Research Article

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Effectiveness of the Family Hope Program in Ketapang Village, Panjang District in 2022

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Abstract: *This research aims to analyze the effectiveness of the Family Hope Program for poor communities in Bandar Lampung City. This type of research is qualitative descriptive research. This research uses primary data. The data collection methods used in this research are observation, interviews, documentation and questionnaires, as well as using Validity tests and Reliability tests. Data processing methods in this research use editing, coding, scoring and tabulation. The results of this research were 54.60% which was included in the effective category.*
Keywords*: effectiveness, accuracy of funds, accuracy of targets, socialization.*

Introduction

Indonesia is a developing country that is facing the problem of poverty. Poverty is a condition when a person or group of people is unable to fulfill their basic rights to maintain and develop a dignified life.(Tlonaen et al., 2014). For this reason, one of the goals of the Indonesian state is to reduce the level of poverty in order to regulate the welfare and happiness of its people. Lampung is one of the provinces on the island of Sumatra which has problems in terms of poverty. In this case, it is caused by several factors. Lampung itself is also still lacking in terms of human resources. The following is the number of poor people in 2021-2022 in Lampung Province.

Table 1. Number of Poor People in Lampung Province 2021-2022

No.	Province	2021	2022
1	Aceh	850.26	818.47
2	North Sumatra	1273.07	1262.09
3	West Sumatra	339.93	343.82
4	Riau	496.66	493.13
5	Jambi	279.86	283.82
6	South Sumatra	1116.61	1054.99
7	Bengkulu	291.79	292.93
8	Lampung	1007.02	995.59
9	Kep. Bangka Belitung	69.70	69.69
10	Kep. Riau	137.75	148.89

Source: BPS (2021,2022)

The picture above shows the number of poor people in 2021-2022. It can be seen that the highest number of poor people is in the province of North Sumatra at 1273.07. Meanwhile, Bangka Belitung

Province has the lowest number of poor people, namely 69.70. Lampung Province itself has a poor population of 1007.02 in 2021 and 995.59 in 2022.

Table 2. Number of Poor People in Lampung Province 2021-2022

No.	Regency/City	2021	2022
1	South Lampung	145.85	136.21
2	central Lampung	155.77	143.34
3	North Lampung	121.91	114.67
4	West Lampung	39.36	36.20
5	Onion Bones	44.53	39.19
6	Tanggamus	71.89	67.43
7	East Lampung	159.79	149.12
8	Right Way	59.89	54.28
9	Pesawaran	68.31	63.17
10	Pringsewu	41.04	38.18
11	Mesuji	15.24	13.88
12	West Garlic Bones	23.03	20.72
13	West Coast	23.23	21.85
14	Bandar Lampung	98.76	90.51

Source: BPS (2021,2022)

According to data from BPS above, in Lampung Province there are 5 districts that experience quite high levels of poverty, namely Central Lampung with 155.77 (2021) and 143.34 (2022), East Lampung with 159.79 (2021) and 149.12 (2022), South Lampung with 145.85. (2021) and 136.21 (2022), North Lampung with 121.91 (2021) and 114.67 (2022), and Bandar Lampung with 98.76 (2021) and 90.51 (2022). The government has taken various steps to reduce poverty.

One of the government's roles is the distribution role, which requires the government to pay attention to poor groups by providing subsidies. . One form of government spending can be in the form of transfers/subsidies which are often interpreted as negative taxes, so that this will increase the income of those who receive subsidies or experience an increase in real income if they consume or buy goods subsidized by the government so that the selling price is low.(Antania, 2010).

One of the programs carried out by the government is the Family Hope Program (PKH). The Family Hope Program (PKH) is one of the poverty reduction programs launched by the government in 2007. The main objective of the Family Hope Program is to help reduce poverty by improving the quality of human resources in very poor groups by providing conditional cash assistance for poor families in accessing certain health and education services.(Dehani et al., 2018).

As a conditional social assistance program, PKH aims to open KPM access for pregnant women and young children to utilize educational facilities/services (fasdik) available near where they live. The current PKH benefits are also directed to cover people with disabilities and the elderly with the aim of maintaining their social welfare in accordance with the constitutional mandate and nawacita of the President of the Republic of Indonesia. (Ministry of Social Affairs, 2021).

Table 3. Number of Poor People in Underprivileged Population per District

No.	Subdistrict	2020
1	Long	4121
2	Sane Earth	3709
3	East Betung Bay	3656
4	West Betung Bay	2968
5	South Betung Bay	2832
6	North Betung Bay	2706
7	Sukabumi	2519
8	West Cape Coral	2497
9	Central Cape Coral	2480
10	Way Halim	2356

Source: Bandar Lampung City Social Service, 2020

The above are the 10 most sub-districts in the city of Bandar Lampung. Panjang sub-district has the highest number of poor people in 2020 in the city of Bandar Lampung, namely 4121 people. Meanwhile, the fewest is Enggal sub-district with 991 people. One of the causes of the high level of underprivileged society in Panjang sub-district is the lack of income because the people's jobs are self-employed, laborers, household members and there are still many people who do not work. For this reason, Panjang sub-district is the city with the largest allocation of PKH funds in the city of Bandar Lampung, especially Ketapang sub-district which will be the object of research.

One of the sub-districts with the largest allocation of PKH funds is Ketapang. Where the number of PKH recipients in this sub-district reached 206 people. Because there are still many poor people in the area who deserve this assistance. The large number of people who do not work or are housewives is one of the reasons why Ketapang households are the ones who allocate the most PKH funds.

One of the crucial factors in the PKH program is determining the criteria for poor households. Problems that are usually found are irregularities in data collection on communities classified as poor who will receive PKH assistance, such as discrepancies between these communities in providing PKH assistance. The indicators used in determining recipients of PKH assistance for poor communities use the definition from BPS.

a. The floor area of a residential building is less than 8 square meters
b. The source of drinking water comes from well water
c. frequency of eating 2 times a day
d. unable to pay for family members to go to the health center for treatment
e. only consume meat/milk/chicken once a week
f. do not have defecation facilities
g. The fuel used comes from firewood, charcoal or kerosene
h. You can only afford to buy new clothes once a year

(Source: BPS 2020)

The PKH program is said to be successful if the people who receive the benefits of the subsidy are able to improve their welfare, the distribution is timely during the 3 months, providing maximum benefits to the community, especially poor households, if the implementation is in accordance with the mechanism

that has been determined and there are no irregularities made by certain individuals who allegedly occurred in Ketapang Village.

Method

Types of Research and Data Sources

The type of research used in this research is descriptive qualitative research. According to (Furchan, 2004) descriptive research has the character of descriptive research which describes an existing phenomenon or facts that occur in the field in their entirety using tables. This research uses primary data. Primary data is data obtained directly using predetermined instruments. Primary data was collected by researchers to answer research questions. The data in this research comes from observations and interviews.

Method of collecting data

The data collection method is a systematic procedure for obtaining quantitative data. Apart from that, the data collection method has a technical function to enable researchers to collect data in such a way that numbers can be assigned to the object under study. In this research, the methods for collecting data are as follows:

a. Observation is research carried out in a planned and systematic manner and through observing or seeing things that happen. This is done to obtain a general overview of matters related to research.
b. Interviews are a data collection technique if researchers want to conduct a study to find problems that must be researched. This data was collected by asking questions directly to respondents.
c. Documentation is by conducting literature studies from various media such as books, journals and scientific articles that are relevant to this research. Apart from that, documentation is carried out by recording any supporting research data originating from the Central Statistics Agency and Ketapang Village, Panjang District.
d. Questionnaires and Questionnaires are data collection carried out by distributing a list of questions (questionnaire) to respondents where alternative answers have been provided. In this case, the respondents in question are members of poor families who receive direct cash assistance according to the specified sample.

Test Research Instruments

a. Validity is related to whether we measure what should be measured (Asep Hermawan, 2005: 126). Validity is a measure that shows the level of validity or validity of an instrument. Validity shows the extent to which a measurement tool is accurate enough, stable or consistent in measuring what is being measured. Validity testing in this research used the Pearson product moment correlation test with the criteria used if r count is greater than r table (r count > r table l) then the data is said to be valid.
b. Reliability Test, Asep Hermawan stated that reliability is related to the consistency, accuracy and predictability of a measuring instrument. Meanwhile (Ghozali, 2006) said that a reliability test is a tool for measuring a questionnaire which is said to be reliable or reliable if a person's answer to a statement is consistent or stable over time.

Results and Discussion

A. Validity Test

1. Test the validity of the target accuracy of PKH recipients

Variable	Items	r Count	r Table	Information
Accuracy of Targeting PKH Recipients	1	0.898	0.244	Valid
	2	0.852	0.244	Valid
	3	0.767	0.244	Valid
	4	0.785	0.244	Valid
	5	0.829	0.244	Valid
	6	0.368	0.244	Valid
	7	0.819	0.244	Valid
	8	0.777	0.244	Valid

Based on the table for the target accuracy variable, it can be concluded that all the question items used by the researcher are declared valid because the calculated r value of all question items is greater than the r table.

2. Test the validity of the accuracy of PKH funds

Variable	Items	r Count	r Table	Information
Accuracy of PKH Recipient Funds	1	0.946	0.244	Valid
	2	0.335	0.244	Valid
	3	0.335	0.244	Valid
	4	0.949	0.244	Valid

Based on the table for the funding accuracy variable, it can be concluded that all question items used by the researcher are declared valid because the calculated r value of all question items is greater than the r table.

3. Validity Test of PKH Socialization

Variable	Items	r Count	r Table	Information
PKH socialization	1	0.899	0.244	Valid
	2	0.926	0.244	Valid

Based on the table above, it can be concluded that the question items used by researchers regarding the PKH Socialization variable are declared valid because all calculated r values for all variables are greater than the r table.

B. Reliability Test

Variable	Cronbach's Alpha	Standard	Information
Accuracy of Targeting PKH Recipients	0.895	0.6	Reliable
Accuracy of Funds	0.664	0.6	Reliable
PKH socialization	0.795	0.6	Reliable

Based on the reliability test in the table above, the Cronbach's alpha value for each variable shows a number greater than 0.6, which means the three variables are reliable. A questionnaire is said to be reliable

or reliable if a person's answers to questions are consistent or stable over time.

Table of Accuracy Targeting Analysis of PKH Assistance Recipients

No	Variable	Percentage of Achievement
1	Residential building floor area	59.2
2	Source of drinking water	46.26
3	Frequency of meals in a day	46.76
4	Inability of family members to seek treatment at the community health center	78.11
5	Fulfillment of protein sources in a week	66.17
6	Bathroom facilities	34.32
7	Purchase of new clothes within a year	66.68
8	Use of cooking utensils	39.3
	Average	54.6

Source: Data processed 2024

The results of this data analysis are to determine the accuracy of targets with indicators of floor area of residential buildings, sources of drinking water, frequency of meals in a day, inability of members to go to the health center for treatment, supply of protein sources in a week, bathroom facilities, purchase of new clothes in a year and use of cooking utensils . The average achievement percentage obtained was 54.60% which was included in the effective category. This shows that of the 67 samples, the majority came from poor families who were still entitled to receive PKH assistance from the government and that the accuracy of targets in implementing PKH was effective.

Table of Analysis of Accuracy of PKH funds

No	Variable	Percentage of questions
1	Use of the funds provided	78.60
2	The process of seeking PKH assistance funds	66.17
3	Amount of PKH funds received	66.17
4	The amount of PKH funds for education and health needs	80.10
	Average	72.76

Source: Data processed 2024

The results of this data analysis to determine the accuracy of PKH funds in terms of the use of the funds provided, the accuracy of disbursement of funds, the amount of funds received, and the amount of PKH funds for educational and health needs, obtained an average achievement percentage of 72.76% which is included in the Effective category. This shows that the PKH funds are running appropriately and are distributed almost equally to all PKH recipients

PKH Socialization Analysis Table

No	Variable	Percentage of questions
1	The assistants actively provide information and socialize PKH	71.15

2	The companions are always willing to hear PKH participants' complaints	75.63
	Average	73.31

Source: Data processed 2024

The analysis table above is to find out PKH Socialization in terms of the activity of companions in providing information on PKH socialization, and the availability of companions in hearing complaints from PKH participants, which resulted in an average achievement percentage of 73.31% which is included in the effective category. This shows that PKH socialization has gone very well.

Data Analysis and Testing

No	Variable	Percentage of Achievement
A	**Accuracy of Targeting PKH Participants**	
1	Residential building floor area	59.2
2	Source of drinking water	46.26
3	Frequency of meals in a day	46.27
4	Inability to pay for family members to go to the health center for treatment	78.11
5	Fulfillment of protein sources in a week	66.17
6	Bathroom facilities	34.32
7	Clothing Purchases in a year	66.68
8	Use of cooking utensils	39.3
	Average	54.6
B	**Accuracy of PKH Funds**	
1	Use of the funds provided	78.60
2	The process of seeking PKH assistance funds	66.17
3	Amount of PKH funds received	66.17
4	The amount of PKH funds is compared with education and health needs	80.10
	Average	72.76
C	**PKH socialization**	
1	The companions' activeness in providing information and socialization	71.15
2	Willingness of companions to hear complaints from PKH participants	75.63
	Average	73.31
	Total Average	66.89

Percentage of achievement: Real Score/Expected Score x 100
Information:
Frequency   = Total Answers of Respondents who voted

Real Score   = Total frequency of respondents' answers × Score value of answers
Expectation Score   = Total respondents × Answer score

The results of the data analysis above are to determine the accuracy of targets, accuracy of funds, and outreach obtained from the Family Hope Program (PKH). The first calculation result is from the target accuracy aspect where the achievement percentage result was 54.6%, the second from the funding accuracy aspect achieved the achievement percentage result of 72.76% and the third was from the Socialization aspect with an achievement percentage result of 73.31%. Overall, the results of the analysis of the effectiveness of the Family Hope Program (PKH) in terms of target accuracy, funding accuracy and socialization received an average score of 66.89%, which is included in the Effective category.

PKH Target Accuracy Results

Based on research results from the aspect of target accuracy, the average achievement percentage was 54.6%. This shows effective results in accordance with decision rules. Through indicators of building floor area, sources of drinking water, frequency of meals in a day, inability of family members to seek treatment at health centers, adequate protein sources in a week, bathroom facilities, number of clothes purchased in a year, and use of cooking utensils are indicators set by the government in providing the community poor PKH assistance. Of the 67 samples, almost all came from poor families who were entitled to receive PKH from the government.

PKH Fund Accuracy Results

Then, from the results of data analysis for the accuracy of the Family Hope Program (PKH) funds in terms of the indicators for the use of the funds provided, the time of the disbursement process, the amount of PKH funds received, and the required amount of PKH funds in education and health, an average achievement percentage of 72.76 was obtained. % included in the effective category. However, there was still 1 respondent who answered that the process of disbursing funds and the amount of PKH funds received did not meet the criteria. One of the causes is the PKH committee's lack of communication with PKH recipients, which has resulted in the process of disbursing funds not progressing or the funds being received properly. However, because the majority answered according to the answer, this shows that the accuracy of the PKH funds provided is appropriate and equal to all PKH recipients, namely the poor in Panjang District, Ketapang Village.

Results of PKH Socialization

Then finally, from the results of data analysis to determine PKH Socialization in terms of indicators of the activeness of the assistants and the willingness of the companions to provide information and socialize PKH, an average percentage of 73.31% was obtained, which is included in the effective category. From these results, PKH recipients were said to be satisfied with the performance of the PKH committee. Even though it was included in the effective category, there was still 1 respondent who said that the companion was not active in providing information and outreach. The main factor causing this was the lack of communication between the respondent and the PKH facilitator. This resulted in the respondents not being recorded in the direction of providing information and socializing PKH. However, the indicators of PKH Socialization are still going very well.

Conclusion

Based on the aim of this research, namely, to find out the effectiveness of the Family Hope Program (PKH) for poor communities in Bandar Lampung City, the following conclusions can be drawn:

1. The implementation of PKH, seen from the accuracy of targets, has been effective with an achievement percentage of 54.6%. This is assessed by the floor area of the building, source of drinking water, frequency of meals a day, inability to pay members to the health center, availability of protein sources, bathroom facilities, number of clothes purchased, and use of cooking utensils.
2. According to the accuracy of PKH funds, implementation has been effective with a percentage of 72.76%. This is in terms of the use of the funds provided, the process of disbursing funds, the amount of PKH funds, and the amount of PKH funds for education and health needs. This can be seen from the use of PKH funds which they use to reduce school fees and health costs or the process of disbursing PKH funds which has been carried out well.
3. Then, looking at the PKH Socialization, it can be concluded that its implementation is effective with a percentage of 73.31%. This is seen from the companion's activeness in providing information, outreach and hearing complaints from PKH participants.

References

Antania, R. (2010). Efektivitas Penyaluran Bantuan Langsung Tunai (BLT) Kepada Rumah Tangga Miskin (Studi Kasus: Penerima BLT di Kelurahan Way Halim Permai Sukarame Tahun 2008/2009) Digilib.Unila.Ac.Id.

Asep Hermawan. (2005). Pengertian Uji Validitas dan Uji Reliabilitas

Dehani, M., Hernawan, D., & Purnamasari, I. (2018). Evaluasi Program Keluarga Harapan (Pkh) Di Kecamatan Bogor Selatan Kota Bogor. Jurnal Governansi, 4(1), 45–56. https://doi.org/10.30997/jgs.v4i1.1140

Dinas Sosial Bandar Lampung. (2020). Jumlah Penduduk Miskin Prasejahtera per Kecamatan

Furchan (2004). Metode Penelitian Deskripitif Untuk Skripsi

Ghofur, A. (2019). Analisis Dampak Pemanfaatan Dana PKH (Program Keluarga Harapan) Kabupaten Lamongan. Jurnal Praja Lamongan, 2(2), 47–55.

Irmawati, L. (2016). Pengaruh Kebijakan Program Keluarga Harapan (Pkh) Terhadap Penanggulangan Kemiskinan Di Kecamatan Kajang Kabupaten Bulukumba Skripsi. 4(2), 130–154.

Kementerian Sosial. (2021). Pedoman Pelaksanaan Program Keluarga Harapan Tahun 2021. In KEMENSOS (p. 76)

Nugraha, A. P., Mulyadi, M., & Suriani, S. (2024). Customer Journey Mapping: Understanding Consumer Behavior Digitally. Berajah Journal, 4(2), 327-336.

Putri Syifarani, A. ., Irfan Mufti, M. ., Chaeriah Ahsan, S. ., Nuraisyah, N., & Haryono, D. . (2024). Performance Analysis of Millennial Generation Civil Apparatus in The National Unity and Regional Political Agency of Central Sulawesi Province. International Journal of Social Science, Education, Communication and Economics (SINOMICS JOURNAL), 3(2), 367–388. https://doi.org/10.54443/sj.v3i2.318

Ridwan, S. T. (2024). Reformasi Hukum Tata Negara: Menuju Keadilan Dan Keseimbangan. Ruang Berkarya. Source: https://books.google.co.id/books/about?id=-6kOEQAAQBAJ&redir_esc=y

Tlonaen, Y. B., Hardianto, W. T., & Diahloka, C. (2014). Implementasi Program Keluarga Harapan (PKH) untuk neningkatkan kesejahteraan masyarakat miskin. JISIP: Jurnal Ilmu Sosial Dan Ilmu Politik, 3(1), 29–37.

Wagstaff, S. D. R. (2013). Hubungan Kesehatan dan Kemiskinan. Biro Analisa Anggaran Dan Pelaksanaan APBN Setjen DPR-RI, 49–57. http://www.dpr.go.id/doksetjen/dokumen/apbn_Hubungan_Kesehatan_dan_Kemiskinan2013061110 3510.pdf