

## THE FAMILY HOPE PROGRAM AS A POVERTY ALLEVIATION STRATEGY: A REVIEW OF EDUCATION, HEALTH, AND SOCIAL WELFARE IN POLEWALI VILLAGE

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### Abstrak

#### Keywords:

*Family Hope Program, social welfare, education, health, poor families*

*This study aims to assess the effectiveness of the Family Hope Program (FHP) in improving the welfare of poor communities in Polewali Village, Sinjai Selatan District, Sinjai Regency, focusing on its impact on education, health, and social welfare. FHP provides conditional cash transfers to very poor families to enhance their access to basic services such as education, health, and social welfare. This research uses a qualitative approach with a descriptive method, involving observation, interviews, and documentation. The findings indicate that FHP has successfully increased the participation of children from poor families in compulsory 12-year basic education, reduced dropout rates, and improved human resource quality. In health, the program provides access to healthcare services through the Indonesia Health Card (KIS), which encourages regular check-ups for pregnant women, postpartum mothers, and children under six years old, improving their health status. Although changes in social welfare have not been significantly visible on a macro scale, FHP plays a role in breaking the intergenerational poverty cycle and improving access to basic services for poor families. Overall, FHP not only provides financial support but also fosters positive behavioral changes among beneficiaries, strengthens the social and economic foundations of communities, and improves the quality of life for poor families.*

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### INTRODUCTION

Indonesia, as the fourth most populous country in the world, faces various complex social issues. One of the main problems is poverty, which hinders communities from meeting their basic needs, including access to education, health, and social



welfare. Poverty is often simply understood as a lack of money, low income, and the inability to meet daily basic needs. According to Mubyarto (2010), poverty is defined as a situation where individuals or groups collectively experience material deprivation compared to the standard of living prevalent in society. The primary cause of poverty is not only related to the economic framework but also to the interaction of various factors in human life.

This poverty issue is not only a challenge for Indonesia but also a global problem. According to the World Bank (2020), about 9.2% of the world's population lives below the extreme poverty line, with limited access to education, healthcare, and other social services. Therefore, addressing poverty is crucial both locally and globally, which has driven the creation of various poverty reduction programs. One such initiative is the Family Hope Program (FHP), a significant social assistance program designed to improve the socio-economic conditions of economically disadvantaged families through conditional cash transfers. This program is designed to encourage beneficiary families to actively improve their quality of life by increasing their access to education, health, and social protection.

FHP not only provides financial support but also facilitates positive behavioral changes so that families can sustainably escape poverty. With a focus on the family as the main unit, this program is expected to strengthen the social and economic foundation of communities more broadly. The government needs to implement two main strategies to address the growing poverty: first, to protect poor families by ensuring their basic needs are met; second, to empower them by providing skills and business opportunities to prevent new poverty (Daud & Marini, 2018).

The implementation of FHP is carried out as part of several important laws and regulations, including Law No. 11 of 2009 and Presidential Regulation No. 15 of 2010 on accelerating poverty alleviation. FHP has become a national priority program and a flagship program of the Indonesian government in its efforts to alleviate poverty (Mahmudah et al., 2025). The program is also designed to contribute to the accelerated achievement of the Millennium Development Goals (MDGs), particularly in reducing extreme poverty, improving basic education, promoting gender equality, and reducing infant, child, and maternal mortality (Damayanti & Stiawati, 2025)

FHP consists of three main components: (1) education for school-age children, (2) health for pregnant women and toddlers, and (3) social welfare for the elderly and people with severe disabilities (Kementerian Sosial RI, 2025). In return, beneficiary families (KPM) must meet the applicable requirements aimed at improving human resource quality through education, health, and social welfare. This program has been implemented in various regions, including Polewali Village in Sinjai Selatan District, Sinjai Regency, South Sulawesi, which is the focus of this study. According to the data, the number of extremely poor households in Sinjai Selatan District reached 1,525 RTSM, which has participated in FHP since 2014.

The primary goal of this study is to assess the effectiveness of the Family Hope Program in improving the welfare of economically disadvantaged communities in Polewali Village, with a focus on its impact on access to education, health services, and social welfare. The main focus of this study includes measuring FHP's effectiveness, covering important aspects such as goal consistency, target alignment, budget utilization effectiveness, and its impact on alleviating the living burdens of beneficiaries and increasing their work productivity. According to Husaini (2010), there are three

approaches to measuring effectiveness that need to be considered: (1) the resource approach, (2) the process approach, and (3) the goal approach, all of which focus on measuring the extent to which the program has achieved its targeted objectives.

Effectiveness means that a program can be considered effective if the results achieved are in line with the set goals in terms of time, cost, and quality (Ravianto, 2014). In addition, the concept of social welfare, according to Fahrudin (2012), is an essential foundation for understanding the contribution of the Family Hope Program (FHP) to improving the welfare of communities, encompassing material, spiritual, and social needs.

This study examines the direct impact of the Family Hope Program on the welfare of the poor in Polewali Village, which has been limited in the existing literature. This research fills the gap in studies on the effectiveness of cash-based social programs in rural areas and provides insights into the challenges of implementing FHP in different local contexts. Given the need for in-depth research on the effectiveness of social programs, this study is expected to contribute significantly to improving and strengthening similar programs in the future, as well as providing policy recommendations to stakeholders to enhance the quality of life for poor communities.

## RESEARCH METHODS

This study uses a qualitative approach with a descriptive method to analyze the impact of the Family Hope Program (FHP) in improving the welfare of poor communities in Polewali Village, Sinjai Selatan District, Sinjai Regency. A qualitative approach was chosen because it provides the researcher an opportunity to gain an in-depth understanding of the situation on the ground and to explore the various factors affecting the program's implementation.

The focus of this research is to evaluate how well FHP has achieved its goals in three main components: education, health, and social welfare. The effectiveness of FHP is measured based on how well the program meets its targets in terms of quantity, quality, and time. This study will assess the impact of FHP in improving access to education for children from low-income families, improving their health conditions, and enhancing social welfare, particularly for the elderly and people with disabilities.

This research is located in Polewali Village, Sinjai Selatan District, Sinjai Regency, chosen because it has the highest number of very poor households (RTSM) receiving FHP compared to other districts in Sinjai Regency, with the expectation that it will provide rich and relevant data to support the research and help address the problems on the ground.

The data collection process was conducted using observation, interviews, and document collection methods. Observations were made to directly observe the field conditions, while interviews were conducted to gain more in-depth information from FHP beneficiaries and program facilitators. Documentation was used to complement the information obtained from observations and interviews. The data sources in this study were intentionally selected based on specific criteria, including pregnant women, children from FHP beneficiary families (SD, SMP, SMA), and elderly families and people with disabilities. The main data sources in this study consisted of one FHP facilitator and four members of the FHP beneficiary community.

The researcher acts as the primary instrument in data collection, analysis, and reporting of the research results. The researcher's presence in the field is crucial to

ensure that the data collected aligns with the focus of the research and to explore various aspects that influence the effectiveness of FHP in the area. To ensure data validity, this study applies triangulation techniques, including source triangulation and technique triangulation, which aim to strengthen the validity of the information obtained.

Data analysis is conducted qualitatively using Miles and Huberman's interactive model (Sugiyono, 2023), which includes data reduction, data presentation, and drawing conclusions and verification. This process allows the researcher to organize relevant findings and provide a clear picture of the effectiveness of the Family Hope Program in improving the welfare of low-income communities in Polewali Village.

## RESULT AND DISCUSSION

This study focuses on three main aspects that are the objectives of the program: education, health, and social welfare. Each aspect plays an important role in improving the quality of life for poor communities. Below, the impact of the program on education, one of the key components in the effort to empower communities, will be explained in detail.

### Education Component

One of the components fulfilled by the Family Hope Program (FHP) is the education component, which is measured by student attendance in educational institutions for at least 80% of school days each month throughout the academic year. Each child receives educational assistance based on the level of education they pursue, which includes IDR 225,000 for elementary school, IDR 375,000 for junior high school, and IDR 500,000 for senior high school (Bakulu et al., 2021). A total of 173 families in Polewali Village used the educational assistance from FHP to buy school supplies and all the necessary items to support their children's education. The research findings indicate that the aid provided to FHP beneficiary families was effectively used for the children's education needs. This assistance greatly helped meet educational expenses, with encouragement from facilitators and parents, leading children, who were initially disinterested in education, to become more diligent and achieve better academic results.

The Family Hope Program (FHP) has played a crucial role in improving the educational standards of children from poor families in Polewali Village. This program has successfully increased participation in compulsory 12-year basic education and contributed to the reduction of child labor among very poor families, particularly in children aged 6-12 years (Nurfariadah & Maqin, 2021). The financial assistance provided through FHP has helped families meet the educational needs of their children, which were previously difficult to afford due to limited economic conditions.

The Human Capital theory, as proposed by Schultz (1961) and Becker (1964), states that education is an investment that enhances human resource quality and individual productivity. Programs like FHP, which improve access to education for children from poor families, can enhance their long-term quality of life, which, in turn, contributes to improving the welfare of families and society as a whole.

The primary reason why children from poor families do not continue their education is a lack of funds to continue schooling and a low enthusiasm for learning. Observations in Polewali Village showed that most children who were forced to drop

out of school came from poor families, with a higher likelihood of school dropout compared to children from more economically stable families. Through FHP, parental awareness of providing educational support for their children has increased, thus this program supports the improvement of human resources through education (Vianti et al., 2023).

However, the implementation of FHP in Polewali Village has successfully improved both access to and the quality of education for FHP participants as a whole. The education received by children in the FHP program is equivalent to that provided to children from wealthier families. This improvement in access to education is directly related to family welfare, as families with easier access to education have smoother educational processes, which in turn positively impacts their overall welfare.

### **Health Component**

Low income makes it difficult for poor families to meet even the most basic health needs. If pregnant women do not receive adequate healthcare, it will negatively affect the health and nutrition of the unborn child, as well as the health of the baby once born. According to the research conducted in Polewali Village, FHP beneficiaries receive access to health services through the Indonesia Health Card (KIS), which provides them with the opportunity to access proper medical care. This program aims to equalize healthcare access for the entire community, especially poor families, so they can obtain the healthcare services they need.

As stated by the Ministry of Social Affairs (2013), the Family Hope Program (FHP) in the health component requires participants to undergo regular health check-ups, particularly for pregnant women, postpartum mothers, and children under six years old. Through this program, poor communities in Polewali Village have a greater opportunity to utilize healthcare facilities, which directly contributes to achieving national health program targets. This program also helps reduce the social inequality that has existed, as well as empowering poor communities to more easily access healthcare, nutrition, and adequate food.

FHP is expected to provide the community with access to essential social services, including healthcare, food, and nutrition, as well as address social inequality, vulnerability, and social exclusion that have long been associated with poor communities. FHP helps fulfill the healthcare needs of poor families and improves health quality, including the enhancement of child nutrition and access to free health check-ups (Nurfariadah & Maqin, 2021).

The Social Determinants of Health theory (Marmot, 2005) states that social and economic conditions affect individual health. FHP, by providing health access to poor families, directly contributes to improving their health status, thus reducing social inequality in healthcare services. By providing better access to healthcare, FHP supports the achievement of more equitable public health outcomes.

### **Social Welfare Component**

The research findings related to social welfare show that, although changes in the socio-economic conditions of the community were not significant, the FHP program has contributed to improving their social welfare. One of the main objectives of FHP is to reduce poverty, break the intergenerational poverty cycle, and improve human resource quality. According to Fahrudin (2012), social welfare aims to reduce or

eliminate social and economic pressures that can add to the burdens of poor communities. FHP helps create conditions that enable welfare improvement through poverty reduction, access to basic services, and improved quality of life for poor families. Although the changes were not highly significant, the program has had a positive impact, as evidenced by the improving socio-economic conditions of the community. This aligns with the Capability Approach theory by Sen (1999), which emphasizes the importance of expanding individuals' capabilities to lead lives they value. The FHP program provides poor families with access to better education, healthcare, and social welfare, strengthening their ability to overcome poverty and improve their overall quality of life.

Although changes in social welfare have not been significantly visible on a macro scale, the FHP program plays a vital role in improving the social welfare of poor communities. Conditional cash transfer programs like FHP have proven effective in reducing poverty and improving access to basic services such as education and healthcare for poor families. According to Fiszbein and Schady (2009), these programs not only provide financial support but also strengthen families' capacity to improve their quality of life through better access to social services and basic facilities. This contributes to reducing social inequality, particularly in improving poor groups' access to adequate healthcare services.

Furthermore, the success of FHP in breaking the intergenerational poverty cycle can be seen in providing better access to education for children from poor families. As Ravallion (2009) states, conditional cash transfer programs like FHP can reduce long-term poverty levels and improve human resources by creating conditions that support positive behavioral changes, particularly regarding access to education and health. In this context, FHP offers poor families the opportunity to achieve a better life, ultimately enhancing their social welfare (Maulana et al., 2025)..

The success of poverty reduction programs, such as FHP, highly depends on sustained access to basic services that can improve the quality of life of the community (Devereux & Weeler, 2004). Although FHP has had a positive impact, it must continue to be supported through strengthened policies, such as improved education and skills training, to ensure the sustainability of social welfare (Sasmito & Nawangsari, 2019). This program not only addresses poverty in the short term but also provides a stronger foundation for poor families to achieve more stable social welfare in the future.

## CONCLUSION

This study reveals that the Family Hope Program (FHP) has made a significant contribution to improving the welfare of poor communities through three main components: education, health, and social welfare. FHP has successfully increased the involvement of children from poor families in accessing compulsory 12-year basic education by providing targeted financial assistance, which has reduced dropout rates and improved human resource quality. In the field of health, FHP provides poor communities with access to healthcare services through the Indonesia Health Card (KIS), as well as encourages regular check-ups for pregnant women, postpartum mothers, and children under the age of six, which has contributed to improving their health status and reducing social inequality in healthcare access.

Although changes in social welfare have not been significantly visible on a

macro scale, FHP plays a vital role in breaking the intergenerational poverty cycle and improving poor families' access to basic services. This program also strengthens families' capacity to achieve a better life. Overall, FHP not only provides financial assistance but also encourages positive behavioral changes among beneficiaries, effectively strengthening the social and economic foundations of communities and improving the quality of life for poor families in Polewali Village.

## SUGGESTIONS

Based on the results of this study, several suggestions are proposed to enhance the effectiveness of the Family Hope Program (PKH) in achieving its objectives. First, improved socialization and outreach efforts are essential, as, despite the positive impact of PKH, there are still beneficiaries who have not fully utilized the assistance according to the program's guidelines. Therefore, more intensive socialization and outreach activities need to be conducted, particularly concerning proper fund management and understanding of the program's benefits. PKH facilitators in each region should be more proactive in providing guidance on how to best utilize the assistance for education, health, and social welfare.

Additionally, more frequent monitoring and evaluation of the program's implementation are necessary to ensure that the assistance provided is used for the intended purposes. Periodic evaluations are also crucial for identifying challenges or obstacles faced by the beneficiaries and for laying the foundation for future program improvements. Expanding healthcare service coverage is also needed, especially in remote areas. While PKH has provided health access through the Indonesia Health Card (KIS), enhancing facilities and medical personnel in Puskesmas or Posyandu will ensure that every PKH participant receives adequate healthcare.

Strengthening collaboration among stakeholders, such as local governments, educational institutions, health agencies, and other community organizations, is also necessary to ensure the sustainability of the PKH program. This collaboration can include the provision of better educational and healthcare facilities, as well as more intensive assistance for beneficiary families. In addition to formal education, PKH beneficiaries should also be provided access to skills training that can enhance their ability to achieve economic independence. This skills training can serve as an alternative that strengthens the economic resilience of families in the future..

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