

**IMPLEMENTING CONDITIONAL CASH TRANSFERS: A QUALITATIVE  
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**Abstract**

This paper analyzes the effectiveness of Indonesia's conditional cash transfer flagship programme, the Family Hope Program (PKH), in local level implementation. By examining the Bantaran District in Probolinggo Regency, it examines how communication, resources, implementer attitudes, and bureaucratic formalism affect programme performance. A qualitative case study: in-depth interviews with 17 purposively sampled informants, programme facilitators, community leaders, and beneficiary families. In addition, field observations were made and programme reports, as well as local rules, were analysed. The results also show a strong implementation gap: while the PKH is institutionally embedded, there are clear constraints to its transformative potential. Crucial bottlenecks include a lack of facilitator capacity, problems with the communication process that cause beneficiaries to misunderstand conditionality, and very instrumental (rather than substantive) beneficiary compliance. A highly centralized bureaucracy and ongoing targeting inaccuracies also undermine the programme's credibility. An innovation of the study is to combine several strands of evidence to examine CCT implementation at the sub-district level, suggesting that, as Edwards (1998) observed, his variables are interactive and ecosystemic in nature. It points to an "implementation paradox" in which operational viability reinforces marginal developmental effects. The study provides evidence-based recommendations for re-jigging implementation systems and an analytical lens suitable for other social protection programmes in developing countries.

**Keywords:** Policy Implementation, Conditional Cash Transfers, Social Protection, Poverty Alleviation, Programme Effectiveness

**Rosadi, etc**



## INTRODUCTION

Poverty is a complex and ubiquitous global problem that is both income-poverty related, low access to key social services, education, health, protection (Berejena et al., 2025). This is even more pertinent in developing countries where state governments depend greatly on Conditional Cash Transfer (CCT) programs as a way to break the chain of poverty across intergenerational divide by stimulating investment in human capital (Esa et al., 2025; Mohammed & Apiung, 2025). In 2024 March, the number of poor people in Indonesia was estimated to reach 25.22 million or was equivalent to 9.36% of the population (BPS, 2025a). The PKH, Indonesia's main CCT programme was intended to address the issue and develop social protection as a matter of rights. However, significant imbalances remain; the poverty rate in Probolinggo Regency is still 16.45% (BPS, 2025b), and it is important to analyze at the local level how a policy has been implemented to explain pockets of poverty that exist. Propological background (Botea, 2025). The Indonesian government has made extraordinary progress since 1999 in implementing the decentralization process, transferring more authority for managing public affairs from the central to regional governments (Hurwitz et al., 2011).

A large body of literature is currently showing that there is an implementation gap in the social assistance programmes, indicating designs are good but processes encounter bottlenecks on their way to expansiveness. Typical problems include erroneous beneficiary data that result in errors of exclusion (Righettini, 2025; Wakeling et al., 2025), delays in fund transfer that undermine programme legitimacy (Adjagba et al., 2025; Asni et al., 2025) and poor inter-agency collaboration (Opit & Witten, 2025). A more serious problem is the failure of beneficiaries to comprehend programme conditionalities and thus perceive CCTs as a simple transfer, with no behaviour attached (Giordano et al., 2025). Yet these difficulties point to larger institutional and social considerations shaping policy outcomes.

To systematically examine these dynamics, this study draws on (Edwards, 1984) policy implementation framework, which contends that successful implementation is contingent upon four interrelated variables: (1) communication, the extent to which clear policy directives disseminate throughout the implementing system (Chapman et al., 2021); (2) resources, including human, financial, technological and operational capacities (Ployhart et al., 2013); (3) disposition in terms of implementers' attitudes, commitment and integrity (Balogun, 2003), and; bureaucratic structure that involves organisational



arrangements and standard operating procedures that guide implementation. This proposed framework acts as a powerful diagnostic tool to locate the very points at which the PKH implementation machinery can undergo rupture.

Although a great deal of CCTs explanation with these four dimensions have been studied today, the comprehensive analysis of those four dimensions have not been conducted through one research in Indonesia. The evidence on PKH from previous research is ambiguous some researchers document the successful aversion of education and health outcomes (Suharsimi, 2021), while others finds continued means testing errors and administrative holdups (Andayana, 2023). In addition, while MI and PKH facilitators are unanimously acknowledged as the most important street-level bureaucrats in Indonesia Albar & Syamsudin (2024), their role as frontline workers is not sufficiently studied even globally (Tremblay et al., 2016). In addition, Edward's framework focused only somewhat on how communication and disposition intersect to influence frontline performance.

Consequently, this research analyzes the interaction and axis of influence between communication and resources with the disposition as well as bureaucracy structure on PKH performance (Putri Faradina & Lailul Mursyidah, 25). Ultimately, grounded in 8 months of immersive qualitative fieldwork in a heavily impoverished community, the advantage is not to simply employ Edwards' (2015) model with respect to these factors, but rather to do so comprehensively – such that each nexus and its components as it were mutually reinforce one another as opposed to appearing independent problems. The key answer, we hypothesize, is that PKH “works” (in the sense of high participation and experience) not through any single mechanism, but due to synergy among good communication; resources to provide admired items at school independent from program participation; facilitator buy-in; and bureaucratic support for cutting administrative red tape. The results are expected to yield theoretical contributions through the adaptation of a classic policy implementation theory in 21st-century Global South and actionable insights for policy, especially in terms of improving programme design, means of coordination systems, to the completion of SDG Target 1.3 on nationally appropriate social protection system.

## LITERATURE REVIEW

### **Public Policy Implementation: From Formulation to Impact**

The final stage is that, of policy execution which demands the realization of legislative purpose (Pressman & Wildavsky, 1973). Complexity comes into



play from legal, administrative and sociopolitical junctures (Hill & Hupe, 2002; Onyango, 2019). The successful practice of empathy needs to be adapted to the context and stakeholders, and requires accountability (Creed et al., 2018). In development governance, the phenomenon of the “implementation gap” the difference between what is planned and what is actually delivered is particularly common in complex interventions like conditional cash transfers (CCTs).

### **Edward III's Policy Implementation Model: An Analytical Framework**

(Edwards, 1984) such as communication, resources, disposition and bureaucratic structure provide a holistic perspective for the analysis of implementation. Clear communication bridges the integrators and recipients (Aritenang, 2021). Sufficient human and financial resources maintain programme effectiveness (Hendriks et al., 1999). The commitment of street-level bureaucrats influences the quality of services provided (Tummers & Bekkers, 2014). The efficiency of bureaucracy helps in coordination (Nylen, 2007). Together, these variables illustrate the extent to which local administrative context facilitates or hinders the introduction of PKH.

### **Social Assistance Theory and the Role of Conditional Cash Transfers**

In the CCT, short-term consumption support is combined with long-term human capital development. These policies, based on human capital theory, aim to relieve intergenerational poverty by achieving better educational and health outcomes (Thomas et al., 2015). Incentives that offset present-oriented decision making are emphasized in the literature of behavioral economics (Gabel & Kamerman, 2013). Thepeoplesguards.org) The Policy on Social Risk Management views that CCTs represent a predictable flow of resources that would reduce vulnerability of households to shocks (Holzmann & Jørgensen, 2001). This multi-faceted nature distinguishes CCTs from unconditional transfers (Ben Haman, 2025).

### **The Social Protection System of Indonesia: The Family Hope Program (PKH)**

PKH is Indonesia's flagship CCT, targeting the poorest 1015% of households with a multilayered governance architecture in place (Mensah et al., 2024). The conditions range from health and education to social welfare. There is evidence of some beneficiary outcomes (Keluarga & Pkh, 2025), but persistent targeting errors and limited service integration are problematic issues (Glendinning, 2003). The program's movement towards digital payments and improved supervision as part of the broader drive to make social protection more efficient (Soejachmoen, 2016).

### **Synthesis of the framework: Assessing the implementation of PKH.**



The study combines Edward's model with that of social assistance theory to consider PKH within decentralised governance. However, it is an analysis of 'communication flows' and 'distribution of resources', as well as the calibration of a range of additional variables, which could include facilitator dispositions and bureaucratic modes (Brinkerhoff & Wetterberg, 2013, 2016). This framework also involves the coordination of policy and practice across sectors (health, education, social care) (Milbourne et al., 2003) and how street-level bureaucrats interpret their work (May & Winter, 2009). The synthesis offers transferable lessons for similar middle-income countries (Perera et al., 2022).

### **Novelty and Research Positioning: Bridging Theory and Localized Implementation**

This paper contributes to providing an empirical understanding of how the formal policy framework of Indonesia interacts with the informal local practices. The discussion underscores the role of socio-cultural norms, power dynamics, and frontline adaptations in shaping PKH implementation (Lutz, 1971; Rządca & Strumińska-Kutra, 2016). By a unified "policy adaptation framework" (Saputro et al., ), it considers both structural and agentive aspects of CCT delivery by going beyond technical indicators to highlight socio-political processes through which programme effectiveness and community acceptance are shaped.

## **METODE PENELITIAN/ RESEARCH METHOD**

### **Research Design**

This research uses a qualitative case study to describe the socio-administrative complexity of PKH implementation in Bantaran District. Case studies are appropriate when phenomena and context are being studied that cannot be separated from one another (Yin, 1982). The qualitative approach enables to study of how the actors interpret and negotiate the programme regulations in local governance settings (Jawad, 2019). The design catches at micro-processes of how regulations, street-level bureaucrats, and community responses interact to produce outcomes in Indonesia's decentralised system.

### **Data sources and informants**

Data were elicited through triadic triangulation; primary interviews with 17 purposively sampled participants and secondary sources such as policy items and evaluation reports. Representativeness was established through stratified purposive sampling from policy makers to recipients (Abutabenjeh & Jaradat, 2018; Egitim, 2022). This multilevel approach allows for the nested nature of



interactions among programme design and local implementation (Howlett, 2009), which is crucial to comprehending CCT operating in developing settings.

**Table 1**  
**Research informant profile**

Implementation Level	Institutional Role	Informants	Data Focus
Macro (Regency)	Policy Formulation & Oversight	3	Strategic coordination, resource allocation
Meso (District)	Program Management & Coordination	4	Operational procedures, inter-agency dynamics
Micro (Community)	Frontline Implementation & Reception	10	Service delivery, beneficiary experiences

**Data Collection Techniques**

Data were sequentially accumulated from January to March 2024. The semi-structured interviews, which lasted 60–75 minutes and were carried out in the local language, followed Edward III’s framework. Communication and beneficiary engagement were contextualised through participant observation at 12 community meetings. The triangulation of interviews, observations, and documents increased trustworthiness through cross verification (Yin 2023).

**Data analysis**

Results were analysed according to Miles et al.'s (2024) interactive model of condensation, display, and validation. The NVivo software was used to facilitate systematic pattern recognition and data management. Analytical rigor was established through weekly peer debriefing and negative case analysis (Creswell & Poth, 2023). This iterative process identified both implemented patterns of explicit use and underlying structural influences.

**Table 2**  
**Analytical Framework Application**

Theoretical Dimension	Analytical Focus	Data Sources
Communication	Information clarity and feedback mechanisms	Interview transcripts, meeting observations
Resources	Human capital and financial allocation	Administrative documents, facilitator accounts
Disposition	Implementer motivation and commitment	Field notes, beneficiary perspectives
Bureaucratic Structure	Coordination efficiency and procedural clarity	Policy documents, cross-informant comparisons



## RESULTS AND DISCUSSION

### Socio-Economic and Demographic Profile of Bantaran District

Location The Bantaran District (Probolinggo Regency) area is ±85 km<sup>2</sup>, as it covers 15 villages and has a population of 65,020 residents for the year 2023 (BPS, 2023). It is a lowland-hilly area and particularly suited to a subsistence agricultural economy. With 68% of working-age residents, but few options for employment and education, there is widespread structural poverty. Social Protection, including PKH, is important but insufficient; there is a high demand for social protection, and it pushes the poverty vulnerability in the district.

### Village-wise Population Distribution

The distribution of population among Bantaran's 15 villages varies between moderate and larger, with the largest being Bantaran (9.4 percent), Sumberkare (8.4 percent), Patokan (8.2 percent), and Banyuwanyar (6.7 percent). Below are Legung Barat 5.4% and Legung Timur 5.3% with a total population of 65,020 people. This scattered settlement pattern represents geographical and socio-economic diversity concerning programme targeting.

Table 3.

Map of Population Distribution Per Village in Bantaran District (2023)

Village Name	Population	Percentage (%)
Bantaran	6,120	9.4
Sumberkare	5,460	8.4
Patokan	5,330	8.2
Banyuwanyar	4,355	6.7
Ranuwurung	4,225	6.5
Gunung Tugel	4,225	6.5
(Other Villages)	...	...
Legung Barat	3,520	5.4
Legung Timur	3,480	5.3
<b>Total</b>	<b>65,020</b>	<b>100</b>

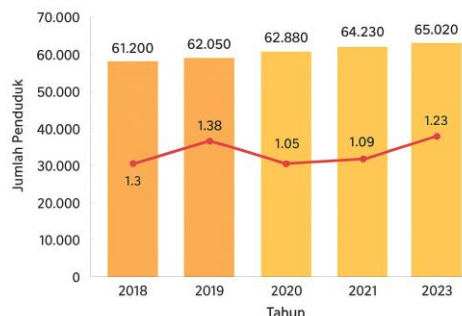




Figure 1.

Sub-District Population Growth in 2018-2023

Economic Structure and Poverty Incidence

A more substantial part of Bantaran’s economy, 60%, is formed by agriculture: 32% landowning farmers and another 28% agricultural labourers. Just over two-thirds of GDP is made up by trade, informal services, and migrant labour at 15%, 12% and 8%. Some 35% of households, or 7.500 families, are considered poor, and 3.243 were registered as PKH recipients in 2023. This economic organisation shows a high susceptibility to shocks and highlights the need for strengthening social protection.

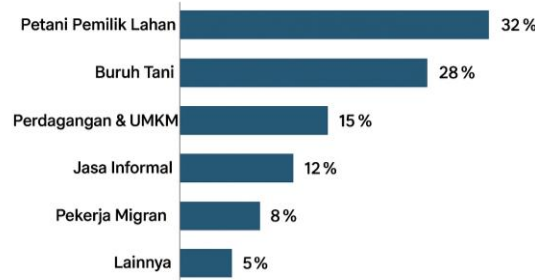
Table 4

Bantaran District: Primary Livelihoods (2023)

Livelihood Sector	Percentage (%)
Farmer (Land Owner)	32
Agricultural Laborer	28
Trade & Micro-Enterprise	15
Informal Services	12
Migrant Worker	8
Formal Sector/Other	5
<b>Total</b>	<b>100</b>

Figure 2

Poor vs. Non-Poor Households in Bantaran District (2023)



The Family Hope Program (PKH) in Bantaran

Similar programs known as PKH have existed in Bantaran since 2007. A total of 3,243 families (KPM) had received the assistance through this program in 2023, an increase from its initial 500 family beneficiaries, where the conclusion drawn from is that the expansion of the program has a grip on the social condition of the people who are continued mired in the abyss of poverty. The breakdown of beneficiaries also directly supports the human capital objectives of the program: 52.7 percent are of school-age, 34.5 percent pregnant women and toddlers, 6.0 percent elderly, and 2.8 percent persons with severe disabilities.

(A line graph would be inserted here, showing a steady increase from 500 KPM in 2007 to 3,243 KPM in 2023).

**Analysis of Communication Variables**

Bantaran's continued struggle with communication is a notable weakness. Although the Ministry has a formal system in place for disseminating information to facilitators, the attendance rate at Family Development Sessions (70–75%) is low, which has a negative impact on the comprehension levels of the recipients. Due to work commitments and challenging weather conditions, attendance has been affected. For example, a resident of Kropak was unable to attend FDS locations due to inclement weather. A significant proportion of PKH beneficiaries continue to perceive the PKH as an unconditional transfer rather than a conditional human capital programme. Many PKH recipients have yet to fully understand that the PKH is actually a programme designed to promote accountability among beneficiaries.

**Analysis of Resources Variable**

Resource shortages have a significant impact on PKH implementation, particularly the high facilitator-to-participant ratio of 1:270, which limits the effectiveness of mentoring and monitoring. Facilitators recognise that excessive caseloads can compromise the effectiveness of assistance. Furthermore, beneficiaries incur indirect costs, such as transport to bank agents, which reduces the programme's real value. Supply-side limitations, including a shortage of secondary schools and a single main health centre, further hinder compliance with the stipulated conditions. The beneficiary composition is dominated by school-aged children (52.7%) and pregnant women/toddlers (34.5%).

**Analysis of Disposition Variable**

The attitudes of the implementers were generally good, whereby security facilitators went the extra mile, despite being overworked and with little incentives. Some village functionaries were also active obituarists. But beneficiary disposition differed: few grasped PKH's aims, but most engaged in "administrative compliance," as they complied with requirements mainly to safeguard transfers. This uncovers a dispositional lag between compliance and substantive behaviour change, which, in restricting PKH's ability to develop human capital, is even stricter than the former.

**Analysis of the Bureaucratic Structure Variable**

PKH's bureaucratic system, organized on a step-by-step discourages flexibility, especially in the updating of the beneficiaries (DTKS). Grassroots-level actors understand the dynamics of changing poverty but are unable to influence the updating of national databases, which means that false inclusions and exclusions become more or less permanent. This is a nice violation of programme fairness and trust. One of the reasons so many competent residents can still be found to be beneficiaries is the slow updating of data, indicative of systemic rigidity and inherent unresponsiveness to local situations.

**Interconnectedness of Implementation Variables**

The four implementation factors function as a whole rather than of items. For instance, centralised data management creates targeting and communication issues that



facilitators have to solve, which takes time away from guidance. High case loads undermine customer knowledge and attitude. Vulnerabilities in one dimension spread in a vomit of weakness into others, generating a systemic loop that impairs PKH's effectiveness to transform from the short-term protection to long-term empowerment.

### **Towards an Integrated Implementation Model**

The results suggest that all four variables must be performed simultaneously. Reformulated regional model recommended: (1) tailored local digital adaptive communication; (2) adequate resources for direct costs, including having a proper facilitator ratio and indirect cost support; (3) disposition development through "stickiness" of intrinsic motivation and empowerment driving persistence in acquiring data Waldron–Van Holde(5); and (4) flexible bureaucratic systems allowing for local validation. Such a structure advances poverty reduction and supports the long-run human capital goals of PKH.

### **Discussion: Navigating the Implementation Gap in Conditional Cash Transfers**

The result of the analysis highlights a huge contrast between the god master planning of PKH with reality on the ground in the Bantaran District. Within Edwards III's structure, the divide is born of interlocked failure in communications, resources, disposition, and bureaucracy. Such structural flaws limit PKH to being a human-capital investment, keeping it as minimal short-term aid-but not a future development tool.

### **Communication is key to getting to know your beneficiaries.**

Lack of communication became the primary constraint. Policy objectives are set at higher echelons; however, dissemination down to beneficiaries is deficient. Some recipients still consider PKH universal aid, supporting the finding of misconstrued conditional cash transfer (Giordano et al., 2025). Thus, the spread of information tends to be one-way announcements rather than information exchange, creating discord between policy intent and community awareness, with corresponding consequences for human-capital outcomes.

### **The Ripple Effects of Resource Constraints**

Resource Factor-lack of adequate facilitators is a major challenge. Consistent with Hendriks et al. (1999), sound practice costs money, but caseworkers often have high case loads that lower the quality of monitoring and guiding. These limitations resulted in significant delays, data inaccuracies, and operational issues reported in previous research (Adjagba et al., 2025; Asni et al., 2025; Righettini, 2025). Insufficient logistical and technical back-up also restricts optimal programme implementation.

### **Street Level Bureaucrat Disposition: A Double-Edged Sword**

Attitudes of the facilitators play an important role in implementation and thereby strengthen the importance of street-level bureaucrats (Tummers & Bekkers, 2014). Although dedicated facilitators frequently modify policy to local circumstances, goodwill alone is not enough. Their effectiveness is, in any case, limited by overload, contradictory instructions, and inflexible administrative procedures. "It's more about what's being 'produced' – a disposition that is shaped by the structural and resource



conditions, which very much fits with criticisms of Edwards' model and also brings attention to its relational nature.

### **Coordination Problem: Bureaucratic Structure**

Indonesia's fragmented bureaucratisation system is obstructing coordinated service provision. Weak inter-agency coordination, in line with Opit & Witten (2025), creates administrative bottlenecks resembling the ones found in previous PKH evaluations (Andayana, 2023). Sectoral operations in siloes prevent the comprehensive family support that PKH aims to deliver (Glendinning, 2003). This confirms theoretical assertions that coherent bureaucratic organisation is central for effective execution of the programme (Nylen 2007).

### **Synthesis and Novelty: The Linked Nature of Implementation Factors**

This article shows that Edwards' four terms operate as dynamic systems interlocking with one another. Poor communication heightens facilitator burden, depleting resources and dampening morale; Inflexible systems limit information transfer, and demoralise enablers. This verifies the assumption that PKH success relies on compound congruence between the variables. The synthesis reconciles inconsistent PKH results; gains occur if conditions are favourable, and high poverty zones such as Bantaran expose greater systemic malfunction (Andayana, 2023), pointing to a significant shortcoming in earlier analyses.

## **CONCLUSION**

It is proven by this study that PKH execution in Bantaran District has hampered systemic gaps that cover from Edward III variables, four. Inadequate communication and instruction limit the receipt of students as to human-capital objectives, the relationship between them and severe resource constraints (a facilitator ratio of 1:270) leave guidance at administrative rites. Beneficiary attitude is shallowly compliant, and a highly-centralised bureaucracy generates targeting mistakes leading to the erosion of trust. All of these interacting weaknesses reduce the transformative potential of PKH, from strategic investment to short-term relief. The study suggests tactical communication strategies informed by local context, increased facilitator ability, participatory beneficiary involvement based on empowerment, and hybridized data systems that mix national standards with local leeway. More generally, effective social protection entails incorporating the feasibility of programmes into their design; implementing process-quality monitoring; and strengthening linkages with education and health services. Effecting CCTs for real human-development effects necessitates implementation ecosystems as strong as policy design to reconcile aspirations with field practice.



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