
**THE ROLE OF ADMINISTRATION MEETING TO INCREASE FAMILY ABILITY TO
IMPROVE CHILDREN'S QUALITY
(Study of Analysis on Families of Beneficiaries of the Family Hope Program
in Bandung City)**

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ABSTRACT

The problem in this study is the extent to which the quality of the children of the Family Hope Program (KPM) Family Hope Program (PKH) after the parents, especially the mother, received assistance at PKH, known as the Assistance of Family Capacity Building Meeting (P2K2). This study uses a qualitative method with a descriptive approach. Based on the results of the study, the P2K2 mentoring program run by PPKH Bandung which began in 2017 has been able to improve the quality of children in the form of increasing numbers of children who are absent from school more than 85% and toddlers or pregnant women who do not routinely assess their health at the service health facilities between 478% -687% from before the implementation of P2K2 counterpart program in 2016. Even so, the number of school drop out (DO) children and malnourished children also experienced a significant decline, from 48 children who DO in 2016 to 17 children in the year 2017, while children with malnutrition 0 (none) both in 2016 and 2017. Even so, the process of P2K2 Assistance will run less optimally during 2017 as the average number of implementation is 62%, the presence of KPM follows P2K2 assistance 79%, and the delivered curriculum is only about 61%. Thus the P2K2 mentoring program needs to continue to be developed because the results are good and to further maximize the implementation process.

Keywords : Family Hope Program, P2K2 Assistance, and Child Quality

INTRODUCTION

The quality of children is a reflection of the quality of world nations and civilizations. This is inseparable from the necessity that children today are leaders of the nation and heirs of civilization in the future. BJ. Habibie (Antara News; 2016) reveals that the future of a nation is determined by the quality of human resources (HR), not from natural resources that tend to fluctuate in value. Therefore, a nation and civilization that wants to advance is very important to pay attention to the quality of their children

The Republic of Indonesia Social Affairs Team (2015, 122) suggested that the indicators of quality of human resources (Children) can be seen from: (1) Declining malnutrition

status for children under five (2) Increasing consumption of energy and protein foods for children, (3) Increasing average length child school, (4) Increasing the average number of children's school participation, and (5) Decreasing the number of working hours of children or the absence of working children. Thus, it is necessary for the Indonesian people to improve access and quality of health services and education for children.

Facts on the ground based on data from the survey of the Ministry of Health of the Republic of Indonesia, in 2015 of 165,000 children under five (under five years) in 496 cities/ regencies in Indonesia, the results were 3.8% (6,270) children under five experienced malnutrition and 14,9 % (24,858) lack nutrition. Even from 496 cities/regencies as many as 404 cities/regencies are declared to have acute-chronic nutritional problems, and 20 cities/regencies have chronic status. In the education sector, based on Unicef's data in 2015 it was stated that 2.5 million Indonesian children dropped out of school, with 600,000 elementary schools (SD) children and 1.9 million junior high schools (SMP) children. Statistical data revealed by Unicef (Bisnis.com 2015) shows that there are certain groups of children who are most affected by high malnutrition and high dropout rates are mostly from poor families. It was also revealed that children from poor families had the possibility of dropping out 4 times more than those from poor families. For geographical statistics, the school dropout rate for elementary school children is 3: 1 compared to urban areas.

Indonesia as a developing country cannot be separated from poverty. Based on the release of the Central Statistics Agency (BPS) as of July 2017, the number of Indonesians categorized as poor (a population with per capita expenditure per month below the poverty line) as of March 2017 reached 27.77 million people or around 10.64% of the total population of Indonesia. The impact of poverty is the limited access for the poor to get good health and education services. This is not only due to the inability of the poor in the material aspects of accessing health and education facilities, but also the poor awareness of the importance of health and education for their children in the future. Therefore, it is necessary to provide assistance programs for the poor who can provide enlightenment, knowledge, and skills to be able to improve the quality of their lives and their families as part of a program for poverty alleviation.

The Indonesian government issued a Family Hope Program (PKH) as a government effort to accelerate poverty reduction in the form of a Conditional Cash Assistance (BTB) program for Very Poor Families (KSM) determined based on an Integrated Database (BDT) with accompanying assistance and guidance for beneficiaries [RI Department of Social Team (2015, 30)]. In the international world, this program known as the Conditional Cash Transfer (CCT) has proven to be quite successful in tackling poverty faced in these countries, including the problem of chronic poverty.

PKH target participants or PKH Beneficiary Families (KPM) are Very Poor Families (KSM) based on the UDB, who is recorded as having family members with health component requirements [RI Ministry of Social Affairs Team (2015, 31-32)]: (1) Pregnant women and or childbirth, (2) Under-five-year-old children (toddlers), and (3)

pre-school children (Apras), and educational component requirements: (1) elementary school children (SD) / equivalent, (2) secondary school children First (junior high school) / equivalent, and (3) high school (high school) / equivalent children. The final goal in PKH is to help break the poverty chain through efforts to improve the quality of human resources from the children of PKH KPM. Therefore, in PKH besides PKH KPM get material social assistance, also get coaching, education, and training to make quality PKH KPM through PKH mentoring program which is technically facilitated by PKH Facilitators.

The PKH program and PKH assistance have started since 2007, to date. In the city of Bandung itself, the PKH program and PKH assistance have been effective since 2014, with increasing membership. During the 2014-2016 period, there were poorly categorized children's quality data based on indicators of absenteeism at least 85% of effective days and regular attendance at health facilities every month for toddlers.

Table 1. Child Quality Data PKH KPM is categorized as low in 2014-2016

Tahun	Tahap I		Tahap II		Tahap III		Tahap IV	
	Kualitas Anak rendah	Jumlah Total Anak	Kualitas Anak rendah	Jumlah Total Anak	Kualitas Anak rendah	Jumlah Total Anak	Kualitas Anak rendah	Jumlah Total Anak
2014	424	10754	391	10711	389	10689	378	10279
2015	325	10166	307	10157	211	10151	167	10142
2016	316	9871	284	9816	110	9799	104	9753

In 2017, simultaneously nationally, it was introduced and implemented an integrated, systematic and organized PKH mentoring program, which was labeled Assistance for Family Ability Meeting (P2K2) or also known as Family Development Session (FDS). The RI Department of Social Team (2015, 44), stated that P2K2 is a structured learning process to strengthen behavior changes in KPM. In P2K2 mentoring there is a special module on family care, education, health, economy and child protection compiled by the Ministry of Social Affairs, Bappenas, TNP2K, the World Bank and Unicef.

THEORETICAL REVIEW

The concept of poverty

Ustama (2009, 2) in his journal quoting Alhumani (2006) which defines poverty is no longer just an income discrepancy but more complex regarding incapability, lack of knowledge and skills and lack of access on capital and resources (scarcity of capital and resources). So that further Ustama (2009, 3) quotes or Human Capability in Sen (2000) suggests that the basic element of human capability is education that plays a central role in overcoming the problem of poverty.

The concept of Social Assistance

According to Suharto (2014, 94), social assistance is defined as a dynamic interaction between the poor and social workers to jointly face challenges such as: (1) designing programs for improving socio-economic life, (2) mobilizing local resources, (3) solving

social problems, creating or opening access to fulfillment of needs; and (5) cooperating with various parties relevant to the context of community empowerment.

The concept of Mentoring Family Ability Meeting (P2K2)

The RI Department of Social Team (2015, 44), stated that P2K2 is a structured learning process to strengthen behavior changes in KPM. Coombs (1973) in Marzuki (2011, 103) argues that community development or community development is one of the formats of education outside of school. P2K2 assistance is part of community empowerment efforts, therefore P2K2 assistance is part of the implementation of education outside of school.

The concept of quality of children

According to the term in the Big Indonesian Dictionary (W.S. Poerwadarminta, 1985; 603), the word quality means quality, namely the level of good and bad things. While the understanding of children (W.S. Poerwadarminta, 1985, 125), is interpreted by humans who are still small or humans who are immature. The Republic of Indonesia Social Affairs Team (2015, 121) defines that the quality of children is a qualifying condition for children who have healthy physical and educated (educated) thoughts and gain a livelihood and proper treatment as an effort to achieve future goals.

The RI Department of Social Team (2015, 122) formulated the child quality indicators seen from:

- (1) Poor nutritional status for children under five
- (2) Increase consumption of energy and protein foods for children,
- (3) Increasing average length of schooling for children,
- (4) Increasing the average number of children's school participation, and
- (5) Reduced number of working hours for children or the absence of working children

METHOD

This study uses a qualitative approach with descriptive methods. Qualitative research methods, according to Moleong (2016, 6), our research that intends to understand the phenomenon of what is experienced by the subject of research such as behavior, motivation, perception and so forth holistically and in a description in the form of words and languages on a specific context natural and by utilizing various scientific methods. According to Darmawan (2016, 37), a descriptive research approach is a research that attempts to describe the existing problem solving based on data analyzing and interpreting case studies. Data collection techniques used are observation, interviews, and documentation studies. While data analysis techniques describe data, reduce data, display data, and draw conclusions. The source of data in this study were 8 informants consisting of 2 PKH coordinators, 3 PKH Facilitators, 1 PKH operator, and 3 PKH KPM

RESULTS AND DISCUSSION

The Family Hope Program (PKH) has been nationwide since 2007, under the coordination of the PPKH (Implementing Family Hope Program). However, this program has only been running in the city of Bandung as of August 2013, under the coordination of the Bandung City PPKH, with the secretariat office on Jl. Cipamokolan No. 40 Bandung City. PPKH Bandung City itself, as PPKH in the City. Other regencies in Indonesia, as of 2017 are sub-technical implementers of poverty reduction in the Office of Social and Poverty Reduction in Bandung.

In its implementation, Bandung City PPKH was assisted by the existence of PPKH in each District. The PPKH at the Sub-District Level was formed in each sub-district with PKH participants. The PPKH Subdistrict is the spearhead of PKH because the implementers are directly in touch with PKH participants. In this District PPKH assignment or placement for each PKH Companion. The duties and responsibilities of the PKH or PPKH Subdistrict Facilitators, in general, are to carry out mentoring tasks to PKH KPM in the District concerned.

At the beginning of the PKH program in 2013, from 30 sub-districts in Bandung, the new PKH program was held in 22 sub-districts with 52 PKH facilitators and 3 PKH operators. Only in 2016, all sub-districts (30 sub-districts) in Bandung City have PKH programs.

A. Mentoring Process Family Ability Improvement Meeting (P2K2) to Improve the Quality of Children

P2K2 mentoring process in 2017 in the city of Bandung, can be viewed from 4 (four) aspects, (1) HR involved in P2K2 mentoring, (2) methods, (3) curriculum, and (4) progress in the development of P2K2 mentoring

A.1. HR involved in P2K2 Assistance

The human resources involved in P2K2 mentoring during 2017 consisted of (1) Companion, as many as 84 people, (2) PKH Coordinator for Bandung City, 1 person, and (3) Operators, as many as 7 people. Whereas the new PKH Supervisor was assigned in 2018 because there was only recruitment in late 2017. Although in P2K2 Assistance in 2017 there were 84 facilitators who did, because in this study using the control group model to compare children's quality achievements after P2K2 Assistance in 2017 with the presence of P2K2 mentoring in 2016, the data was used, processed and analyzed and concluded in this study was P2K2 mentoring data from PKH facilitators who had been PKH facilitators in 2016 and carried out P2K2 mentoring in 2017.

A.2. P2K2 Mentoring Method

The method used in P2K2 mentoring in 2017 is as follows:

a. The facilitator grouped the assisted KPM into groups, totaling 10-30 KPM in each group. The division of this group is based on the proximity of the domicile to the KPM's residence so as to facilitate coordination and efficiency. So that 1 group usually contains the same 1 RW (Rukun Warga). Each group of KPM was appointed 1 group leader.

b. The agenda held in P2K2 mentoring is as follows:

(1) Opening

- PKH facilitators open the event and record attendance of PKH participants or KPM attendance
- Companion presents the theme or material of P2K2 Education in this session and also conveys the purpose of the material
- Doing ice-breaking to create a fluid atmosphere or make participants comfortable with the P2K2 mentoring atmosphere

(2) Submission of Material. In this material disarmament, the method used 80% is a presentation or lecture from the speaker, with the material according to the scheduled curriculum. The rest of the material is interspersed with discussions, simulations, role-plays and case studies

(3) Sharing Session (discussion). This session is filled with question and answer activities or provides responses to the material that has been submitted and shares experiences that are appropriate to the material.

(4) Information on complementary agendas, namely information in the form of important PKH agendas that need to be conveyed or disseminated by PKH Assistants to KPM, such as data collection on KPM data needs, cross-check receipt of PKH assistance. This agenda often dominates P2K2 assistance. There are even a number of facilitators who fill P2K2 Assistance often prioritizing this activity compared to the delivery of material according to the curriculum because if there is a deadline for data collection then the facilitator prioritizes this work settlement.

(5) Closing. The closing of the event was done by a companion by giving motivation to the PKH KPM and reminding P2K2 mentoring schedule the following month. Some groups ended the session with a shared meal agenda.

A.3. P2K2 mentoring curriculum

The implementation of P2K2 Assistance in 2017 at the PPKH of Bandung City applies the curriculum set by the Central PPKH.

Table 2. Implementation of P2K2 Mentoring Module Delivery in the implementation of Bandung City P2K2 PPKH Assistance in 2017

Modul	Implementasi
A. Modul Pendidikan <ul style="list-style-type: none"> • Sesi 1 - Menjadi orang tua yang lebih baik • Sesi 2 - Memahami perilaku anak • Sesi 3 - Memahami cara anak usia dini belajar • Sesi 4 - Membantu anak sukses di sekolah 	Modul ini 100% terimplementasikan, baik terimplementasikan 100% dalam jumlah pendamping yang menyampaikan, maupun 100% materi pun tersampaikan

Modul	Implementasi
B. Modul Ekonomi <ul style="list-style-type: none"> • Sesi 5 – Mengelola keuangan keluarga • Sesi 6 – Cermat meminjam dan menabung • Sesi 7 – Memulai Usaha 	Modul ini disampaikan sebanyak 80% dalam pendampingan PKH dari total pendamping yang melakukan Pendampingan P2K2
C. Modul Kesehatan <ul style="list-style-type: none"> • Sesi 8 – 1000 (seribu) hari pertama Kehidupan • Sesi 9 – Anak dan Balita • Sesi 10 – Higinitas, sanitasi dan penyakit 	Modul ini disampaikan sebanyak 20% dalam pendampingan PKH dari total pendamping yang melakukan Pendampingan P2K2
D. Modul Perlindungan Anak <ul style="list-style-type: none"> • Sesi 11 - Pencegahan kekerasan terhadap anak • Sesi 12 – Pencegahan Penelantaran & eksploitasi anak 	Modul ini disampaikan sebanyak 50% dalam pendampingan PKH dari total pendamping yang melakukan Pendampingan P2K2
E. Modul Perlindungan Penyandang Disabilitas <ul style="list-style-type: none"> • Sesi 13 – Perlindungan Penyandang Disabilitas 	Modul ini tidak disampaikan dalam Pendampingan P2K2 tahun 2017
F. Modul Kesejahteraan Lanjut Usia <ul style="list-style-type: none"> • Sesi 14 – Kesejahteraan Lansia 	Modul ini tidak disampaikan dalam Pendampingan P2K2 tahun 2017

Source: P2K2 Assistance Report on the Companion Monthly Report

The number of modules that have not been delivered is due to several factors, for example: (1) P2K2 assistance itself does not work, (2) Companion prioritizes material that he can understand to be delivered, and (3) Companion fills the P2K2 mentoring agenda not with material according to the available curriculum, for example, preferring to fill in with data retrieval to meet work deadlines related to data.

A.4. The progress of P2K2 Assistance Implementation

The concept of grouping P2K2 mentoring in 1 group consisting of 10-30 people PKH KPM is the concept of learning effectiveness as well as time efficiency. Effectiveness is derived from the dynamics of group learning. While the efficiency of time can be seen, for example, the average PKH facilitator in Bandung City accompanies PKH KPM between 150 - 300 people, then a maximum of 1 PKH companion has 10 P2K2 mentoring groups. So, if done optimally, with 1 day 1 group conducted by PKH facilitators in P2K2 mentoring activities, it only takes 10 days from 1 month (20 days of active work) for PKH facilitators to provide P2K2 assistance. However, in reality, the majority of PKH facilitators did not fully assist P2K2, which is only 62% or 7 sessions out of 12 sessions a year. Likewise, PKH KPM, who participated in P2K2 mentoring was 79%. The lack of implementation is due to the lack of an organized planning, control and evaluation role in P2K2 mentoring, where this role should be carried out by PKH

Supervisors who are specifically tasked with the success of P2K2 mentoring, in which PKH supervisors are not yet available.

B. Assistance Role of Family Ability Improvement Meeting (P2K2) to Improve the Quality of Children

To find out the role of P2K2 Mentoring to improve the quality of children PKH KPM as indicated by the indicators formulated by the Ministry of Social Affairs above, a control group technique was carried out, namely comparing the quality data of children before their parents (KPM PKH) received P2K2 Assistance program in 2016 with data after get P2K2 Assistance program in 2017. The data analyzed is the final data closing data paid for the distribution of PKH assistance per triwulan in 2016 and 2017. From the data it will be known, if there is a reduction in assistance to PKH KPM, it is certain that KPM's children are not committed PKH to check routine every month to health facilities if the child is under five, or even the level of attendance at school is less than 85% of all effective days of learning every 1 month for elementary, middle and high school children.

Table 3.

Number of PKH KPM Commitments in Bandung City PPKH 2016-2017

Data Bayar 2016 (Sebelum ada Pendampingan P2K2)		Data Bayar 2017 (Setelah ada Pendampingan P2K2)		Persentase Penurunan Tidak Komitmen
Tahap / Tri Wulan	Jumlah Tidak Komitmen	Tahap / Tri Wulan	Jumlah Tidak Komitmen	
Tahap I	316 KPM	Tahap I	46 KPM	687%
Tahap II	284 KPM	Tahap II	37 KPM	768%
Tahap III	110 KPM	Tahap III	23 KPM	478%
Tahap IV	104 KPM	Tahap IV	18 KPM	577%

Source: Pay data every stage (tri-quarter) in 2016 and 2017

Table 4.

Child Nutrition Data and Drop Out of PKH KPM Children's School Year 2016-2017

Tahun	2016	2017
Gizi Buruk	0	0
Drop Out Sekolah	48	14

Source: updating PKH KPM data for 2016 and 2017

The data above shows the significance of the decline in the number of PKH KPM's non-commitment as well as an indication of the quality of PKH KPM's children that increased after KPM received P2K2 Assistance. The conclusion will be the role of P2K2 mentoring in improving the quality of children PKH KPM in line with the following concepts:

- a. The concept of the role of education in improving the quality of resources (human capital) put forward by Sachs (2005, 245-265) in Utama (2009, 4-5), combined with

the concept of Coombs (1973) in Marzuki (2011, 103) that development or Social assistance is part of the implementation of education outside of school, which by Santoso (1983) in Marzuki (2011, 105) is defined as educational activities carried out in an organized, planned way outside the formal school system, aimed at individuals / groups in the community to improve quality his life. P2K2 assistance in line with a non-school education based on this definition is there in the process and goals of education that seeks to improve the quality of life of the poor to be empowered through the role of non-formal education in schools organized by learning systems, methods and curriculum.

b. The concept of social assistance in social welfare theories, for example what was stated by Suharto (2014, 95) that social assistance plays a role in empowering or strengthening community capacity (capacity building) related to the function of education and training, in which social assistance becomes a vehicle for exchanging ideas a companion with the knowledge and experience of the people he accompanies to raise public awareness in improving the quality of themselves and their families. The skills possessed by PKH KPM with the means of social assistance in the field of family management, education, health, economy, and so on, are embodied in the quality of children of PKH KPM.

c. The concept of the scheme of roles and assistance functions compiled by the Ministry of Social Affairs (2017, 14) as a continuous learning process for PKH KPM with the aim of family independence in an effort to improve the quality of life, making PKH KPM who attend P2K2 mentoring increasingly motivated to encourage their children to attend school and deliver their children to health care facilities. They increasingly believe that when their children are smart thanks to diligent schooling and their children are healthy thanks to routine health checks, their children's hopes of life are better than their condition becomes bigger.

C. Driving Factors and Inhibiting the Role of the Mentoring Process Family Ability Meeting (P2K2) to Improve the Quality of Children

The factors considered to be driving the success of P2K2 mentoring in improving the quality of children PKH KPM in 2017 are as follows:

a. Optimizing the implementation of P2K2 Assistance. With the optimal P2K2 assistance, the process of transferring knowledge, skills, and inspiration to PKH KPM was created. For the creation of this optional P2K2 assistance, it is needed:

- (1) The motivation of companion and KPM PKH in organizing P2K2 assistance
- (2) The willingness of PKH KPM to attend P2K2 assistance
- (3) P2K2 assistance implements the curriculum that has been prepared because this curriculum is the spirit of learning that is in P2K2 mentoring.
- (4) Continuous planning, monitoring, and evaluation of P2K2 mentoring process

b. PKH KPM is committed to its obligations as a PKH participant, namely the obligation in the field of health to check pregnancy and toddlers regularly to health facilities, and obligations in the field of education by encouraging the attendance of children at least 85% of effective days of learning in school, which is actually an obligation this is in line with the achievement of child quality indicators from PKH KPM.

c. Complementary programs for PKH KPM such as BPNT (Non-Cash Food Aid), KIP (Smart Indonesia Card) and KIS (Healthy Indonesia Card), also encourage PKH KPM to access education facilities and health facilities that are useful in improving the quality of children from PKH KPM.

While the inhibiting factor of the P2K2 mentoring role to improve the quality of children PKH KPM is the opposite of the driving points above that are not fulfilled or violated by PPKH, Companion, and PKH KPM.

CONCLUSION

Overall, the results of the study can be summarized as follows:

a. P2K2 mentoring began running in Bandung City PPKH in 2017. In this initial phase the mentoring process has been running optimally following the procedures and guidelines available, although the numbers are still in the middle range, ie implemented at 62%, achievement of materials according to the curriculum in numbers 61%. The absence of PKH supervisors specifically held to oversee P2K2 Assistance is quite significant in influencing the optimization of the P2K2 mentoring process.

b. The role of P2K2 mentoring is very significant to improve the quality of children of PKH KPM. This is marked by the drastic increase in the number of KPM child participation in education and health facilities

c. Commitment to optimizing the implementation of P2K2 Assistance believed to be the main factor driving the success of P2K2 mentoring role to improve the quality of children.

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