



The Role of the Family Hope Program (PKH) Facilitator in Increasing Family Development Session in Sipungguk Village

Resdati

Departement Sociology, Faculty of Social Science and Political Science, Universitas Riau

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ABSTRACT

This study aims to describe the role of companions, inhibiting and supporting factors in the assistance of the Family Hope Program in Sipungguk Village, Kampar Regency. This research uses a qualitative approach, companion as the subject of the research. Interview, observation and documentation as data collection techniques. The validity of the data used triangulation of sources, methods and theories. The data analysis used an interactive cycle. The results showed that the assistant has four skill roles, namely the role of facilitative, educator, community representative and technical. Internal factors that become obstacles are the difficulty of participants to collect data files, and adapting to the new environment of the companion takes a long time. constraints, namely the distance traveled by the mentor to the mentoring place is quite far and the location of the mentor is in a narrow alley. The supporting factor is the enthusiasm of the beneficiaries and adequate facilities.

E-mail:

resdati@lecturer.unri.ac.id

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1. Introduction

Indonesia is a country with a high population density. Poverty has become a global problem experienced by all countries in the world (Wirotomo, 2014). The problem of poverty is a complex obstacle so that a country cannot have the ability to eradicate poverty on its own (Dulkiah, 2018). The majority of Indonesians are at a low economic level, this causes the poverty rate in Indonesia to increase from year to year. These conditions make Indonesia face complex problems such as high crime rates, low levels of education, and low levels of health. The government as the holder of the highest power has the right to regulate and manage its own country (Jamaludin, 2015). As stated in the 1945 Constitution of the Republic of Indonesia which mandates that the state is obliged to protect the entire Indonesian nation and promote social welfare in the context of realizing social justice for all Indonesian people.

Existing poverty alleviation requires a program that can empower the poor. In the context of accelerating poverty reduction as well as developing policies in the field of social protection, since 2007 the Government of Indonesia has implemented the Family of Hope Program (PKH) (Parwati, 2018). In Kampar District starting PKH in 2011, a similar program has been implemented and quite successfully in several countries known as Conditional Cash Transfer (CCT) or conditional cash assistance. According to Purwanto (2013) "Family Hope Program (PKH), which is a program of giving cash to RTSM based on the terms and conditions that have been set by carrying out its obligations". PKH is focused on improving the quality of poor community resources through empowering mothers and encouraging their children to stay in school according to the data set by the Central Statistics Agency (BPS) as target participants (Nainggolan, 2018).

According to the Ministry of Social Affairs (2020), PKH is a social protection program that provides cash assistance to Very Poor Households (RTSM) with certain conditions. The aim of this program is to reduce numbers and break the chain of poverty, improve the quality of human resources, and change the behavior that is less supportive of increasing the welfare of the poorest groups. PKH participants are required to meet requirements and commitments related to efforts to improve the quality of human resources, namely education and health. PKH target participants are poor families (KM) and those who have a health component (pregnant women, childbirth, toddlers, preschool children) and an educational component (SD equivalent, junior high school equivalent, high school equivalent) or children 7-21 years who have not completed compulsory education 12 years, people with severe disabilities, and elderly people over 70 years old (Permana, 2018).

The Minister of Social Affairs explained that in 2020 the funds allocated by the government amounted to Rp. 11.4 trillion. PKH assistance will be equalized to Rp. 1,900.00 per year with the distribution of four times a year. The first distribution was IDR 500,000, secondly IDR 450,000, third IDR 500,000 and fourth IDR 450,000. Some of the provisions for PKH assistance are (1) Permanent assistance as stated in the Decree of the Minister of Social Affairs No. 23 / HUK / 2016 is valid for one year, (2) PKH participant component assistance is given to a maximum of 3 family members according to membership criteria, (3) PKH participant component assistance is provided with the largest nominal amount of the membership component, (4) Assistance for pregnancy health components the fourth and subsequent components are not counted as beneficiary components. The index of the amount of funds received by PKH participants is as in table 1.

According to Kholif (2014) in the short and long term, the benefits of PKH are (1) in the short term, namely providing an income effect through reducing the expenses of poor households; (2) in the long term it can break the poverty chain for poor people through improving the quality of health / nutrition, education and children's income capacity (price effect) and providing certainty about their future (insurance effect); changing the behavior of poor families that are relatively less supportive of increasing welfare, among others, due to a lack of information about rights, benefits, benefits, and opportunities, as well as high indirect costs (transport, uniforms, etc.) and opportunity costs (children work more "profitably" than school); (4) reducing child labor, namely preventing children from working on the streets, and preventing RTM from becoming socially disabled and / having social welfare problems; (5) improving the quality of public services through complementary improvements in education and health services (supply side), developing a social protection system for the poor (demand side), as well as strengthening desentralization, and (6) accelerating the achievement of the MDGs through indicators of poverty, education, pregnant women, reducing under-five mortality, and increasing gender equality.



This research uses descriptive research with a qualitative approach. Primary data. Primary data in this study were obtained through interviews with the clerk as the person in charge of the Sipandu Mobile service and IT staff at the Tigaraka Religious Court, litigating parties using the mobile sipandu service. Secondary data in this study are in the form of books, literature, journals, and articles related to innovation in case information services at the Tigaraksa Religious Court. Data collection techniques are carried out through observation, interviews and documentation. In this study using data analysis techniques consisting of data reduction, data presentation and drawing conclusions / verification (Gunawan, 2013).

Table 1.

Index of Amount of Funds Received by PKH Participants

No. Help component	Help Index
1. Fixed help	500.000
2. Help pregnant and breastfeeding mothers	1.200.000
3. Assistance for children under six (6) years of age	1.200.000
4. Education participant assistance equivalent to SD / MI or equivalent	450.000
5. Education participants assistance equivalent to SMP / MTs or equivalent	750.000
6. Assistance from education participants equivalent to SMA / MA or equivalent	1.000.000
7. Assistance for people with severe disabilities	3.100.000
8. Assistance for elderly 70 years and over	1.900.000

Source: Ministry of Social Affairs (2020)

According to the Ministry of Social Affairs (2020) there are several obligations for PKH participants, including pregnant / postpartum mothers, including pregnancy checks at health facilities 4 times in 3 trimesters, giving birth by health workers at health facilities, 2 health checks before the baby is 1 month old. Infants and toddlers, namely 0-11 months of complete immunization and weight checks every month, ages 6-11 months of getting vitamin A supplements, ages 1-5 years of additional immunizations and weight checks every month, ages 5- 6 years of weight checks every 1 month and get vitamin A 2 times a year, aged 6-7 years weigh in at a health facility.

School children aged 6-21 years who have not completed basic education (SD, SMP, SMA), are registered in school / equivalent education, at least 85% attendance in class. Persons with severe disabilities, namely health care as needed, health checks can be carried out by health workers through home visits. Poor elderly over 70 years, that is, health checks can be carried out by health workers or visiting elderly health centers (if available), and participating in social activities (day care and home care).

According to the Ministry of Social Affairs (2020), if participants do not fulfill their commitments, several provisions apply; the reduction of assistance is 10% every month before the distribution of the next period, participants do not receive assistance if all component members do not fulfill their obligations for 3 consecutive months, PKH participants whose components in 6 consecutive months do not fulfill their commitments, besides assistance is not given, he will be expelled. For assistants whose PKH participants do not meet the conditions, they will be given sanctions in the form of receiving verbal or written warnings (SP-1 to SP3), and postponement of payment of honoraria. Assistance for health and education components according to the Ministry of Social Affairs (2016) is carried out with the provision that PKH facilitators are obliged to hold monthly group meetings with PKH participants they assist, PKH assistants are obliged to ensure that the assistance of the health and education components reaches the target.

The general requirements as a PKH companion are not having a position as CPNS / PNS / TNI / POLRI; ready and willing to work full time and be placed in an area according to PKH needs; not domiciled as an administrator, member and or affiliated with a political party; has never been involved in a criminal or civil legal case; minimum age 19 (nineteen) years, maximum 45 (forty five) years in April 2016; free from drugs and other addictive substances; physically and mentally healthy; graduates from colleges or schools whose study programs are accredited for undergraduate, diploma and vocational education; not bound by a work contract with other parties; able to operate computers and use office automation; willing to sign an integrity pact if elected as PKH companion and operator in 2016; as well as following all the selection stages. Meanwhile, the specific requirements for PKH companion positions include: 1) diploma IV / bachelor degree in social work or social welfare; (a) attending training in the field of social work and administering social welfare, (b) having practical experience in social work/social welfare services. 2) Undergraduate and diploma education in applied social sciences is prioritized; participating in training in the field of social work and administering social welfare, having practical experience in social work / social welfare services. 3) Bachelor or diploma education in the social field is preferred; (a) attending training in the field of social work / social welfare, (b) having practical experience in social work / social welfare services. 4) Vocational High School (SMK) social welfare / social work / nursing, take precedence; (a) attending training in the field of social work and administering social welfare, (b) having practical experience in social work / social welfare services.

In the implementation of PKH, there are assistants who are important actors in the success of the PKH program. PKH Facilitators are human resources who are recruited and contracted by the Ministry of Social Affairs as implementing assistance at the sub-district level. The success of PKH is influenced by the implementation of empowerment for the poor (RTSM) and the role of facilitators. According to Khasanah (2018) social assistance is a process of social relations between companions and clients that aims to solve problems, strengthen support, utilize various sources and potentials in fulfilling life's needs, and increase client access to basic social services, employment opportunities, and public service facilities.

Based on the explanation above, the role of a companion is a task or activity carried out by someone who liaises the community with various related institutions and is necessary for development (Rahmawati, 2017). Facilitators are often associated with social workers and mentoring activities are social work. There are several laws that directly recognize and regulate the existence of social workers. Among them are Law Number 11 of 2009 concerning Social Welfare. In article 1 point 4, what is meant by a social worker is someone who works, both in government and private institutions who has the competence and profession of social work, and concern in social work obtained through education, training, and / or experience of social work practice to carry out social work tasks. service assignments and handling social problems. In Law number 23 of 2002 concerning Child Protection in Article 1 paragraph (14), what is meant by a companion is a social worker who has professional competence in his / her field.

Role is defined as a collection of relatively homogeneous behaviors that are normatively limited and expected from



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someone who occupies a social position that is achieved or given in the context of social life (Friedman, 2014). The companion of the family hope program has a role that is relatively regulated by existing regulations, whereas according to the Decree of the Minister of Social Affairs No.10 / HUK / 2007, the role of a PKH facilitator / social worker is someone who has professional competence in social work that is obtained through formal education or practical experience. in the field of social work or social welfare which is officially recognized by the government and carries out professional social work duties (Nulhaqim, et.all, 2019).

A social worker can be understood as someone who has competence and expertise obtained through education or training in providing various social services (Kunyanti, et. All, 2021). Facilitators are the key party that bridges beneficiaries with other parties involved at the sub-district level and with programs at the district / city level. The duties and responsibilities of PKH facilitators in general are to carry out mentoring tasks to PKH participating RTSM / KSM. also plays a role in empowering the poor who are the targets of the program.

According to Habibullah (2019) PKH Facilitators have positions as government partners and community partners so that they are required to bridge the various interests that come from the government and the interests of the community. The role of PKH facilitators based on the concept of the role of community workers is as a role and facilitative skills. Roles related to motivation, opportunities, and support for the community. Some of the tasks related to this role are to become a model, conduct negotiations and mediation, provide support, build mutual consensus, and organize and utilize resources (Alfi, 2019). On the other hand, there is also a role in educational skills. The companion plays an active role as an agent who provides positive and directive input based on the knowledge and experience of the community he accompanies.

Raising public awareness, conveying information, conducting confrontations, organizing training for the community are some of the tasks related to the role of educators. Another role is in the skills of community representation. This role is carried out in relation to the interaction between assistants and external agencies on behalf of and in the name of the interests of the assisted communities. Social workers can be tasked with finding sources, advocating, using the media, improving public relations, and building networks. As the final role, namely in technical skills. Referring to the practical application of skills, assistants are required not only to be able to become "change managers" who organize groups, but also to be able to perform technical tasks in accordance with various basic skills such as conducting research, using computers, verbal and written presentations, and the ability to control and manage finances.

Based on various reviews regarding the role of a facilitator in the PKH program, it is better if there must be control by the community whether the assistant's role has been carried out properly. So that the role of PKH facilitators can implement social empowerment for the common good. Empowerment is defined as an effort to increase the capacity of the community so that they can escape poverty (Syafrizal & Resdati, 2021).

this research is conducted for this purpose, and it can be explained that there are inhibiting and supporting factors as in the field from the existence of a companion role in the implementation of the PKH program.

2. Method

This research uses a qualitative approach. In accordance with the opinion of Moleong (2010) it is used for "the phenomenon of what is experienced by research subjects holistically and by means of descriptions in the form of words and language in a special natural context and by utilizing various natural methods". The use of qualitative methods is based on several considerations. First, adjusting the qualitative method is easier when dealing with multiple realities. Second, this method directly presents the nature of the relationship between the researcher and the respondent. Third, this method is more sensitive and is more adaptable to a lot of sharpening the joint influence on the value patterns faced. .

Data collection techniques used are through observation, interviews and documentation. Researchers use the observation method because in this qualitative research, the researcher must know directly the situation or reality in the field so that clear information can be obtained. In addition to observations, researchers use interviews. The interview technique in this study was to reveal as complete a data as possible from informants regarding the role of assistants in Sipungguk Village, Kampar Regency which is intended to assist in the empowerment process of PKH recipient poor communities. The data obtained from the interviews included PKH assistance to PKH recipient communities, as well as identifying and describing factors supporting and hindering PKH facilitators.

Therefore, in this study researchers used a structured interview technique. Where researchers have prepared instruments or guidelines and a list of questions addressed to subjects and informants. The reason researchers use structured interviewing techniques is because according to researchers, this technique can make it easier for researchers to dig up as much information as possible. As well as researchers using documentation. Researchers also obtained additional data from written sources in the form of archives and documents related to the implementation of PKH and assistance as well as books related to the research focus. The documentation technique in this study aims to find data related to the implementation of the companion's role in empowering the poor through the Family Hope Program in Sipungguk Village, Kampar Regency, including the list of PKH recipients, list of companions, PKH profiles, PKH organizational structure. Documents are used in research as data sources because in many cases documents as data sources are used to test, interpret, and even predict.

The data analysis technique used in this research is the collection of data obtained in the field in the form of notes in the field, pictures, documents and others which are reviewed, arranged, and then sorted. Data reduction is used to select the main things that are in accordance with the focus of the research. Data reduction is a form of analysis that sharpens, directs, removes unnecessary and organizes. Reduced data provides a sharper picture of the results of observations and makes it easier for researchers to look for them at any time. Data presentation is a collection of information that has been arranged which gives the possibility of drawing conclusions and taking action. Drawing conclusions is the final step in data analysis. Data reduction, data presentation, and drawing conclusions and verification of data as something that interacts with each other before, during and after collection data in an equal, integrated and synergistic form. The three flow of analysis activities in the data collection activity is an interactive cyclical process used in this study.



3. Result and Discussion

3.1 PKH Facilitator role in Family Development Session

PKH Facilitators have a position as government partners and community partners so that they are required to bridge the various interests that come from the government and the interests of the community. providing motivation, opportunities, and support for the community. Some of the tasks related to this role include being a model, conducting mediation and negotiation, providing support, building mutual consensus, and organizing and utilizing resources. In accordance with what Syafrizal & Resdati (2020) said, participation is a process of providing facilities that are provided by assistants to clients in identifying needs and solving problems and encouraging the growth of initiative in the decision-making process, so that sustainable client independence can be realized.

PKH assistants as animators, by providing stimulation, encouragement, and motivating families of PKH beneficiaries by fulfilling PKH obligations are usually only done if PKH beneficiaries do not fulfill PKH obligations (Gumabo, 2021). In addition, the facilitator also conducts mediation and negotiations with health and education service providers who do not carry out their function. The role of the facilitator as consensus, group facilitation, and organizing is going very well. Organizing is not only limited to forming PKH beneficiary groups for information channels. and communication alone, these groups are also prepared and empowered for activities such as Joint Business Groups (KUBE) and group businesses such as Electronic Stalls (E-Warung) so that beneficiaries are no longer dependent on PKH when the program ends.

Roles and skills in educating, assistants play an active role as agents who provide positive and directive input based on their knowledge and experience and exchange ideas with the knowledge and experience of the people they accompany, raise public awareness, convey information, organize training for the community are some of the tasks related to the role educator. This is in accordance with the goals of social work expressed by Habibullah (2011) that the goals of social work include increasing human ability to solve problems, face difficulties, and carry out life tasks effectively. To achieve this goal, social workers access barriers that limit the ability of clients to carry out life tasks.

Social workers also identify resources and strengths, improve skills to deal with life's problems, develop problem-solving plans, and support clients' efforts to create changes in their lives and situations. such as the Family Capacity Building Meeting (P2K2) PKH facilitators in Salo District conducted P2K2 which aims to increase the knowledge and awareness of PKH participants about the importance of education and health in improving the quality of family life in the future. This is where the assistant acts as an educator who delivers educational content regarding education and childcare, economy, health and protection of children, the elderly and disabilities (Fitrianingrum, 2014).

In the role and skills of community representation / representation, this role is carried out in relation to interactions between assistants and external institutions on behalf of and in the interests of the assisted communities (Nurchotimah, 2020). Social workers can be tasked with finding sources, advocating, using the media, improving public relations, and building networks, visiting service providers.

This activity is one of the very vital activities in the continuity and improvement of the quality of the program. The companion monitors the smoothness and feasibility of service activities, anticipates problems that exist in the program so that he can take actions that prevent the failure of the smooth running of the program rather than improve it.

In accordance with the objectives of social work according to Pincus & Minahan in (Dewantara, 2019), among them is "connecting people with a system that can provide the needed services and opportunities, and increase the ability to implement the system effectively and humanely". Facilitators carry out the role of community representatives by visiting health services such as health centers and posyandu, as well as educational services where PKH participant children attend school. This is the facilitator's duty as community representatives carried out for the smooth running of PKH participants.

The role and technical skills found that the facilitator assists PKH participants in managing finances at KUBE. The assistant manages the KUBE finances by making an Accountability Report (LPJ). Because the funds spent for KUBE are not small, the facilitators help PKH participants to make LPJ. Participants are asked to collect receipts after making a purchase. Then the assistant who compiles them becomes LPJ. In addition, the assistant also operates the electronic media properly, for example during P2K2, the assistant presents the material with good communication skills with PKH participants. In this case it is proven that the facilitator plays a role in technical skills. Based on the results of this study, in line with the understanding of roles and technical skills, PKH facilitators tend to play a prominent role. Although this role does not directly affect PKH beneficiaries, this role is an indicator of the success of assistance seen administratively. This role relates to skills for conducting research, using computers, and making verbal and written presentations, as well as the ability to control and manage finances.

3.2 Inhibiting factors and supporting factors in increasing Family development Session

The implementation of assistance in Sipungguk Village, Kampar District, encountered several obstacles. Inhibiting factors or constraints in this study are divided into internal and external factors. An internal factor that became an obstacle in mentoring was the difficulty of participants in collecting data files or updating forms. In addition, adapting to the new environment of the companion takes time. For the first time there was a feeling of nervousness, but in the end as time went on, nervousness was resolved, because there was participation in the community, this was due to the communication between the facilitator and PKH participants to both make the commitment always present in Family development session (FDS) meetings.

The external factor that becomes an obstacle is road access to difficult places, so it takes a long time for the companion to travel to the mentoring place (Bagou, 2016). As well as the location of the assistants located in narrow alleys and the lack of signs or alley names that make it difficult for assistants to find a place of assistance whose location has moved.

As for the supporting factor is the role of a companion in empowering the poor through the family program, the hope that its success is inseparable from the accompanying supporting factors. Supporting factors in the mentoring process include the enthusiastic level of participation by PKH beneficiaries. PKH recipients are always active in following every mentoring as well as aid recipients who are diligently present in mentoring. Assistance tools in the form of books containing material that are very helpful in delivering the Family Development Session (FDS). The availability of equipment such as complete office stationery, computers and printers in each district.



4. Conclusion

The role of PKH facilitators in Sipungguk Village, Kampar District, has performed their role well. These roles fall into four categories, namely the role and facilitative skills, roles and skills as educators, roles and skills of community representation / representatives, as well as roles and technical skills.

Internal factors that become obstacles in mentoring are the difficulty of participants collecting data files or updating forms, facilitators need time to adapt, and the difficulty of attending PKH participants to be on time. External factors that become obstacles are the distance traveled by the facilitator to the assisted location which is quite far, and road access is difficult to reach. Supporting factors include support from beneficiary communities and mothers who are diligent in attending, and assistance tools in the form of books containing materials that are very helpful in delivering the Family Development Session (FDS).

The role of a companion is good enough. At least the number of companions was added. The placement of the companion should be close to the domicile of the mentor so that the assistance is more effective and is not constrained by the distance of the mentoring place.

5. References

- [1] Alfi, I., & Saputro, D. R. (2019). Hambatan Komunikasi Pendamping Sosial. *al-Balagh: Jurnal Dakwah dan Komunikasi*, 3(2), 193-210.
- [2] Bagou, U. (2016). Peran Pendamping dalam Program Keluarga Harapan (Pkh) di Kecamatan Kwandang Kabupaten Gorontalo Utara. *Publik: Jurnal Manajemen Sumber Daya Manusia, Administrasi dan Pelayanan Publik*, 3(2), 129-135.
- [3] DEWANTARA, M. B. (2019). *PERAN PENDAMPING PROGRAM KELUARGA HARAPAN (PKH) DALAM PELAKSANAAN FAMILY DEVELOPMENT SESSION (FDS) DI DESA ZED KABUPATEN BANGKA* (Doctoral dissertation, FISIP UNPAS).
- [4] Dulkiah, M. (2018). Pengaruh Kemiskinan Terhadap Tingkat Tindak Kriminalitas Di Kota Bandung. *JISPO Jurnal Ilmu Sosial dan Ilmu Politik*, 8(1), 36-57.
- [5] Fitrianingrum, D., & Suyanto, T. (2014). PERAN PENDAMPING DAN KETUA KELOMPOK DALAM PEMANFAATAN DANA PENDIDIKAN PROGRAM KELUARGA HARAPAN (PKH) DI DESA TALOK KECAMATAN DLANGGU KABUPATEN MOJOKERTO. *Kajian Moral dan Kewarganegaraan*, 3(2), 753-768.
- [6] Friedman, et.al, Marlin M. . (2014). Buku Ajar Keperawatan Keluarga: Riset, Teori dan Praktik, Edisi kelima, Alih Bahasa: Achir Yani S. Hamid. et. al Jakarta.
- [7] Gumabo, A. (2021). Peran Pendamping Program Keluarga Harapan Dalam Verifikasi Dan Pemutakhiran Data (Studi di Kecamatan Siau Timur, Kabupaten Siau Tagulandang Biaro). *Jurnal Politico*, 10(4).
- [8] Habibullah, H. (2011). PERAN PENDAMPING PADA PROGRAM KELUARGA HARAPAN DI KABUPATEN KARAWANG. *Sosio Informa*, 16(2).
- [9] Habibullah, H. (2019). Inklusi Keuangan Dan Penurunan Kemiskinan: Studi Penyaluran Bantuan Sosial Non Tunai. *Sosio Informa*, 5(1).
- [10] Jamaludin, A. N. (2015). Sosiologi perkotaan: memahami masyarakat kota dan problematikanya.
- [11] Kementerian Sosial. 2020. Data Program Keluarga Harapan di Indonesia.
- [12] Khasanah, N. (2018). Pengaruh Sumber Daya Dan Disposisi Pelaksana Terhadap Keberhasilan Implementasi Kebijakan Program Keluarga Harapan (PKH) Di Kecamatan Bandongan Kabupaten Magelang. *JMAN jurnal mahasiswa Administrasi negara*, 2(2), 30-35.
- [13] Kholif, K. I. (2014). Implementasi Program Keluarga Harapan (PKH) dalam Menanggulangi Kemiskinan di Kecamatan Dawarblandong Kabupaten Mojokerto. *Jurnal Administrasi Publik*, 2(4), 709-714.
- [14] Kunyanti, S. A., & Mujiono, M. (2021). Community Empowerment-based Corporate Social Responsibility Program in Panglima Raja Village. *International Journal on Social Science, Economics and Art*, 10(1), 12-19.
- [15] Moleong, L. J. (2010). Metodologi Penelitian Kualitatif (XXVII). Bandung: Remaja Rosdakarya.
- [16] Nainggolan, T., & Susantyo, B. (2018). Upaya Percepatan Penanggulangan Kemiskinan Melalui Program Keluarga Harapan: Studi di Empat Daerah di Indonesia. *Sosio Konsepsia*, 7(1), 31-46.
- [17] Nulhaqim, S. A., & Sulastri, S. (2019). ANALISIS FAKTOR EKSTERNAL DAN FAKTOR INTERNAL ORGANISASI PELAYANAN SOSIAL RELAWAN MUDA RIAU. *JISPO Jurnal Ilmu Sosial dan Ilmu Politik*, 9(1), 155-170.
- [18] Nurhotimah, A. S. I., Maftuh, B., Malihah, E., & Harmawati, Y. (2020). PERAN PENDAMPING SOSIAL DALAM PENANGANAN KONFLIK KELUARGA PENERIMA MANFAAT PROGRAM KELUARGA HARAPAN. *Jurnal Sosiologi Pendidikan Humanis Vol*, 5(1).
- [19] Parwati, L., & Purworini, D. (2018). *Persepsi Masyarakat Terhadap Pelaksanaan Program Keluarga Harapan (Studi Deskriptif Kuantitatif Persepsi Masyarakat terhadap Pelaksanaan Program Harapan di Kecamatan Nogosari Kabupaten Boyolali)* (Doctoral dissertation, Universitas Muhammadiyah Surakarta).
- [20] Permana, A. C., Sasmito, C., & Gunawan, C. I. (2018). Implementasi Pemberdayaan Masyarakat dalam Program Keluarga Harapan untuk Memutus Rantai Kemiskinan di Kota Malang. *Madani Jurnal Politik dan Sosial Kemasyarakatan*, 10(2), 64-74.
- [21] Purwanto, S. A., Sumartono, S., & Makmur, M. (2013). Implementasi Kebijakan Program Keluarga Harapan (PKH) Dalam Memutus Rantai Kemiskinan (Kajian di Kecamatan Mojosari Kabupaten Mojokerto). *Wacana Journal of Social and Humanity Studies*, 16(2), 79-96.
- [22] Rahmawati, E., & Kisworo, B. (2017). Peran Pendamping dalam Pemberdayaan Masyarakat Miskin melalui Program Keluarga Harapan. *Journal of Nonformal Education and Community Empowerment*, 1(2), 161-169.
- [23] Syafrizal, S., & Resdati, R. (2020). Partisipasi Masyarakat dalam Restorasi Gambut di Desa Rimbo Panjang. *Journal of Education, Humaniora and Social Sciences (JEHSS)*, 3(2), 712-720.
- [24] Syafrizal, S., & Resdati, R. (2021, February). RESTORASI GAMBUT BERBASIS PEMBEDAYAAN MASYARAKAT. In *PROSIDING SEMINAR NASIONAL LPPM UMP* (pp. 596-601).



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- [25] Widyakusuma, N. (2013). Peran Pendamping Dalam Program Pendampingan Dan Perawatan Sosial Lanjut Usia Di Lingkungan Keluarga (Home Care): Studi Tentang Pendamping Di Yayasan Pitrah Sejahtera, Kelurahan Cilincing, Kecamatan Cilincing Jakarta Utara. *Sosio Informa*, 18(3).
- [26] Wirutomo, P. (2014). Mencari Makna Pembangunan Sosial: Studi Kasus Sektor Informal di Kota Solo. *MASYARAKAT: Jurnal Sosiologi*, 101-120.