IJSW : Indonesian Journal of Social Work, Vol. 9, No. 2 (2026)
ISSN: 2598-7534 [Online]; 2598-7526 [Printed]

Relational Control of *Program Keluarga Harapan* (PKH) Facilitators in Assistance Utilization: A Case Study in Rancamulya Village

Suharma[1], Libora Carmelita[2] and
Helly Ocktilia[3]

[1]Politeknik Kesejahteraan Sosial, Bandung, Indonesia, [2] Politeknik Kesejahteraan Sosial, Bandung, Indonesia and [3] Politeknik Kesejahteraan Sosial, Bandung, Indonesia

Corresponding author:
Suharma, email: harmas_stks@yahoo.co.id

How to cite this article: Suharma, Libora Carmelita, Helly Ocktilia. "Relational Control of *Program Keluarga Harapan* (PKH) Facilitators in Assistance Utilization: A Case Study in Rancamulya Village." *Indonesian Journal of Social Work* 9, no. 2 (2026)

Abstract: This study examines the relational control practiced by *Program Keluarga Harapan* (PKH) facilitators in guiding the utilization of assistance by beneficiary families in Rancamulya Village, Pameungpeuk Subdistrict, Bandung Regency. The issue is important because the effectiveness of conditional social assistance depends not only on the accuracy of fund distribution, but also on the ability of facilitators to communicate program values, monitor assistance use, clarify rules, and strengthen family responsibility. This study used a qualitative case study approach with a descriptive orientation. Data were collected through semi-structured interviews, observation, focus group discussion, and document study. Six informants were selected through *purposive sampling*, consisting of three PKH facilitators, two *Keluarga Penerima Manfaat* (KPM), and one village official. The analysis used thematic analysis informed by the levers of control framework, covering interactive control, diagnostic control, boundary control, and belief control.

The findings show that facilitator control was practiced through open communication, monitoring of commitments, clarification of assistance boundaries, and value-based empowerment. Control was implemented through home visits, *Pertemuan Peningkatan Kemampuan Keluarga* (P2K2), informal communication, and reminders to prioritize education, health, and family welfare. The main challenges were limited KPM understanding, uneven participation in P2K2, and weak village-level coordination. This study concludes that PKH facilitator control should be understood as a relational and educative social work practice, rather than merely administrative supervision. These findings imply the need to strengthen structured communication, family education, local coordination, and community-based monitoring to improve responsible assistance utilization.

Keywords: facilitator control; relational control; *Program Keluarga Harapan*; beneficiary families; social work

Introduction

Poverty remains a multidimensional social problem because it is not limited to low income. It also includes restricted access to education, health services, social protection, and family opportunities to improve welfare. In many developing countries, conditional cash transfer programs have become major policy instruments to reduce immediate economic pressure while encouraging long-term investment in human capital. These programs provide financial support and require beneficiary families to meet specific conditions, such as school attendance, health service use, and improved household behavior. In Indonesia, *Program Keluarga Harapan* (PKH) serves as a family-based social protection program for poor and vulnerable households. Cahyadi et al. (2020) showed that conditional cash transfers in Indonesia improved several

education and health outcomes, including skilled birth attendance, school participation, and child nutrition. However, these outcomes do not indicate that cash assistance alone can produce sustained family welfare. Assistance requires guidance, education, monitoring, and social interaction so that beneficiary families understand program objectives and use the assistance responsibly.

At the national level, PKH aims to reduce intergenerational poverty by improving access to education, health, and social welfare services. Implementation still faces practical challenges. These include beneficiary targeting accuracy, administrative demands, facilitator workload, limited facilitation capacity, and the need for continuous capacity building (Purba et al., 2023). Prafianti and Moeis (2025) also found that beneficiary graduation depends on the education level of the household head, the number of working family members, household size, and participation in empowerment activities. These findings show that beneficiary families are not passive recipients of assistance. Their decisions are shaped by economic pressure, household structure, local values, and access to social support. Therefore, PKH facilitators occupy a strategic frontline position. They connect national policy design with the everyday realities of poor families. They do not only deliver administrative information. They also guide family behavior, monitor assistance use, clarify program limits, and strengthen the meaning of assistance as a tool for family welfare.

This issue appears in the implementation of PKH in Rancamulya Village, Pameungpeuk Subdistrict, Bandung Regency. Preliminary observations and interviews show that facilitators conduct control through home visits, *Pertemuan Peningkatan Kemampuan Keluarga* (P2K2), and informal communication with beneficiary families. Facilitators ask how assistance is used, remind families to

prioritize education and health, and provide guidance when families face household difficulties. These practices indicate that control does not operate only through formal supervision. It also works through dialogue, trust, persuasion, and repeated reminders. However, field conditions show several unresolved problems. Some KPM still have limited understanding of the purpose and boundaries of PKH assistance. Participation in P2K2 does not always reflect awareness of behavioral change because some families still view the activity as an administrative requirement to maintain eligibility. Coordination between facilitators and village government also remains limited, especially in routine monitoring of assistance utilization.

The issue is important from social, cultural, educational, and social work perspectives. From a social perspective, facilitator control helps prevent assistance from functioning only as short-term consumption support. It encourages families to link assistance with children's education, maternal and child health, elderly care, disability needs, and household welfare management. From a cultural perspective, decisions on assistance use are shaped by household habits, family priorities, gender roles, local norms, and economic vulnerability. From an educational perspective, P2K2 provides a learning space for family financial management, parenting, health behavior, education, and entrepreneurship. Khairullah et al. (2024) found that interpersonal communication plays an important role in mentoring behavioral change among PKH participants. Lenel et al. (2022) also showed that repeated reminders and behavioral nudges can strengthen conditional cash transfer outcomes when information is delivered clearly. These studies support the view that facilitation is a core social work practice in PKH implementation.

Previous studies have examined PKH through program effectiveness, welfare outcomes, beneficiary

graduation, interpersonal communication, stunting prevention, power relations, and the politics of social cash transfers (Haliim et al., 2024; McCarthy et al., 2024; Nadilla et al., 2022). However, limited attention has been given to facilitator control as a relational process in assistance utilization. Many studies emphasize program outcomes or administrative compliance. Fewer studies explain how facilitators communicate values, monitor commitments, define boundaries, and negotiate assistance use with poor families in everyday contexts. This study addresses that gap by using the levers of control framework, which includes interactive control, diagnostic control, boundary control, and belief control (Simons, 1995). The study aims to examine how PKH facilitators control assistance utilization by beneficiary families in Rancamulya Village. The article is organized into introduction, methodology, results and discussion, conclusion, and references. The study uses a qualitative case study approach to produce an empirical understanding of facilitator control as a relational, educative, and contextual practice in social protection.

Methodology

This study used a qualitative case study approach with a descriptive orientation. The approach was selected because the study aimed to examine the process, meaning, and practice of facilitator control within a specific local context. The case focused on the control of PKH facilitators in the utilization of assistance by beneficiary families in Rancamulya Village, Pameungpeuk Subdistrict, Bandung Regency. A case study design was appropriate because it enabled the researcher to explore interactions between facilitators, KPM, and village officials in their real social setting (Chowdhury & Shil, 2021; Lim, 2025).

The research was conducted in Rancamulya Village from January to July 2025. The informants consisted of six

participants: three PKH facilitators, two KPM, and one village official responsible for social welfare affairs. Informants were selected through *purposive sampling*. The inclusion criteria were direct involvement in PKH implementation or assistance utilization, knowledge of facilitator control, willingness to provide information, and ability to explain relevant field experience. The informants are presented using codes to protect identity and strengthen data organization. The facilitators are coded as F1, F2, and F3. The beneficiary families are coded as KPM1 and KPM2. The village official is coded as VO1.

Data were collected through semi-structured interviews, observation, focus group discussion, and document study. The interviews explored informants' experiences and perceptions of communication, monitoring, rule clarification, and assistance utilization. Observation was conducted during program-related activities, including group meetings, home visits, and informal interactions between facilitators and KPM. The focus group discussion was used to compare views among informants and clarify emerging field themes. Document study covered KPM data, attendance lists, facilitator activity reports, PKH guidelines, educational materials, and village records. The combination of techniques enabled methodological triangulation and provided a more complete understanding of the case.

Data validity was strengthened through source triangulation, method triangulation, *member checking*, and *audit trail*. Source triangulation compared information from facilitators, KPM, and the village official. Method triangulation compared interview data, observation notes, focus group data, and documents. *Member checking* was used to confirm important statements and preliminary interpretations with selected informants. An *audit trail* was maintained through systematic documentation of field notes, transcripts, coding decisions, analytical memos, and

supporting documents. These procedures strengthened credibility, dependability, and confirmability in qualitative research (Johnson et al., 2020; Stahl & King, 2020).

Data were analyzed using thematic analysis supported by an interactive qualitative analysis process. The analysis included familiarization with data, initial coding, categorization, data reduction, data display, and conclusion verification. The codes were grouped into themes related to interactive control, diagnostic control, boundary control, and belief control. The framework was used to interpret how facilitators built communication, monitored assistance use, clarified program rules, and strengthened program values. Thematic analysis was used because it offers a systematic and flexible procedure for identifying and interpreting patterns of meaning in qualitative data (Braun & Clarke, 2022; Byrne, 2022).

Results and Discussion

Results

The findings show that facilitator control in PKH assistance utilization was formed through continuous interaction, monitoring, rule clarification, and value internalization. Control did not operate only as formal supervision. It worked as a social process that connected administrative procedures with the everyday realities of KPM. Four major themes emerged from the data: relational control through open communication, diagnostic control through monitoring and commitment, boundary control through program rules, and value-based control through trust and empowerment.

Table 1. Themes of Facilitator Control in PKH Assistance Utilization

Theme	Control focus	Field practice	Analytical meaning
Relational control	Interactive communication	P2K2, home visits, informal contact, and two-way dialogue	Trust, openness, and persuasive communication.
Diagnostic control	Monitoring and commitment	Questions on fund use, school participation, and health obligations	Everyday accountability and facilitator commitment.
Boundary control	Rules and assistance limits	Priorities for education, health, elderly care, disability needs, and family welfare	Defines acceptable and unacceptable assistance use.
Value-based control	Trust and empowerment	Motivation, reminders, and family financial guidance	Internalizes PKH values as family welfare investment.

Source: Authors' field data analysis, 2025.

The first theme is relational control through open communication. PKH facilitators built close relationships with KPM through group meetings, home visits, and informal communication. This interaction created trust and made KPM more willing to discuss household problems. One facilitator stated, "The key is openness and two-way communication. I do not act rigidly so that they feel comfortable talking. This relationship is more like family, not superior and subordinate" (F1). This statement shows that control was practiced through a persuasive approach rather than coercion. KPM also confirmed this pattern. One

KPM explained that the facilitator often reminded the family to use assistance first for school and health needs, not for unnecessary goods (KPM1). Another KPM stated that the facilitator gave motivation during P2K2 so that assistance could improve family life and not be spent only for temporary needs (KPM2). These findings show that communication became a medium for shaping awareness, not merely delivering instructions.

The second theme is diagnostic control through monitoring and facilitator commitment. Facilitators monitored assistance use by asking KPM how funds were spent, checking children's school participation, and reminding families about education and health obligations. Monitoring was conducted during P2K2, home visits, and informal contact. One KPM stated, "The facilitator once asked during the group meeting. He asked what the assistance was used for, whether the child was active at school, and whether school needs had been bought" (KPM1). This statement illustrates direct and practical monitoring. It focused on whether assistance was aligned with program objectives. From the facilitator side, commitment appeared in their willingness to continue guiding KPM despite field constraints, including weak internet access, large coverage areas, limited facilities, and administrative workload. Facilitators understood their role as both a technical duty and a social responsibility.

The third theme is boundary control through program rules and assistance limits. Facilitators clarified that PKH assistance should be prioritized for children's education, maternal and child health, elderly care, disability needs, and basic family welfare. One facilitator stated, "PKH assistance is not for free consumption, but must be used for children's education, maternal and child health, and improving family quality of life" (F2). This statement reflects the boundary function of facilitation. Facilitators defined what was acceptable and unacceptable in

assistance utilization. However, some KPM still faced difficulty applying these boundaries because of urgent household needs. Economic pressure sometimes pushed families to use assistance for daily consumption. This condition shows that diversion of assistance cannot be understood only as individual non-compliance. It also reflects the vulnerability of poor households that must manage limited resources under unstable economic conditions.

The fourth theme is value-based control through trust, empathy, and empowerment. Facilitators internalized PKH values by framing assistance as an investment in education, health, and family independence. One facilitator stated that PKH was not only financial assistance, but "an investment for the next generation through education and health" (F3). A KPM also stated that PKH was not merely "giving money," but helped families send children to school, maintain health, and become more independent (KPM2). These statements show that the meaning of assistance changed when KPM understood the program as a pathway toward future improvement. Observation also showed that some KPM began to manage assistance more carefully, including by saving money in separate envelopes according to future needs. This practice indicates the emergence of planned financial behavior among some beneficiary families.

Despite these positive patterns, the study found three major challenges. First, some KPM still had limited understanding of conditional assistance and the long-term purpose of PKH. Second, participation in P2K2 was uneven because some KPM were busy with work, household responsibilities, or urgent activities. Third, coordination between facilitators and the village government remained limited. Village officials supported the program, but routine monitoring had not been institutionalized at the village level. As a result, facilitators often carried out

control independently. This condition shows that facilitator control was strong at the interpersonal level, but weaker at the institutional coordination level.

Discussion

The findings confirm that effective PKH control depends on relational capacity. The interactive control system worked because facilitators built emotional closeness, open dialogue, and trust with KPM. This finding is consistent with Khairullah et al. (2024), who found that interpersonal communication plays an important role in mentoring behavioral change among PKH participants. In Rancamulya Village, communication was not only a technical instrument for transmitting program information. It became a form of social control that encouraged KPM to use assistance more responsibly. The finding extends previous studies by showing that communication becomes effective when facilitators create a non-judgmental relationship. KPM became more open when they felt respected, heard, and not treated as passive recipients.

The findings also support the argument that conditional cash transfer programs require more than financial distribution. Cahyadi et al. (2020) showed that conditional cash transfers in Indonesia improved education and health outcomes, but cash assistance alone did not automatically produce long-term economic transformation. The present study explains this issue at the local level. Assistance becomes more meaningful when facilitators help KPM understand program goals, manage funds, and link assistance to children's education and family health. Facilitators therefore act as frontline translators of policy. They connect national program objectives with household practices.

The diagnostic control system shows that monitoring was carried out through direct questions, group meetings,

home visits, and informal communication. This practice reflects everyday accountability. However, monitoring was not purely administrative. It depended on facilitator commitment and the ability to sustain engagement with KPM. This finding is consistent with Purba et al. (2023), who identified workload, facilitator capacity, and administrative demands as continuing challenges in PKH implementation. In Rancamulya Village, facilitators remained committed despite operational limitations. Program effectiveness therefore relies not only on formal regulations, but also on the resilience and ethical commitment of frontline workers.

The boundary system highlights the importance of clear rules in assistance utilization. Facilitators consistently reminded KPM that assistance should support education, health, and family welfare. This finding aligns with the logic of conditional cash transfers, which combine cash support with behavioral conditions. However, the data also show that some KPM used assistance for urgent household needs because of economic pressure. This finding offers a more precise explanation than a simple compliance or non-compliance framework. Poor families often face competing needs. Boundary control must therefore be combined with contextual education, household financial literacy, and access to local social support.

The belief system became the moral foundation of facilitator control. Facilitators framed PKH as a tool for social justice, empowerment, and family independence. This finding is consistent with Haliim et al. (2024), who argued that the relationship between PKH facilitators and KPM contains social, cultural, and power dimensions. In this study, power was not expressed mainly through coercion. It appeared through guidance, persuasion, correction, and value formation. This finding contributes a clearer social work perspective by showing that power in

PKH facilitation can operate as relational and educative control when facilitators combine authority with empathy.

The study also relates to McCarthy et al. (2024), who argued that social cash transfer regimes shape how poverty is identified, measured, and managed. The findings from Rancamulya Village show that this process does not stop at administrative classification. It continues in everyday interactions between facilitators, KPM, and village actors. Facilitators became local interpreters of policy. They translated program rules into practical advice, corrected inappropriate use of assistance, and encouraged KPM to see assistance as a pathway to independence. This strengthens the argument that social assistance programs are economic, social, and educational interventions at the same time.

The main theoretical implication of this study is that facilitator control in PKH should be understood as a relational control practice. Control does not only involve supervision, reporting, and rule enforcement. It also involves communication, emotional closeness, moral commitment, and value internalization. This perspective enriches social work and social protection studies by positioning frontline facilitators as active agents in shaping beneficiary behavior. The practical implication is that PKH facilitation needs stronger institutional support. Facilitators need adaptive educational materials, routine village-level coordination, simple monitoring tools, and community-based forums to strengthen shared responsibility between facilitators, village officials, and KPM.

This study has limitations. It focused on one village and involved a small number of informants. The findings therefore cannot be generalized to all PKH implementation contexts. However, the case provides an in-depth explanation of how facilitator control is practiced in a specific local setting. Future studies should examine

facilitator control in different rural and urban contexts to compare how local culture, livelihood patterns, and institutional support influence assistance utilization. Further research may also involve husbands, children, teachers, health workers, and community leaders because they influence household decisions on assistance use.

Conclusion

This study concludes that facilitator control in the utilization of PKH assistance in Rancamulya Village operates as a relational and educative process. It combines communication, monitoring, rule clarification, and value internalization. The findings show four forms of control: *interactive control* through open communication, diagnostic control through monitoring and commitment, boundary control through program rules, and belief control through trust and empowerment. Through these forms of control, facilitators guide KPM to understand the purpose of assistance, prioritize education and health needs, comply with program obligations, and use assistance more responsibly.

The main contribution of this study lies in its explanation of facilitator control as a social work practice. Effective control depends not only on formal regulations. It also depends on trust, openness, empathy, and continuous interaction between facilitators and KPM. This finding strengthens the understanding that conditional social assistance programs require strong frontline facilitation to connect policy objectives with household practices. Facilitators act as local interpreters of policy, behavioral mentors, and agents of value formation.

Practically, PKH facilitation should be strengthened through structured communication, family education, household financial guidance, routine village-level coordination, and community-based monitoring. Stronger institutional support is needed so that facilitator control

does not rely only on individual commitment. It should become part of an integrated local monitoring system that supports responsible assistance utilization and long-term family independence.

Bibliography

Braun, V., & Clarke, V. (2022). Toward good practice in thematic analysis: Avoiding common problems and be(com)ing a knowing researcher. *International Journal of Transgender Health, 24*(1), 1-6. https://doi.org/10.1080/26895269.2022.2129597

Byrne, D. (2022). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity, 56*, 1391-1412. https://doi.org/10.1007/s11135-021-01182-y

Cahyadi, N., Hanna, R., Olken, B. A., Prima, R. A., Satriawan, E., & Syamsulhakim, E. (2020). Cumulative impacts of conditional cash transfer programs: Experimental evidence from Indonesia. *American Economic Journal: Economic Policy, 12*(4), 88-110. https://doi.org/10.1257/pol.20190245

Chowdhury, A., & Shil, N. C. (2021). Thinking "qualitative" through a case study: Homework for a researcher. *American Journal of Qualitative Research, 5*(2), 190-210. https://doi.org/10.29333/ajqr/11280

Haliim, W., Ferdiansyah, F., & Sari, A. Y. E. S. (2024). Power relations between *Program Keluarga Harapan* (PKH) facilitators and beneficiary families (KPM): Study on PKH implementation in Malang Regency. *International Journal of Current Science Research and Review, 7*(2), 998-1009. https://doi.org/10.47191/ijcsrr/v7-i2-13

Johnson, J. L., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education, 84*(1), Article 7120. https://doi.org/10.5688/ajpe7120

Khairullah, Nasution, N. A., & Syahim. (2024). Interpersonal

communication in mentoring changes in community behavior in *Program Keluarga Harapan* (PKH). *Jurnal Komunikasi Pembangunan, 22*(1), 13-22. https://doi.org/10.46937/22202451265

Lenel, F., Priebe, J., Satriawan, E., & Syamsulhakim, E. (2022). Can mHealth campaigns improve CCT outcomes? Experimental evidence from SMS nudges in Indonesia. *Journal of Health Economics, 86*, Article 102687. https://doi.org/10.1016/j.jhealeco.2022.102687

Lim, W. M. (2025). What is qualitative research? An overview and guidelines. *Australasian Marketing Journal*. https://doi.org/10.1177/14413582241264619

McCarthy, J. F., Nooteboom, G., Hadi, S., Kutanegara, P. M., & Muliati, N. (2024). The politics of knowledge and social cash transfers: The constitutive effects of an anti-poverty regime in Indonesia. *Journal of Contemporary Asia, 54*(4), 634-656. https://doi.org/10.1080/00472336.2023.2217820

Nadilla, H. F., Nurwati, N., & Santoso, M. B. (2022). Peran pendamping *Program Keluarga Harapan* (PKH) dalam penanggulangan anak stunting pada *keluarga penerima manfaat*. *Focus: Jurnal Pekerjaan Sosial, 5*(1), 17-26. https://doi.org/10.24198/focus.v5i1.39561

Prafianti, F., & Moeis, J. P. (2025). The graduation of *Program Keluarga Harapan* beneficiaries: Analysis of driving factors. *Research Horizon, 5*(2). https://doi.org/10.54518/rh.5.2.2025.498

Purba, R. A., Widianingsih, I., & Muhtar, E. A. (2023). The long-lasting *Program Keluarga Harapan* as a conditional cash transfer in Indonesia: The existing problems and the policy recommendations. *Journal La Sociale, 4*(5), 426-433. https://doi.org/10.37899/journal-la-sociale.v4i5.1539

Simons, R. (1995). *Levers of control: How managers use innovative control systems to drive strategic renewal*. Harvard Business School Press.

Stahl, N. A., & King, J. R. (2020). Understanding and using trustworthiness in qualitative research. *Journal of*

Developmental Education, 44(1), 26-28.