

An Analysis of Poverty Reduction Program Based on the Conditional Cash Transfer (CCT) (A Case of the Family Hope Program Implementation)

Ahmad Hanif

Public Administration Master Program, Faculty of Social and Political Sciences
Universitas Gadjah Mada
chaniify@yahoo.com

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Abstract

The study of this research was an analysis of the public policy implementation concerning on the implementation of the Family Hope Program (PKH) in Pandak, Bantul regency in 2014. The purposes of this study were to investigate: (1) the implementation of the Family Hope Program (PKH), (2) the performance of the Family Hope Program (PKH) and (3) factors that influence the performance of the Family Hope Program (PKH). To investigate the implementation of the Family Hope Program in Pandak, the researcher tried to analyze the processes during its implementation. While to measure the performance of the Family Hope Program in Pandak, the researcher applied policy output indicators approach from Randall B. Ripley. It consists of indicators of access, scope, accountability, be as, promptness of service and suitability of the program needs. The research used a qualitative method by using primary data and secondary data. To collect the data, the researcher used observation, interview and documentary. To analyze the data, the researcher applied inductive data analysis. PKH implementation consists of some the steps, those are: (1) determining the targets, (2) validating and preparing of the initial meeting, (3) the distributing of aid and clustering the participants of PKH, (4) commitments verification, and (5) updating the data. From the various stages taken, there is a problem related to the weaknesses of the validation process, that it is only administratively. The weak validation process leads the determination of the target program became less accurate. Based on the measurement of the policy output indicators showed that the output performance of the Family Hope Program (PKH) in Pandak is low, it can be seen from: 1) aspect of bias, as there are still economically, some established families belonging to the members of PKH; 2) aspects of delivery service (promptness of service) as the lateness of the financial aid disbursement, and 3) aspects of the sustainability of the program with the needs of the target group, the aid criteria or the amount of aid considered to be unfair for each RTSM.

The research results also showed five dominant factors toward the performance of the program, namely: 1) the lack of communication with the local village government; 2) the lack of data transparency of the PKH receiver targets; 3) the limitation of the available sources; and 4) the absence of mechanisms and rules controlling the fund spent by RTSM; and 5) the decreased compliance of RTSM in fulfilling the obligations under the rules of the program. According to these factors, there were some recommendations to increase the policy / program to be better, those are: (1) Improving the communication and involving the local village government, (2) Increasing the data transparency of the PKH receiver targets; (3) there should be an audit of the available sources; (4) Social Ministry should issue a new rule and control it to the spending of PKH financial aid by RTSM, and (5) optimizing the functions and the coordination between the supervisors and the local village government to increase the awareness of the poor society in fulfilling the specified obligations in the program.

Keywords: implementation of the program, the performance of the program, the family hope program

INTRODUCTION

Poverty is a global social problem. Both developing and developed country can not be separated from the problem. Indonesia as a developing country is also facing the poverty problem. Policies and poverty alleviation programs has been actually done by the government repeatedly. However, it can be said that the poverty alleviation program that have been executed was not effective in solving the poverty problem.

Indonesian government still continues to improve some policies and programs to alleviate the poverty problems. One of them is the issuance of the Indonesian Government Regulation No. 15 Year 2010 on accelerating poverty alleviation. Based on the regulation, the government formed a national team to accelerate the alleviation of poverty (TNP2K). The government has currently an integrated poverty alleviation programs, those are the poverty reduction programs based on a social assistance, the poverty reduction programs based on a community empowerment and the poverty reduction programs based on the empowerment of small businesses (<http://www.tnp2k.go.id/id/mengenai-tnp2k/tentang-tnp2k/> downloaded on 27/05/2015).

The poverty alleviation programs based on the social assistance is a new term in Indonesia. It is a program providing conditional grants or better known as the *Conditional Cash Transfer* (CCT). The main characteristics of the CCT program is requiring an attitude which should be done by the program receivers. Family Hope Program (PKH) is *Conditional Cash Transfer* (CCT), which is entered into cluster 1, where the social assistance and the protection programs are aimed in fulfilling the basic human rights

such as education and health. In Indonesia the Family Hope Program was first implemented in 2007 piloting in seven provinces (West Sumatra, Jakarta, West Java, East Java, East Nusa Tenggara, North Sulawesi and Gorontalo). As in DIY, including Bantul, PKH was started in 2008.

Although in Bantul and Yogyakarta district PKH has been started in 2008, but up to 2013, the poverty rate in Yogyakarta precisely reached 15.03 percent. This amount is still larger than the average of the national poverty rate, that is 11.47 percent. Besides, PKH which has been running in Bantul District since 2008 found several problems that there are some people of both PKH receivers and non-receivers who do not understand what PKH is. Moreover, there are some PKH receivers in educational case who violates the presence commitment at least 85% in school effective day (<http://bbppksjogja.depsos.go.id/>). Pandak belongs to poverty area in Bantul District. Besides, Pandak sub-district has the highest number of PKH participants compared to other sub-district. That is why the associated problems of the target accuracy, the coordination of the implementation, and the appropriateness of the policy objectives are becoming more complex and interested to be researched.

According to Carl Frederick in Wahab (1997: 3) policy is an action that leads to the goal proposed by a group or government in the particular environment connected with certain obstacles while seeking some opportunities to achieve the desired goals or objectives. Whereas, seen as a process, public policy consists of three (3) main dimensions, namely (1) formulation, (2) implementation, and (3) evaluation. The initial stage of the public policy is composed based on the existing formulation of the problem, as de-

scribed by Dunn (2003: 21) that formulation of the problem is defined as an effort to generate information about the conditions that causes policy problems. The stages in forming the appropriate policies can be explained suited with Dunn theory (2003: 24-25). Generally the stages are as follows: 1) Composing the agenda; 2) Policies Formation; 3) Policies Adoption; 4) Policies Implementation and, 5) Policies Evaluation.

From the discussion above, related to the definition of policies expressed by the experts, the author concluded that the public policy is a series of actions and decisions made by the government that has purposes to solve the public problems. Therefore, in this study, PKH is the main subject of the government policies or programs, which the product of the policies formulation was established by the Social Ministry that finally becomes Family Hope Program (PKH).

The implementation is one step of the public policy processes after the policy formulation stage. Nugroho (2014) states that the policy implementation is principally a way to achieve a policy goal. The implementation that is associated with the policy is not only formulated and then stated in the form of legislation but also is implemented in order to reach the desired effects or purposes.

Purwanto and Sulistyastuti (2012: 106-110) state that the main indicator in measuring the performance of the implementation can be divided into two. They are the output indicator policy (*policy output*) and the outcome indicators policy (*policy outcomes*). It will be presented as follows :

a. *Policy indicator output* is used to determine the direct consequences that can be felt by the

target group. It covers the presence of grant activity distribution, subsidies, and the like. They were all carried out in the implementation of a policy. There are various indicators that can be used to assess the quality of *the policy output* which is adopted as the thought of Randall B. Ripley (1985), which can be explained as follows: - 1) *Access*: to know that the program or service provided is easy to reach and those who responsible in implementing the policies or programs are easy contacted by the target group; 2) *Coverage*: to assess the extent of the target groups can be reached by public policy; 3) *Frequency*: it is used to measure how often the target group can obtain the services of a policy or a program; 4) *Bias*: to assess whether the services provided by the holder or the government deviant from the non-target group or the non-eligible target group to get the services provided through a policy or program; 5) *Service delivery (service accuracy)*: to assess whether the services provided in the implementation of a program is done on time or not.; 6) *Accountability*: to assess whether the holder or the government action in carrying out their duty to deliver the output to the target group policy can be justified; 7) *Compliance program needs*: used to measure whether the policy or program output received by the target group is consistent with their needs or not.

b. *Indicators policy outcomes*: The second indicator is the *policy outcomes*. It is applied to assess the results of the policy implementation. In the literature, *the outcome* indicator is also referred as an indicator of the impact of

Output indicators	Further Analysis
- Access	- RTSM participants can obtain services easily - RTSM participants meet service providers easlily - Reducing the compliance of the RTSM
- Scope	- The magnitude of the reach of the target group
- Accountability	- Accountability of the officer - Whether the RTSM rights reduced or not
- Refraction	- Appropriateness of granting program to the target group
- Service delivery	- Timeliness of assistance
- Conformity program with needs	- Fitness for purpose pogram needs RTSM

Table. 1. The formulation of the *policy output* indicator in assessing the performance of the implementation of CCT Pandak

the policy (*policy impact*). In fact, formulating the impact indicator is not that easy to do. It is caused by two things: 1) the extent of the policy coverage; 2) The unspecific policy objectives. Since both of these policies were so abstract and broad that they are not easy to specifically mention how broad the scope of the actual policies (education, health, agriculture, etc.) is.

In this context, to get the valid measurement of the performance of the policy implementation, it will only focuses on the formulation of some selected indicators of the selected *policy output* to be analyzed. It is because of the policy Family Hope Program in Pandak get a saturation or an addition of participants from 2014 until now. Today, they are still in the implementation process. Therefore it is still too early to evaluate the impacts of the policy. This is in line with the opinion of Indiahono (2009: 143) that the *policy outcomes* are usually measured after the output release or within a long time of post-implementation. *Policy* formulation of the *output* indicator in this study can be seen in

Table. 1.

There are several theories explaining the factors influencing the implementation of programs / policies (Table 2). Starting from several factors affected the implementation of a policy or a program that has been described by experts above. In this study, researchers plot some suspected factors affecting the implementation of the Family Hope Program in Pandak, namely: 1) Communication 2) Resources; 3) Commitment; and 4) Support of Target group.

This study examines the stages of the implementation process of the Family Hope Program in Pandak. It is expected that the suitability of the Family Hope Program implementation in Pandak under the regulations / guidelines of the implementation of the general program can be explained clearly. Furthermore, to measure how a policy/a program works and reaches the expectations, this study used *policy output* indicators based on the approach proposed by Randal B. Ripley (1985), which are: **(1) Access:** how RTSM can access or reach PKH; **(2) Scope:** how

Name	Factors
Edward III	Communication Resource Disposition Bureaucratic structure
Merilee S Grindle	Contents policy Implementation environment
Daniel A Mazmanian and Sabatier	Characteristics of the problem Characteristics policies Environment variables
Donald S Van Meter and Carl E. Van Horn	Standard and policy targets Resource Communication between the organization and the strengthening of activity Characteristics of the implementing agency Social conditions of political and economic Disposition implementor
G Shabbir Cheema and Dennis A Rondinelli	Environmental conditions Relations between organizations Resource organization for policy implementation Characteristics and capabilities of the implementing agencies
Donald P Warwick	Political Leadership Commitment Organizational capabilities Commitments The Executor Support group interests

Table 2. Factors that affect the process of the policy implementation

good RTSM's opportunity in reaching out the overall programs in Pandak; (3) **Accountability**: the officers' responsibility and the suitability of the targets' rights (4) **Bias / Distortion**: whether there are beneficiaries from not-very-poor households or not; (5) **The accuracy of the service (service delivery)**: the time efficiency of the PKH aid delivery to RTSM; and (6) **Suitability of the program requirements**; how far PKH can meet the RSTM needs in accessing educational and medical services (Figure 1).

The possible factors that influence the implementation performances are: (1) **communication**, public policies information need to be com-

municated to the stakeholders, the target group of the policy, and any other related parts. The communication can be so either directly or indirectly that the policy objectives can be achieved effectively and efficiently. In this study, the communication seen from some aspects which are among PKH executors, the executor with PKH participants, and the communication between the PKH executors with the local village government; (2) **resource**, it is an *input* of the PKH taken from the aspect of human resources of UPPKH Bantul, the supervisors, and the existing infrastructures which are used in the implementation of the PKH; (3) **Commitment**, it is the seriousness and sincerity from all program executors in succeeding the program. In this

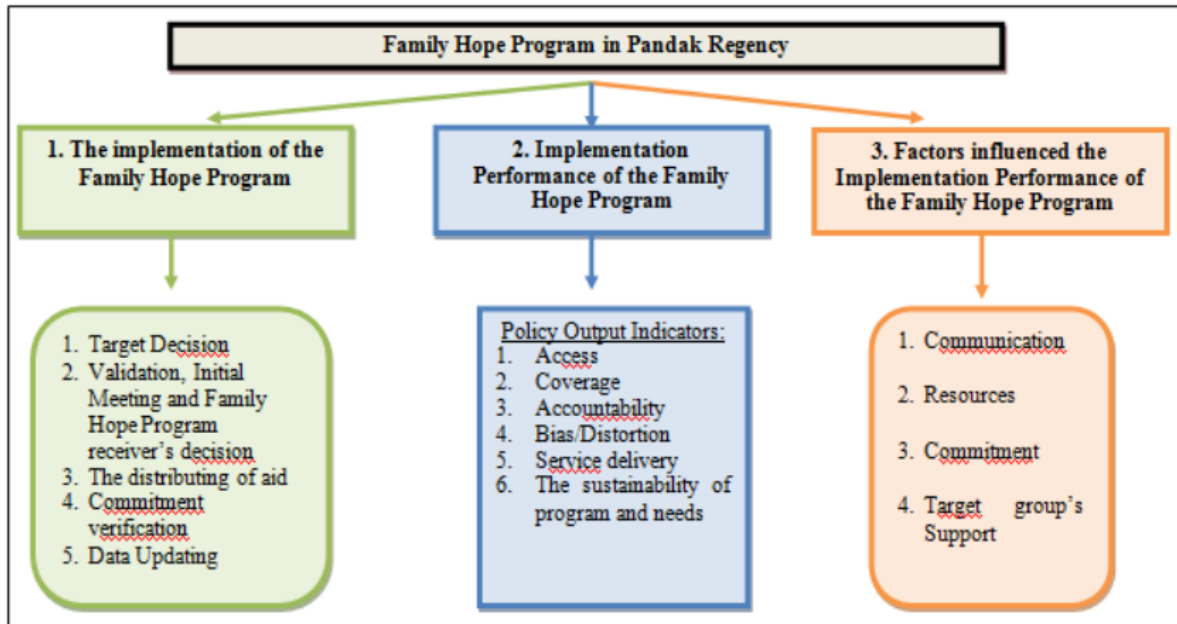


Image 1. Theoretical Framework

Figure 1. Policy output indicators proposed by Randal B. Ripley

study, the commitment means the seriousness of the local government and the executors of the program in succeeding of the program; (4) **Support Target group**, in the context of this study, it focuses on the understanding of the CCT target group and their compliance toward the program rules.

RESEARCH METHODS

This study is a qualitative descriptive study and it involves case study approach. The subjects of this study are individuals, groups, institutions and communities. A case study approach is used because the characteristics of this research are specific, special, and local scale that are associated with the implementation of the CCT in Pandak, Bantul.

This study took place in Pandak, Bantul. The reasons why this research took place in Pandak are: first, this district is a point pockets of poverty that exists in Bantul and Yogyakarta. Second, this district is an area that has the biggest target of the Family Hope Program, both

in Bantul and in DIY. Second, the presence of the saturation / additions of the participants which started to be implemented in 2014. Third, in the implementation of PKH, it is still found a variety of problems, e.g : the validation process was not so appropriate with the rules that the validation results are not accurate, the verification process on the participants' commitment on health and education was not optimal, in education it is still found that the participants' children violate the commitment of a minimum of 85% attendance of school effective days.

To determine the extent of the PKH implementation and utilization by UPPKH, supervisors, local village government, and RTSM targets, the data are collected in the form of explanation and experiences from UPPKH, supervisors, and village officials. The RTSM knowledge about the stages of the implementation of the Family Hope Program is also identified especially with the extend of saturation which were implemented in 2014 in Pandak. To explore the wide range of the relevant information, descrip-

tive qualitative research techniques are applied in collecting the information on the Family Hope Program implementation, determining the performance of the program implementation, and finding the factors influencing the implementation of the Family Hope Program.

According to Lofland and Lofland cited in Moleong (2007: 157), the primary data sources in qualitative research are the words, actions, and the rest are additional data such as documents and others. Moreover, the source of the data used can be described as follows:

1. **The informant** is a person who is supposed to really know the phenomenon that became the object of research. They can help the author in exploring the information and the data required in a qualitative approach. Informants can be selected intentionally (*purposive*) as a sample. It is determined by the author in accordance with the purpose of the research (Moleong, 2004: 157).
2. **Document**, a written materials or objects related to a specific event or activity (Moleong, 2007: 159). In this research, documents that are used by the author are guidelines books of PKH, the report documents of the implementation of the CCT and other official documents.

The main techniques used for the data collection in this study are as follows: 1) In-depth interviews (*in-depth interviews*) were conducted to find out the topic deeply; 2) Observation, it is aimed in revealing information that cannot be accommodated through the interviews; 3) Documentation, it is the collection of documents used in addition to a basic constituent of interview materials and tools to sup-

port interview toward the goal of the target groups; 4) Library, it is administered to get various kinds of books (*reference*) to select concepts, theories and notions needed as a basic theory in this study.

Analysis of the data used in this research is the analysis of data developed by Miles and Hubberman (1992: 16-20). It uses an interactive model analysis with the stages of the data reduction, the data presentation and the conclusions drawing (*verification*) which are explained as below:

1. Data reduction is the sort phase of relevant primary and secondary data to the object studied in the research. At this stage, the researchers first transcribe the interviews and the observation. They then adapt into a variety of the secondary data from the documents obtained. The election results were then categorized to determine the aspect that was assessed against the specified domain, namely the process of implementation of the Family Hope Program in Pandak.
2. Presentation of Data, it is claimed as a structured collection of information that gives the possibility of drawing conclusions and taking actions related to the implementation of the program. Presentation of the data in this research is conducted by using tables, pictures and a series of sentences arranged so coherently that the writer can draw the conclusions accurately.
3. Drawing conclusions (*Verification*), it is a rethinking stage of the activities that came to the writer's mind during taking notes or reviewing. It is completely the final process of the data analysis process through interpretation tendencies according to the results of da-

NO	VILLAGE	Total RTSM
1	Caturharjo	389
2	Gilangharjo	603
3	Triharjo	628
4	Wijirejo	267
DISTRICTS		1887

Table 3. Composition RTSM PKH participants in Pandak 2014

Source: UPPKH Bantul 2014

ta reduction based on the theoretical framework. The conclusion is drawn by providing a description of the possible implications on the findings of the aspects presented.

To get data validation, this study applied the data triangulation technique. Triangulation can be defined as a data collection technique combining various data collection techniques and data sources that already exist (Sugiyono, 2009: 83). The phases that should be passed in the triangulation technique are: 1) Conducting depth interviews with informants; 2) Doing the crossing test between information obtained from informants with the results of the research; 3) Performing confirmation of the results obtained to the other informants or other sources. In connection with this research on the implementation of the CCT in Pandak, then the writer should compare the opinions and the views among the PKH participants community in Pandak, Associate CCT Pandak, UPPKH, PKH teamwork in Bantul District Social Service and the community / village in the region Pandak to check the validity of the data.

RESULT AND DISCUSSION

Implementation of the Family Hope Program

Implementation of the Family Hope Program (PKH) in Bantul has been started since 2008 until 2014. The program is still running. Whereas, in 2009 Pandak was included in the CCT program for the first time with 500 RTSM. However, as the time goes on, there is a saturation or an addition of the participants number of PKH adjusted in the Data Collection of Social Protection Program (PPLS) in 2011. Therefore, at the end of 2013 there were CCT target additions in Bantul district with a very significant increasing number compared to the previous years. The significant addition also occurs in Pandak which initially only covers 389 RTSM at the beginning of the year 2013 to 1.887 at the beginning of 2014. The data composition of RTSM per-village in the Pandak district can be seen in Table 3. It shows that the RSTM total number in Pandak in early 2014 is as many as 1,887 RTSM. Triharjo village is a village in Pandak which has the the highest RTSM for about 628. Meanwhile, Wijirejo village has the smallest coverage, that is 267 RTSM.

Stages of PKH Implementation	Commentary
Goal Setting Process (Targeting)	Pandak was worthy of being PKH target because: 1) the local government's commitment to Bantul, 2) high poverty rate, 3) indicates malnutrition and transition rates from primary to secondary school and, 4) the availability of infrastructure (supply) both education and health
The Validation Process to get Initial Determination PKH participants	There was no validation in the real condition of RTSM PKH recipients in the field. Validation was done only administratively and it was possible to be misplaced.
Disbursement Process	UPPKH delay occurred in providing and distributing PKH membership cards. However, the distribution of aid could still be realized. Yet their membership card could be overcome by an evidence of KK invitation and a copy of each RTSM participants.
Commitment Verification	Commitment verification could be both conducted and executed well monthly.
Data Update	Updating data process run well, because the companion always actively controlled the data changes, either through monthly meetings with the Chairman of the Group or through a SIM data.

Table 4. The Analysis of The Implementation Phase of PKH

The research results on the stages of the implementation of the CCT Pandak can be seen in Table 4. It can be observed that the weaknesses of the implementation process of CCT in Pandak occurred due to the absence of prospective participant field validation PKH. With the absence of the field validation toward the PKH participants, inaccuracy of PKH participants target may appear.

The performance of the Family Hope Program implementation

In summary, the performance of the imple-

mentation of the Family Hope Program in Pandak can be seen in Table 5. The implementation performance of CCT in Pandak was still ineffective if it is seen from the three output indicators, namely: Bias, Accuracy of Time Services and Compliance between Needs and Program. Based on the *bias* indicators, the implementation of CCT in Pandak was still covered by the existence of established households economically, that still become PKH participants. Meanwhile, according to the *time accuracy of service*, it was found that the disbursement of PKH financial assistance was often not in time

Output Indicators	Effective	Ineffective
Access	√	-
Scope	√	-
Refraction	-	√
Accountability	√	-
Timeliness of Service	-	√
Conformity Program Needs	-	√

Table 5. The Analysis of *Output* Indicators of Implementation Performance in CCT Pandak

and likely to be delayed. Meanwhile, based on *the compliance between needs and program* indicators, the financial aid for RTSM can not be synchronized with the RSTM needs in education and health as the plan. The amount of the aid which is implemented does not reflect the fairness. Further, the disbursed aid often creates a gap among RTSM participants with the different member composition of the house stairs and the different education charge.

The factors affecting the implementation of the Family Hope Program

Factors that affect the implementation of the Family Hope Program in Pandak District, as presented in Table 6, can be seen that the implementation of the CCT Pandak is influenced by: 1) Communication, consists of communication among the effective staff implementers, communication between the implementers and the effective RTSM , but in fact, the communication between implementers and the local village government was not very effective. Village Government claimed that the CCT is a closed program due to lack of relevant detail transparency of PKH target. Besides, the village government had also never been involved in the implementation of the CCT coordination; 2) Resources, it is

the comparisson between the number of human resources of the PKH implementers and the limited and ineffective facilities in supporting the implementation of the CCT; 3) commitments, it includes the commitment of Bantul District Government and the implementers as well that has ben already good and effective in supporting the implementation of CCT; 4) Support from the target group includes; good understanding about PKH from the target group. However it has not been followed by the RSTM compliance to the provisions of the program because there is no rules to report the spend of funds by RTSM. The commitment to alleviete violations in the areas of education and health shoud be increase.

CONCLUSIONS

Based on the data analysis that have been described in the previous sections, it can be concluded as follows:

1. Implementation of the Family Hope Program in Pandak in 2014 covered 1887 Very Poor Households (RTSM) participants of PKH. From the various stages that carried out, there are still some problems found. It is associated with the validation process which was only conducted admin-

	Factors	Implementation	
		Effective	Ineffective
Communication	Communication among the staffs	√	-
	Communication between the executives and RTSM participants	√	-
	Implementing communication with the Village	-	√
Resource	Total Executive	-	√
	Means and Prasana Support	-	√
Commitment	Regional commitment	√	-
	commitment Implementation	√	-
Support Target group	Kelompok Goal	√	-
	Compliance Target group	-	√

Table 6. Factors that affect the implementation of the Family Hope Program

istratively without being followed by direct/field inspection of the prospective participants PKH that may leads less accurate targets.

- Performance of PKH implementation in Pandak District cannot be said to be completely good. It is based on the assessment of the implementation performance indicators, namely: 1) *bias* aspects, there are still some established households that became PKH participants; 2) aspects of *service delivery* (promptness of service), the disbursement of the financial aid is often not in time; 3) aspects of the *conformity of the program with the needs of the target group*, the aid rules and the amount of the aid are felt to be unfair for each RTSM. It is claimed that those have not been able to meet the expected needs.
- Performances of the Family Hope Program Implementation are influenced by: 1) the lack of communication to the village government, 2) the lack of the data transparency of the PKH recipients, 3) the availabil-

ity of resources in the form of supervisors and limited appropriate infrastructures, 4) the absence of mechanisms and rules the require the participants to report the spend of funds of RTSM program, and 5) the reducing of the obedience of RTSM participants in fulfilling obligations under the rules of the program.

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