the Family Hope Program policy in Tasikmalaya City, several phenomena emerged that the author can conclude. The successful implementation of the Family Hope Program (PKH) in Tasikmalaya City experienced several obstacles that affected its effectiveness. One striking aspect is the lack of optimization of the interaction pattern that should have been initiated by policy makers, as proposed by Smith's Idealized Policy theory. In practice, this interaction pattern was not seen in the implementation of PKH in Tasikmalaya City. Technical guidance was only carried out twice during the three years the program was running, and there were no scheduled meetings or evaluations between policy makers and PKH facilitators.

In addition, the target group is one of the stakeholders (policy stakeholders) that is the focus of this program. However, there is a gap between the planning concept and the realization in the field. There needs to be better alignment between the policies designed and the reality that occurs in the field. The socialization of the program to the community and stakeholders has also not been carried out on schedule, which has caused various problems, such as the use of assistance that is not in accordance with the provisions, the use of PKH cards as a means of debt, and the lack of support from RT, RW, sub-districts, and the community as a whole.

The implementing organization responsible for running the PKH program also faces challenges. They do not fully understand and consider the PKH program as a superior program that requires better coordination and cooperation. Sometimes, these institutions tend to run their own programs without adequate coordination. Regarding the social aspect, policy makers seem to have not anticipated the social impact of this program well. In the field, many PKH recipients face social jealousy and different treatment from the surrounding community. This also needs to be a concern in policy formulation so that this program can run more effectively and have a positive impact on all parties.

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