

Policy Advocacy at the Jambi City Social Service in Alleviating Poverty Through the Family Hope Program (PKH)

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ABSTRACT

This research explores the policy advocacy role of the Jambi City Social Service in alleviating poverty through the Family Hope Program (Program Keluarga Harapan/PKH). The study aims to examine how the Social Service implements and impacts poverty alleviation efforts via PKH, particularly in targeting preprosperous families. Using a qualitative method, data were collected through observations, interviews, and documentation. The findings indicate that the Jambi City Social Service plays a strategic role in conducting validation and selection of PKH recipients based on poverty criteria defined by the Central Statistics Agency, focusing on housing conditions and family income. In Jelutung District, the validation team inspects whether potential recipients live in non-owned residences with minimal housing standards—such as dirt floors and tin roofs—and have household incomes under one million rupiah. Supporting evidence, including photographs, is gathered to justify eligibility. Post-validation, data are submitted to the Ministry of Social Affairs, which performs a final verification. From 50 validated families, only about 30 were approved, highlighting the strict filtering process. This study concludes that effective policy advocacy and strict validation mechanisms are essential for accurate targeting and successful implementation of PKH as a poverty alleviation strategy.

Pendahuluan

Poverty has many definitions, and most often associate the concept of poverty with economic aspects. Various attempts to define poverty and identify poverty actually produce a concept of thought that can be simplified. First, from a measurement perspective, poverty is divided into two, namely absolute and relative poverty. Second, from a causal perspective, poverty can be grouped into natural and structural poverty. In the journal Measurement models, problems and policy alternatives written by Nurwati said: "One of the important conditions for a poverty alleviation policy to be achieved is that there must be clarity regarding the criteria regarding who or which community groups fall into the poor category and are the targets of the program. Apart from that, there are conditions that must also be met, namely that the causes of poverty must be understood to precisely in each community and region/region. Because this cause cannot be separated from the influence of local values that surround the lives of the people" (Nurwati, 2008).

Jambi City Social Service which is located on Jalan Jendral. Sudirman Number 156, Tambak Sari Village, South Jambi District, Jambi City. The Jambi City Social Service is one of the Technical Services within the Jambi City Government which carries out the authority for Government affairs in the Social Sector. The Social Service has the task of carrying out

affairs in the fields of social rehabilitation, social empowerment, social protection and security, and handling the poor to assist the Mayor in administering Government in the Social Sector. One of the Poverty Handling programs (Riyansuni & Devitra, 2020). In efforts to overcome poverty, the Central government launched Program Keluarga Harapan or known as PKH (Family of Hope Program) through Law Number 40 of 2004 concerning social security which was followed up with Presidential Decree Number 15 of 2010 concerning the acceleration of poverty reduction. PKH is an effort to build a social protection system for the poor in order to maintain and improve the social welfare of the poor as well as an effort to cut the chain of poverty. Since 2007, the Indonesian government has carried out trials of the Family Hope Program (hereinafter referred to as PKH). The principle of PKH is to provide cash assistance to very poor households (RTSM) as long as they comply with the stipulated terms and conditions. The requirements set out in PKH are related to efforts to improve the quality of human resources (HR), namely through education and health (Suleman & Resnawaty, 2017).

As an effort to overcome poverty, as well as develop the quality of Human Resources (HR) in Jelutung District, the government has made efforts to provide facilities and infrastructure for education and health services. In connection with this, the people in this area, especially very poor families (KSM) or very poor households (RTSM), have been registered as PKH participants. This program provides conditional cash assistance to Very Poor Households/Families (RTSM/KSM) who have been designated as PKH participants. With the provisions, PKH participants are required to fulfill the requirements and commitments related to efforts to improve the quality of human resources (HR), namely education and health (Wediawati et al., 2021). The Family Hope Program (PKH) policy in Jelutung District, Jambi City is implemented in various stages of activities, namely:

First, Preparation for the initial meeting, preparing a list of recipients containing individual information, health and education conditions, location of health and education service providers in the PKH participant area, then forming groups with a total of 1520 per group. Second, The follow-up to the initial meeting, is that the Jelutung District Family Hope Program Implementation Unit (UPPKH) reports the entire series of initial meeting results to Jambi City UPPKH, namely notes on activities during the meeting accompanied by a list of meeting attendees, including action plans and follow-up actions that must be completed by various parties. Third, Updating data and payments, PKH participant eligibility data may change due to pregnancy, changes in children who miscarry, attending basic education, children who stop going to school, and other things related to PKH, so it is necessary to update the data by companion, then the Jambi City UPPKH operator will update this data online, based on this updated data, payments will be made for PKH participants through the local Post Office (Aprilnisa et al., 2024).

Table 1: The following is data on PKH provision in Jambi Province in 2020-2022

PROVINSI JAMBI	KPM	Bantuan	(%)
Batang Hari	11.362	8.343.750.000	10.12%
Bungo	8.532	5.844.600.000	7.6%
Kerinci	11.332	6.990.475.000	10.1%
Kota Jambi	15.488	11.268.025.000	13.8%
Kota Sungai Penuh	2.634	1.697.300.000	2.35%
Merangin	10.947	7.177.275.000	9.75%
Muaro Jambi	9.286	6.573.300.000	8.27%
Sarolangun	10.384	7.130.675.000	9.25%
Tanjung Jabung Barat	12.102	8.160.775.000	10.78%
Tanjung Jabung Timur	9.851	6.780.900.000	8.78%
Tebo	10.329	6.254.975.000	9.2%
TOTAL	112.247	76.222.050.000	100%

Sumber: Sekretariat PKH Dinsos Kota Jambi³

In table 1.1, the largest number of PKH grants in Jambi Province is the Jambi City area, which has a KPM value of 15,488 and aid funds of 11,268,025,000, so it has 13.9% of the total 100% in Jambi Province. Meanwhile, the number of PKH per sub-district in Jambi City in 2020 includes:

Table 2: Number of Beneficiary Families (KPM) for the District Family Hope Program (PKH) in Jambi City 2020-2022

No	Kecamatan	Jumlah KPM PKH	%
1	Alam Barajo	1.363	0.09%
2	Danau Sipin	1.674	0.11%
3	Danau Teluk	787	0.05%
4	Jelutung	2.705	0.17%
5	Jambi Selatan	1.159	0.15%
6	Jambi Timur	2.306	0.15%
7	Kota Baru	1.474	0.10%
8	Paal Merah	1.817	0.12%
9	Pelayangan 402		0.03%
10	Pasar Jambi	480	0.03%
11	Telanaipura	1.32	0.01%
	Jumlah	15.488	1.00%

Sumber : Sekretariat PKH Dinsos Kota Jambi⁴

Based on the data on the number of sub-districts, Jelutung Sub-district is the sub-district with the largest number of recipients of the Family Hope Program (PKH) assistance, namely 2,705 KPM with a percentage of 0.17% of the number of sub-district PKH KPM in Jambi City, namely 15,488 with a percentage of 1.00%. Indirectly, this sub-district is a sub-district with a higher percentage of poor households and poor residents than other sub-districts in Jambi City.

Metode

This study used a qualitative research approach, that according to (Creswell 2007) is an approach that gives an opportunity for researchers to be able to carry out detailed descriptions and interpretations in order to gain a holistic understanding. This type of research is a case study, which is understood by (Creswell et al., 2007) as a type of research that can be interpreted as an approach to study, explain, or interpretation a case in its natural context without outside intervention. More specifically, this research is an instrumental case study which is used to examine a particular case so that a perspective can be presented on the issue or improvement of a theory. To answer the above questions and problems, the authors use a number of theories, including advocacy, policy theory and The Family Hope Program. These theories are to understand Policy Advocacy at the Jambi City Social Service in Alleviating Poverty Through the Family Hope Program (PKH). In the following, an outline of these theories is presented as a guide to make it easier to analyze the data in the discussion.

Hasil dan Pembahasan

The Family Hope Program, here in after referred to as PKH, is a program providing conditional social assistance to poor families who are designated as PKH beneficiary families. As an effort to accelerate poverty reduction, since 2007 the Indonesian Government has implemented PKH. The Social Protection Program, which is also known internationally as Conditional Cash Transfers, has proven to be quite successful in overcoming the poverty faced in these countries, especially the problem of chronic poverty. As a conditional social assistance program, PKH opens access for poor families, especially pregnant women and children, to utilize various health service facilities (faskes) and education service facilities (fasdik) available around them (Putri et al., 2022).

Through PKH, KM are encouraged to have access and utilize basic social services such as health, education, food and nutrition, care and assistance, including access to various other social protection programs which are complementary programs on an ongoing basis. PKH is directed to become the epicenter and center of excellence for poverty reduction which synergizes various national social protection and empowerment programs. PKH social assistance is divided into two permanent Assistance and component Assistance. Meanwhile, the main aim of PKH is to reduce the number and break the chain of poverty, improve the quality of human resources, and change behavior that does not support improving the welfare of the poorest groups. This goal is directly related to efforts to accelerate the achievement of the Millennium Development Goals (MDGs) targets. Apart from this, there are several other objectives of PKH both specifically and in general. The specific objectives of PKH are: a. Improving the quality of RTSM/KSM health, b. Increasing the education level of RTSM/KSM children c. Improving access and quality of education and health services, especially for RTSM/KSM children. The general objectives of PKH are:

Improving the quality of human resources, as well as changing the behavior of PKH participants who are relatively less supportive of improving welfare (Azhar et al., 2020).

PKH participants are required to fulfill requirements relating to education and attend an educational unit/shelter home for a minimum of 85% of school days a month during the current academic year with the following notes: 1). PKH participants who have children aged 7-15 years are required to be registered/registered at a basic education institution (SD/MI/SDLB/Package A or SMP/MTs/SMLB/Package B including open SMP/MTs) and have a minimum class attendance of 85 % of effective learning days each month during the school year. If there are children aged 5-6 years who have entered elementary school or the like, then they are subject to educational requirements. 2) Children with disabilities who are still able to attend regular education can take part in SD/MI or SMP/MTs programs, while those who cannot afford it can take part in non-regular education, namely SDLB or SMLB. 3) PKH participants who have children aged 15-18 years and have not completed basic education; then it is mandatory for the child to be registered/enrolled in a regular or nonregular education unit (SD/MI or SMP/MTs, or Package A, or Package B). 4) Children who are PKH participants who work or are child laborers or have left school for a long time must take part in a remedial program, namely preparing them to return to an educational unit. This remedial program is a halfway house or shelter service implemented by the Ministry of Social Affairs for street children and the Ministry of Manpower and Transmigration for child workers. 5) If the two requirements above, health and education, can be implemented consistently by PKH participants, then they will receive regular assistance (Samseno & Riwanto, 2023).

Jambi City Social Service Policy in Alleviating Poverty Through the Family Hope Program (PKH).

The Jambi City Social Service (Dinsos) is one of the Technical Services within the Jambi City Government which carries out the authority for government affairs in the Social Sector. Legally, the Jambi City Social Service was formed based on Jambi City Regional Regulation Number 14 of 2016 concerning the Formation and Structure of Jambi City Regional Apparatus. Regional Regulation Number 14 of 2016 is a revision of Regional Regulation Number 10 of 2008 concerning the Formation of the Organization of Jambi City Regional Services, becoming a Regional Work Unit (SKPD) called the Social and Labor Service. From the results of the Affairs Mapping which has been validated with the Central Government, the Institutional Affairs Score that handles Social Affairs in Jambi City is in the Type A Service. And in the end it became an independent Service, where previously the Jmabi City Social and Labor Service became a Social Service The city of Jambi is at echelon II level, which in fact is the highest echelon level for regional apparatus organizations within the district or city government.

The duties of the Jambi City Social Service, according to the Jambi Mayor's Regulation No. 41 of 2016 concerning Position, Organizational Structure, Duties and Functions and

Work Procedures, in the Jambi City Social Service have the task of carrying out affairs in the fields of social protection and security, social rehabilitation, social empowerment and handling the poor to assist the Mayor in carrying out government affairs in the social sector. In carrying out its duties, the Jambi City Social Service carries out the following functions: Formulation, determination and implementation of technical, administrative and operational policies for the implementation of services in the field of social protection and security, the field of social rehabilitation; The field of social empowerment and the field of handling the poor. b. Organizing coordination of task implementation, coaching, administrative support, and collaboration with all elements of organizational units within the Service. c. Coaching, technical guidance and supervision over the implementation of Social Service affairs in Jambi City. d. Determining criteria and data for the poor and underprivileged. e. Implementation of technical guidance and supervision over the implementation of social service affairs in the regions. f. Implementation of education and training, and development of social welfare, as well as social counseling. g. Implementation of substantive support to all elements of the organization within the Social Service. h. Supervision of the implementation of duties within the Social Service; and i. Carrying out other official duties in accordance with the field of duties and functions.

One of the government's efforts to overcome poverty in order to achieve prosperity is the implementation of the Family Hope Program (PKH) from 2020-2021. Where PKH is conditional social assistance given to people registered with poverty reduction data. The components contained in the family hope program include two components, namely education and health components. The following is according to a statement by Mrs. Febby as PKH Administration for Jelutung District, Jambi City, saying:

"The PKH program is a conditional social assistance program. This means that every community member who is a target participant in the program has obligations determined by the Ministry of Social Affairs as a condition for receiving assistance. The aim of this program is not only to reduce poverty, but also to open access for pregnant women and toddlers, the elderly and disabled to the benefits of health services and facilities. School age children benefit from educational services. With this assistance, there is no reason why every Indonesian cannot receive health or education facilities".

The following is according to the statement by Drs. Ahmad Abas as Head of the Social Empowerment Division of the Jambi City Social Service said:

"The Family Hope Program is one of the programs providing social assistance to poor and vulnerable families by the Ministry of Social Affairs of the Republic of Indonesia with various conditions. This program was carried out with the aim of accelerating poverty reduction. Internationally, providing assistance to poor people like this is called Conditional Cash Transfers (CCT). This means that this assistance takes the form of providing a certain amount of money in cash from the central government to every poor person. Some of the targets of this family hope program consist of 2 aspects, namely first, the health aspect aimed at pregnant and breastfeeding mothers. The second is the educational aspect, where the target is school

children from elementary school to high school level. Third is the social welfare aspect, targeting elderly people aged 60 years and over and people with disabilities".

Furthermore, the role of the Jambi City Social Service in empowering the community through PKH includes:

1. As a Facilitator

The Social Service as a facilitator is a role related to providing motivation, opportunities and support to PKH recipient communities. Some of the tasks related to this role are the Social Service as a model, mediating and negotiating, providing support, building joint consensus and organizing and utilizing. Another role of the Social Service in terms of facilitator is routine assistance by assisting KPM with all problems faced by KPM regarding issues regarding the PKH assistance program. The Social Service, through the Social Facilitator, is the main bridge for the community to convey aspirations or complaints regarding PKH social assistance, after which the Social Facilitator will discuss the problems faced by KPM with the Social Service and then find a solution to these problems. The Social Service as a facilitator has a role as a liaison between the community and the government. Recipients of PKH assistance can carry out a series of administration regarding PKH through the Social Service. The Jambi City Social Service as a facilitator will accompany KPM PKH in everything they do related to receiving aid. This assistance is the obligation of the Social Service as a facilitator and public service. The duties of the Jambi City Social Service as a facilitator in implementing PKH are: Accompanying the Process of Determining and Receiving PKH Social Assistance, Facilitating the Complaints Process, Routine Assistance and Monitoring and Evaluation.

2. As an Educator

The Social Service (Dinsos) has an important role in providing education related to the Family Hope Program (PKH). This education aims to ensure that Beneficiary Families (KPM) understand their rights, obligations, and benefits of PKH. Dinsos also plays a role in facilitating KPM access to complementary programs that support PKH, such as the Basic Food Program and the Healthy Indonesia Program. Also, The Social Service plays an active role as an agent who provides input in a positive form based on the knowledge and experience possessed by the Social Service in the Field. The Social Service in the field is tasked with raising public awareness, conveying information and providing training to the public related to the role of educators.

3. As a Community Representative

The Social Service plays a role as a community representative, this is due to the interactions carried out between the Social Service and external institutions on behalf of and for the benefit of KPM. The Social Service will visit and monitor the smoothness and suitability of the services provided by the institution. The visits and monitoring carried out by Social Assistants are aimed at ensuring the smoothness and feasibility of service activities, anticipating problems in the program so that the

Social Service can take action to prevent the failure of the PKH social assistance program to run smoothly. In terms of education, the Social Service will go to KPM schools and provide explanations and mechanisms for implementing PKH to related schools, while in terms of services, the Social Service will socialize PKH and the mechanism for implementing PKH to health services which are shown as partners working together with the government.

4. As a Mediator

The Social Service acts as a mediator in the community or KPM PKH. The Social Service will help KPM resolve the problems faced by KPM regarding PKH social assistance. Social Companions will carry out P2K2 activities. This meeting aims to discuss and accommodate complaints, grievances and disseminate information related to education and health. The Social Service in the field will visit the KPM's house if the KPM is unable to attend the PKH group meeting.

Social Service Policy Advocacy for the Family Hope Program in Jambi City

Supervision is determining what has been carried out, meaning evaluating work performance and if necessary implementing corrective actions so that the results of the work are in accordance with plans. Supervision is essentially an act of comparing results and reality (dassien) with the desired results (dassollen). This is because there are often deviations between these two things. So the task of supervision is to correct deviations that occur. The success of the socialization targets carried out by PKH coordinators and assistants cannot be separated from the service strategies implemented to achieve these targets. A service strategy through PKH socialization is needed so that socialization can take place well. From the results of the author's research, it can be concluded that the service strategy carried out by PKH coordinators, PKH recipients and PKH assistants in Jambi city has not been running optimally. This is proven by the fact that there are still many assistants who carry out socialization every 3 months and many PKH recipient participants are still reluctant to come to attend the designated socialization.

PKH supervision aims to monitor the implementation of PKH on the input and output side. The monitoring program will identify various things that arise in the implementation of PKH so as to provide opportunities for program implementers to make necessary improvements. Supervision is carried out by the Jelutung District PKH facilitator during group meetings, apart from that the facilitator will also verify data at health and education facilities that collaborate with PKH. Based on the 2021 PKH general guidebook, indicators in monitoring PKH implementation consist of input indicators (resources and budget) and family indicators (products produced). These two categories will be obtained from the results of the analysis and PKH management information system.

In the program monitoring process, the Social Service monitors the performance of the PKH Facilitator for the effectiveness of a program by means of coordination and evaluation meetings every month. If problems occur in the field, the PKH Facilitator will make a report to the Social Service and then the Social Service will write to the Ministry of Social Affairs to get a solution to the problem. that happened. Based on the PKH Implementation Guidelines, monitoring is one of the activities that can be carried out to find out the extent to which the PKH program is being implemented.

Monitoring activities are part of operational evaluation activities which aim to assess the effectiveness of program implementation. The scope of PKH monitoring is generally carried out on the input, process and output sides. PKH monitoring activities are designed to be a system that is integrated with all aspects of program implementation. Monitoring is carried out continuously, both in the planning process and the process of implementing activities. Monitoring can be carried out while activities are in progress or by analyzing reports and developments in PKH implementation within a certain time starting from collecting data and information about program implementation. The objectives and implementers of monitoring or monitoring the PKH program are:

First, Monitoring Objectives. 1. Know and ensure that the implementation of PKH activities runs well, 2. Ensure that the PKH schedule that has been prepared for one budget year is implemented according to the plan that has been determined. 3. Provide input to the person in charge of PKH regarding efforts to improve the planning and implementation of PKH. Second, Implementation of Monitoring: 1. Monitoring by the Government The central, provincial, district/city and sub-district governments are responsible for implementing PKH and achieving targets in accordance with established mechanisms. For this purpose, the Government carries out regular monitoring so that PKH implementation is in accordance with established plans and mechanisms, such as the availability of education and health services, 2. Monitoring by stakeholders regarding PKH monitoring activities is also carried out by related stakeholders, such as: Ministry of National Development Planning (Bappenas), Ministry of Health, Ministry of Education, Ministry of Education and Culture, National Team for the Acceleration of Poverty Reduction (TNP2K), and other institutions, 3. Monitoring with community participation, monitoring by the community involves the wider community in supervising and monitoring activities/programs. In PKH there is a group of mothers who are selected and assigned to ensure the implementation of PKH. Supervision can also detect the extent to which leadership policies are implemented and achieved the extent of deviations that occur in the implementation of supervisory duties, for To facilitate implementation in realizing the goal, several phases or stages must also go through order of implementation. Supervision process anywhere or objective supervision anything consists of the following phases: First, Determine measuring instruments (standards), Second, Establish an assessment, Third, Take corrective action.

Simpulan

The role of the PKH Social Service is directed at becoming a program for overcoming pre-prosperous conditions, appropriate protection and empowerment. The considerations for implementing validation are based on the poverty criteria issued by the Central Statistics

Agency, namely looking at the condition of the house and the family's income. In Jelutung District, the validation team checked the condition of prospective participants' houses, at least in the condition that they were not privately owned (rented), had dirt floors, solid walls and a tin roof. Then prospective PKH participants will also see a minimum income amount of under 1 million rupiah. During this validation process, if families are found who are not eligible to receive PKH assistance, a process of collecting evidence in the form of photos is carried out to strengthen validation. After the assistant together with the sub-district assistants have finished reviewing the eligibility of prospective participants, the validation data will be submitted back to the Ministry of Social Affairs. However, there is still a verification stage by the Ministry of Social Affairs for data that has been validated by PKH facilitators. This means that the number of prospective participants who have been validated will not necessarily be fully approved by the Ministry of Social Affairs. Based on the results of verification, of the 50 families validated by PKH facilitators, only around 30 families were verified by the Ministry of Social Affairs. Finally, this verification is the final stage in the process of determining PKH participants. So that the verification results then create an account book for each participant. For further details, the following is an overview of the scheme for determining PKH participants in the District.

Daftar Pustaka

- Aprilnisa, N. N., Ningsih, P. A., & Siregar, F. A. (2024). ANALISIS EFEKTIFITAS PROGRAM KELUARGA HARAPAN (PKH) DALAM MENGENTASKAN KEMISKINAN DI KELURAHAN SIMPANG III SIPIN KOTA JAMBI. *Jurnal Studi Multidisipliner*, 8(6).
- Azhar, L. F., Badriah, L. S., & Bambang, B. (2020). Family Hope Program Evaluation In Poverty Alleviation: Benefit Incidence Analysis. *Economics Development Analysis Journal*, 9(1), 97–110.
- Badan Informasi Publik. (2008). Pusat Informasi Kesejahteraan Rakyat, Departemen Komunikasi dan Informatika. Pedoman Umum Program Keluarga Harapan.(PKH).
- Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist*, 35(2), 236–264.
- Nurwati, N. (2008). Kemiskinan: Model pengukuran, permasalahan dan alternatif kebijakan. *Jurnal Kependudukan Padjadjaran*, 10(1), 1.
- Putri, D., Lessy, Z., & Thadi, R. (2022). Implementing family hope program in increasing health and education for the very poor household. *Empati: Jurnal Ilmu Kesejahteraan Sosial*, 11(1), 17–25.
- Riyansuni, I., & Devitra, J. (2020). Analisis Dan Perancangan Sistem Pendukung Keputusan Penerima Bantuan Pangan Non Tunai (BPNT) Dengan Simple Additive Weighting (SAW) Pada Dinas Sosial Kota Jambi. *Jurnal Manajemen Sistem Informasi*, 5(1), 151–

163.

- Samseno, I. F., & Riwanto, A. (2023). Analysis Of The Family Hope Program. *The International Conference on Education, Social Sciences and Technology (ICESST)*, 2(1), 104–116.
- Suleman, S. A., & Resnawaty, R. (2017). Program Keluarga Harapan (PKH): Antara perlindungan sosial dan pengentasan kemiskinan. *Prosiding Penelitian Dan Pengabdian Kepada Masyarakat*, 4(1), 88–92.
- Undang-undang Nomor 11 Tahun 2009 dan Peraturan Presiden Nomor 15 Tahun 2010 tentang Percepatan Penanggulangan Kemiskinan
- Wediawati, B., Jamal, J., Machpuddin, A., Ratnawati, R. T. S., & Syarif, A. (2021). Efektifitas Skema Graduasi Program Keluarga Harapan: Studi Pada Keluarga Penerima Manfaat di Kota Jambi. *Jurnal Ekonomi Aktual*, 1(1), 57–68.