

THE CONTRIBUTION OF THE FAMILY HOPE PROGRAM IN REDUCING THE STUNTING RATE IN CHILDREN IN KAMPAR DISTRICT, RIAU PROVINCE

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Abstrak: Berdasarkan Keputusan Menteri PPN/Kepala Badan Perencanaan Pembangunan Nasional Nomor Kep 42/M.PPN/HK/04/2020 tentang Penetapan Lokasi Pemekaran Kabupaten/Kota Sebagai Fokus Intervensi Pengurangan Stunting Terintegrasi Pada tahun 2021 Kabupaten Kampar menjadi salah satu lokus Intervensi Pengurangan Stunting. Kabupaten Kampar memiliki jumlah penduduk miskin yang cukup tinggi, yaitu sebanyak 65,30 ribu jiwa pada tahun 2020, dengan persentase penduduk miskin sebesar 7,38 persen. Pemerintah telah melaksanakan gerakan nasional pencegahan stunting untuk menekan masalah stunting dan bermitra dengan multisektor. Salah satu program yang telah dilaksanakan dalam Program Keluarga Harapan (PKH). Penelitian ini menggunakan metode Desk Study dengan analisis deskriptif kualitatif. Metode Desk Study dilakukan dengan mengumpulkan data dan informasi melalui pemeriksaan dan analisis data informasi menggunakan data sekunder, baik dalam dokumen, undang-undang, peraturan, laporan, data statistik, studi literatur, dll. Berdasarkan kegiatan fungsional, Charles O Jones menyatakan efektif atau tidaknya pelaksanaan program. Standar penilaian yang dapat digunakan adalah organisasi, interpretasi, dan Aplikasi. Kesehatan ibu hamil/menyusui, bayi, dan balita. Dan masih ada pelaksanaan PKH di beberapa bagian Kabupaten Kampar yang belum sesuai prosedur, sehingga pendampingan PKH masih belum maksimal tepat sasaran.

Kata kunci: Program keluarga harapan, stunting.

Abstract: Based on the Decree of the Minister of National Development Planning/Head of the National Development Planning Agency Number Kep 42/M.PPN/HK/04/2020 concerning Determination of District/City Expansion Locations for the Focus of Integrated Stunting Reduction Interventions in 2021, Kampar Regency is one of the locus of Stunting Reduction Interventions. Kampar Regency has a fairly high number of poor people, as many as 65.30 thousand people in 2020, with a percentage of poor people of 7.38 percent. The government has implemented a national stunting prevention movement to suppress the stunting problem and partnered with multi-sectors. One of the programs that have been implemented in the Family Hope Program (PKH). This research uses the Desk Study method with qualitative descriptive analysis. The Desk Study method is carried out by collecting data and information through examination and analysis of information data using secondary data, either in documents, laws, regulations, reports, statistical data, literature studies, etc. Based on functional activities, Charles O Jones states whether the program implementation is effective or not. The assessment standards that can be used are organization, interpretation, and Application. Health for pregnant/breastfeeding mothers, infants, and toddlers. And there are still PKH implementations in some parts of the Kampar district that have not been in accordance with procedures, so PKH assistance is still not optimally targeted.

Keywords: The family hope program, stunting.

A. Background

The phenomenon of poverty is still a problem that is enough to attract the attention of every country and as soon as possible to find a way out. Poverty can impact the order of people's lives, especially on health. The lack of ability of the poor to meet their daily needs and fulfillment in terms of the economic sector makes them ignore the importance of health factors in their family life. For this reason, the issue of poverty alleviation and health is always being pursued by the government by becoming a priority issue that has been stipulated in the Presidential Regulation of the Republic of Indonesia Number 18 of 2020 concerning the National Medium-Term Development Plan (RPJMN) for 2020-2024. Poverty alleviation and health are listed in the president's mission in the 2020-2024 RPJMN in Human Quality

Improvement, with a strategy of making efforts to improve Basic Services and Social Protection.

The health problem faced by the poor is the fulfillment of nutrition. Low income and purchasing power make it difficult for the poor to meet their family's food needs. The nutrition of each family member is also overlooked, especially for children who need adequate nutrition in their development period. The nutritional problem that often arises due to the low quality of the food consumed is stunting in children. Stunting is a chronic nutritional problem where a person experiences a failure of optimal growth and development due to the impact of cumulative and continuous nutritional deficiencies. Children who experience stunting are stunted in their physical growth and their brain development, which causes low intellectual intelligence (Social, 2020). The new stunting condition appears after the baby is in the womb and in the early days after the baby is born, but the stunting condition only appears after the baby is two years old (TNP2K, 2017).

Children who come from families classified as poor are certainly at great risk of experiencing stunting. The low level of education has an impact on the mother's lack of knowledge about the importance of good nutrition during pregnancy and after giving birth, the lack of information on how to properly care for children, and the low income that results in the inability of families to meet adequate nutritional intake for children (Rezeki & Srg, 2021).

Based on the Decree of the Minister of National Development Planning/Head of the National Development Planning Agency Number Kep 42/M.PPN/HK/04/2020 concerning Determination of District/City Expansion Locations for Integrated Stunting Reduction Intervention Focus in 2021 that in Riau province, Kampar district is one of the locus Stunting reduction intervention. This is because Kampar is the largest district in Riau Province, with an area of 11,289.28 km², consisting of 21 sub-districts and 250 villages. Kampar Regency has a fairly high number of poor people, as many as 65.30 thousand people in 2020, with a percentage of the poor population of 7.38 percent (Riau, 2021). This is in accordance with the table below:

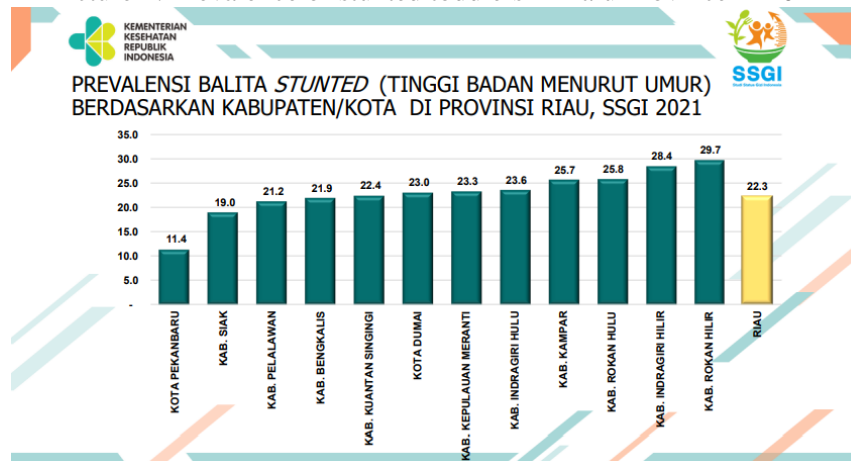
Table 1. Number of Poor People in Riau Province in 2020

Kabupaten/Kota Regency/Municipality	Jumlah Penduduk Miskin (ribu)/ Number of Poor People (thousand)		Persentase Penduduk Miskin Percentage of Poor People	
	2019	2020	2019	2020
(1)	(2)	(3)	(4)	(5)
<i>Kabupaten/Regency</i>				
01. Kuantan Singingi	31,22	29,34	9,56	8,91
02. Indragiri Hulu	26,66	26,66	6,06	5,96
03. Indragiri Hilir	48,29	44,29	6,54	5,93
04. Pelalawan	45,98	45,88	9,62	9,16
05. Siak	24,49	25,38	5,03	5,09
06. Kampar	66,81	65,30	7,71	7,38
07. Rokan Hulu	72,21	73,35	10,53	10,31
08. Bengkalis	35,83	36,96	6,27	6,40
09. Rokan Hilir	49,80	48,85	7,01	6,72
10. Kepulauan Meranti	49,89	47,10	26,93	25,28
<i>Kota/Municipality</i>				
71. Pekanbaru	28,60	30,40	2,52	2,62
73. Dumai	10,95	9,88	3,56	3,16
Riau	490,72	483,39	7,08	6,82

Source: BPS Riau province in 2021

From the table above, it can be seen that Kampar is the region with the second-largest number of poor people after the Rokan Hulu Regency. Apart from that, Kampar Regency is the Regency with the largest number of Pre-Prosperous Families in Riau Province, which is 31,952 families in 2020 (Riau, 2021). This condition certainly affects the prevalence of stunted children under five, where Kampar Regency is ranked 4th in the province of Riau. This corresponds to the image below:

Picture 1. Prevalence of stunted toddlers in Riau Province in 2021

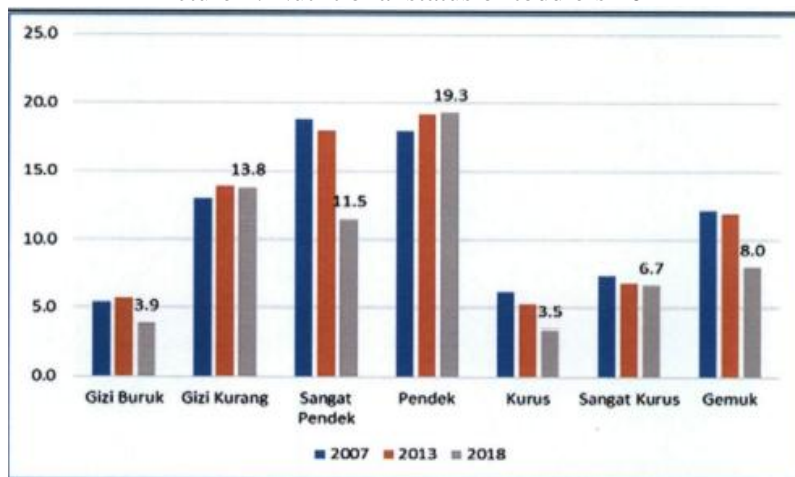


Source: Pocket Book of Indonesian Nutritional Status Study Results (SSGI) in 2021

From the picture above, it can be seen that the prevalence of stunted toddlers (height according to age) in 2021, Kambar Regency is 25.7 or ranked in the top 4 in Riau province. So this is a concern in the Stunting case in Kampar Regency. In order to suppress the stunting problem, the government has implemented a national stunting prevention movement and partnered with multi-sectors. One of the programs that have been implemented in the Family Hope Program (PKH). PKH is one of the social protection programs in Indonesia in the form of social assistance. This assistance is given to poor and vulnerable families with certain conditions where they are registered in the Social Welfare Integrated Data (DTKS) (Ministry of Social Affairs, 2021). PKH is one of the government's efforts in accelerating poverty reduction and specifically aims to break the intergenerational poverty chain. This program is known internationally as Conditional Cash Transfers (CCT).

The health of children under five is also a special concern in PKH. Based on Riskesdas data conducted in 2007, 2013, and 2018 there was an increase in the nutritional status of children aged under five (0-59 months) in several indicators related to nutrition. However, there was also a decrease in several other indicators, such as under-fives with less nutrition. The results of the 2018 Riskesdas monitoring show that children under five with severe malnutrition and malnutrition in 2018 amounted to 17.7% nationally, while the 2019 RPJMN targets this figure to be reduced to 17% (Ministry of Social Affairs, 2021). The 2018 Riskesdas data shows that around 11.5% of Indonesian children under five with very short status, and as many as 19.3% of the others are short. The following is the nutritional status of toddlers to be the main concern in implementing PKH:

Picture 2. Nutritional status of toddlers 2021



Source: PKH 2021 Handbook

The low income causes low-income families to be unable to meet their health and education needs, even at a minimal level. If pregnant women do not get adequate health services, this will result in poor health conditions and nutritional intake of the baby in the mother's womb and, of course, affect the baby's health at birth. This also has a major impact on the growth and development of children, thus allowing the emergence of an increase in the issue of stunting in infants in Indonesia.

B. Research Method

This study uses the Desk Study method with qualitative descriptive analysis. The Desk Study method is carried out by collecting data and information through examination and analysis of information data using secondary data, either in documents, laws, regulations, reports, statistical data, literature studies, etc.

C. Results and Discussion

1. Hope Family Program Contribution To Reduce Stunting Rate In Children

According to Charles O. Jones, Public Policy is a policy used in everyday practice. However, used to replace very different decisions. Charles O Jones analyzes the problem of policy implementation schematically, based on the concept of functional activities (Charles O Jones, 1996). Jones, in his book Public Policy, mentions whether the implementation of the program is effective or not; the assessment standards that can be used are as follows:

Organization. In this case, the organization must have an organizational structure, the existence of human resources as implementers of equipment, and a clear legal umbrella. The implementation of the Family Hope Program (PKH) involves various ministries/agencies and local governments. Coordination between ministries/agencies and synergy between central and local governments are key factors for the successful implementation of PKH (Ministry of Social Affairs, 2021). The PKH institution refers to the Minister of Social Affairs Regulation Number 1 of 2018 concerning the Family Hope Program.

In the policy description of the Ministry of Social Affairs Regulation No. 1 of 2018 concerning the Family Hope Program, it is stated that the Family Hope Program is a program of providing conditional social assistance to poor and vulnerable families and/or someone who is registered in the integrated data of the program for handling the poor, processed and designated as a family. Benefit recipients. The Family Hope Program (PKH) is a program policy established by the Ministry of Social Affairs through the Minister of Social Affairs Regulation No. 1 of 2018. PKH was formed to accelerate the government's efforts to reduce poverty and specifically aims to break the intergenerational poverty chain. As a community social assistance program, PKH aims to open access for pregnant women and young children to utilize health facilities/services and school-age children to utilize educational facilities/services where they live.

Minister of Social Affairs Regulation No. 1 of 2018 article 3, namely, "The target of PKH is a family and someone who is poor and vulnerable and registered in the integrated data of programs for handling the poor, has components of health, education, and social welfare." In particular, the health component is explained again in Article 5 as referred to in Article 3, which includes: pregnant/breastfeeding mothers and children aged 0 (zero) to 6 (six) years. Pregnant/breastfeeding mothers and children under five in the PKH program get the following rights: (1) health checks at health service facilities in the village; (2) health checks for breastfeeding mothers by giving exclusive breast milk; (3) health checks at health care facilities for infants and toddlers.

Based on problems in the health sector, especially among pregnant women and vulnerable children under five, there is a need for nutritional intervention and social protection by the government. The problem in pregnant women and toddlers that is a concern in this current era is the problem of stunting in infants or toddlers. The acceleration of stunting reduction is a national priority activity that has been implemented since 2018 in 100 regencies/cities. Further expanded to 160 regencies/cities in 2019 and 260 regencies/cities in 2020.

Based on the letter of the Minister of National Development/Head of the National Development Planning Agency Number: B.240/M.PPN/D.5/PP/01.01/04/ In 2019, regarding the expansion of the Integrated Stunting Reduction Intervention Focus location in 2020, it was stated that Kampar Regency, Riau Province, was the locus of Stunting Reduction intervention. In 2019, the prevalence of stunting under five was 32%. The stunting locus villages were spread over 10 villages, namely the villages of Danau Lancang, Pandau Jaya, Pulau Jambu, Ranah Singkuang, Bungo River, Bangun Sari, Tanjung Karang, Gajah Betalut, Aur Kuning, and Canal (Mastina, 2021).

In 2020, through Perbub No. 44 of 2019 concerning the reduction of stunting, the determination of the stunting locus was again carried out based on the number of stunted toddlers in the Kampar Regency. From data from the Health Office, there is an increase in stunting under five, namely: a. in the village of Ranah Singkuang from 12.3% to 23.3%; b. Bangun Sari Village from 6.3% to 20.8%; c. And Tanjung Karang Village from 29.8% to 33.3%, while seven other villages experienced a decline (Mastina, 2021). Based on this, the decision of the Kampar Regent Number 440.439/VI/2020 concerning the determination of the focus location for stunting reduction in Kampar district was issued; there were 13 new loci villages bringing the total stunting locus villages to 16 villages in 2020. This is in accordance with the data below:

Table 2. Percentage of Stunting Toddlers in Locus Village, Kampar Regency in 2020

No	Desa	Jumlah pendek dan sangat pendek	%	Keterangan
1	Tanjung Karang	17	33,3	Desa tahun 2019, Kec. Kampar Kiri Hulu
2	Ranah Singkuang	34	23,3	Desa tahun 2019, Kec. Kampar
3	Bangun Sari	16	20,8	Desa tahun 2019, Kec. Kampar Kiri Hilir
4	Balung Sungai	44	26,5	Kec. XIII Koto Kampar
5	Geringging	25	25,0	Kec. Kampar Kiri
6	Sungai Raja	20	20,4	Kec. Kampar Kiri
7	Padang Sawah	29	23,1	Kec. Kampar Kiri
8	Sungai Liti	51	23,9	Kec. Kampar Kiri
9	Batu Sanggan	8	20,5	Kec. Kampar Kiri Hulu
10	Indra Sakti	55	23,2	Kec. Tapung
11	Kampung Pinang	35	20,1	Kec. Perhentian Raja
12	Teluk Kenidai	46	24,8	Kec. Tambang
13	Bukit Betung	14	23,7	Kec. Kampar Kiri Hulu
14	Sialang Kubang	43	20,5	Kec. Perhentian Raja
15	Sungai Putih	22	20,1	Kec. Kampar Timur
16	Tabing	38	21,3	Kec. Koto Kampar Hulu
Total		497		

Source: Kampar District Health Office 2020

Referring to the WHO standard, the maximum percentage of stunting in an area is 20% or one-fifth of the total number of children under five. From the table above, most areas in Kampar have prevalences above 20%. In the Kampar Regency area, which has the highest percentage of stunting, Tanjung Karang village is 33.3 percent, and the lowest is Kampung Pinang and Sungai Putih villages, with a percentage of 20.1%. However, the entire Kampar district is above the maximum limit set by WHO, which is 20% (<https://kebijakankesehatanindonesia.net/25-berita/berita/3802-angka-stunting-turun-tapi-belum-standar-who>).

The main mission of the PKH program is to increase poverty in Indonesia. In 2019, the Indonesian government aimed to reduce the poverty rate to 7% or 8% (<https://rsddrsoebandi.id/cek-penerima-bansos-pkh/>). PKH is expected to contribute significantly to reducing poverty, reducing inequality, and increasing the human development index.

The main targets of PKH are mainly pregnant women and children from low-income families, intending to help these target recipients to use various educational service facilities and health service facilities closest to where they live. In the Kampar area, the poverty rate is not low. In the last three years, the poverty depth index has increased. As illustrated in the table below: ese target recipients to use various educational service facilities and health service

facilities closest to where they live. In the Kampar area, the poverty rate is not small. In the last 3 years, the poverty depth index has increased. As illustrated in the table below:

Table 3. Poverty depth index in Kampar Regency 2013-2020

Tahun Year	Indeks Kedalaman Kemiskinan Poverty Gap Index	Indeks Keparahan Kemiskinan Poverty Severity Index
(1)	(2)	(3)
2013	0,86	0,15
2014	1,22	0,30
2015	1,41	0,32
2016	1,24	0,29
2017	1,01	0,20
2018	1,10	0,21
2019	0,93	0,18
2020	0,77	0,13

Source: BPS Kampar Regency 2021

The index into poverty (Poverty Gap Index-P1) is a measure of the average expenditure gap of each poverty population against the poverty line. The higher the index value, the farther the average population spends from the poverty line (<https://www.bps.go.id/subject/23/kemiskinan-dan-ketimpangan>). From the table above, it can be seen from 2018 to 2020 that Kampar Regency has a low poverty depth index, so it can be concluded that the average population expenditure is close to the poverty line. This makes the role of the PKH Program very much needed in helping to create prosperous families that are far from poverty, where a prosperous family makes it possible to create healthy women and mothers who are ready to face a healthy pregnancy and bring babies and toddlers born free from stunting.

Interpretation or Understanding. Interpreting the policy language into appropriate and acceptable and implementing plans and directions. Interpretation activity is an activity to explain the substance and a policy in operational and easy-to-understand language so that the substance of the policy can be implemented and accepted by policy actors and targets. Substantially, the Family Hope Program (PKH) is based on the Regulation of the Minister of Social Affairs of the Republic of Indonesia Number 1 of 2018 concerning the Expected Family Program. PKH is one of the social protection programs in Indonesia in the form of social assistance. This assistance is given to poor and vulnerable families with certain conditions where they are registered in the Integrated Social Welfare Data (DTKS). As a conditional social assistance program, PKH aims to open access to Aid Recipient Families (KPM) for pregnant women and early childhood in utilizing health facilities/services and school-age children to take advantage of educational facilities/services available at KPM's residence.

Table 4. Population by age group and gender

Kelompok Umur Age Groups	Jenis Kelamin/Sex		Jumlah Total
	Laki-Laki Male	Perempuan Female	
(1)	(2)	(3)	(4)
0-4	43 775	41 462	85 237
5-9	39 703	37 802	77 505
10-14	37 644	35 034	72 678
15-19	36 924	34 715	71 639
20-24	38 645	37 715	76 360
25-29	38 239	37 154	75 393
30-34	36 832	35 679	72 511
35-39	33 679	32 731	66 410
40-44	31 480	29 522	61 002
45-49	27 416	25 971	53 387
50-54	22 905	21 019	43 924
55-59	17 917	16 245	34 162
60-64	12 339	11 111	23 450
65-69	7 615	6 939	14 554
70-74	3 164	3 125	6 289
75+	3 018	3 813	6 831
Kabupaten Kampar	431 295	410 037	841 332

Source: BPS Kampar Regency 2021

From table 4 above, it can be seen that the number of children 0-4 belonging to the toddler group is 85,237, which is more than the total population of the age group over the age of 4 years. This is a special concern for the Kampar Regency government. The emergence of stunting problems that occur in children under five where the condition is failure to thrive due

to chronic malnutrition so that children are too short for their age (Atmilati Khusna & Soedarto, 2017) (TNP2K, 2017), is an urgent problem to find a solution immediately. So that the president makes a policy in Presidential Regulation of the Republic of Indonesia Number 72 of 2021 regarding the acceleration of stunting reduction. based on Presidential Decree No. 72 of 2021 Chapter II article 2 paragraph 2, stunting reduction is carried out with the strategy of (a) reducing stunting prevalence; (b) improving the quality of preparation for family life; (c) ensure the fulfillment of nutritional intake; (d) improve parenting; (e) improve access and quality of health services; and (f) improve access to drinking water and sanitation.

The stunting reduction strategy above is in line with the determination of the criteria for PKH beneficiaries. Based on the Minister of Social Affairs Regulation No. 1 of 2018, PKH recipients are distinguished by components, namely health, education and social welfare components. The components of health are: 1. Pregnant/postpartum/breastfeeding women; 2. Early childhood. PKH beneficiaries are entitled to: a. PKH social assistance; PKH social assistance; services in health, education, and or social welfare facilities and; as well as complementary assistance programs in the fields of health, education, energy subsidies, economy, housing and fulfillment of basic needs (Ministry of Social Affairs, 2021).

With the high number of children under five in Kampar Regency and followed by the still high poverty rate in Kampar Regency, namely 7.38% (BPS, Kampar Regency 2021), financial assistance is needed to support the finances of poor PKH recipients through the Family Hope Program. In addition to speeding up the disbursement schedule, the government also increased the amount of assistance for the Family Hope Program (PKH) by 25% during the corona virus outbreak (Program et al., 2021). The schedule and value of assistance during the Covid-19 pandemic can be seen in the following table:

Table 5. Value of Assistance for the Family Hope Program (PKH) in 2020

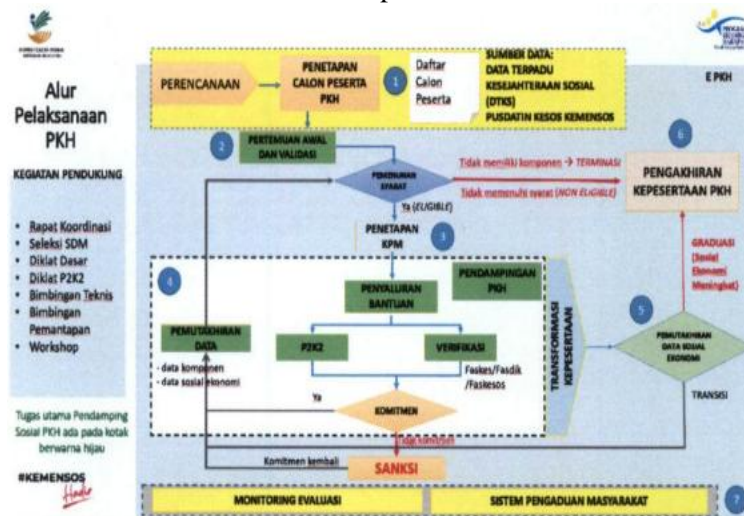
No	Kategori	Indeks/Tahun	Indeks/Tahun	Tambahan 25%
1	Ibu Hamil	3.000.000	250.000	3.750.000
2	Anak Usia Dini	3.000.000	250.000	3.750.000
3	SD	900.000	75.000	1.125.000
4	SMP	1.500.000	125.000	1.875.000
5	SMA	2.000.000	166.000	2.500.000
6	Disabilitas	2.400.000	200.000	3.000.000
7	Lansia	2.400.000	200.000	3.000.000

Source: PPKH Kampar, 2020

From the table above, it can be seen that the largest budget provided for the assistance of PKH beneficiary families is for the category of Pregnant Women and Early Childhood, which is Rp. 3,000,000.00, which during the Covid-19 pandemic received an additional value of 25% of assistance so that it becomes IDR 3,750,000.00. Thus, PKH has the opportunity to contribute to addressing the problem of poverty in the Kampar Regency, where the problem of poverty is one of the factors that increase the number of stunting. Due to economic limitations, this is due to the inability to fulfill nutrition for women, pregnant and lactating mothers, and children under five.

Application. In the implementation of the Family Hope Program (PKH) it has been regulated in the Implementing the Family Hope Program (PKH) has been regulated in the Minister of Social Affairs Number 1 of 2018 in the form of a PKH implementation mechanism. The PKH mechanism is implemented starting from planning, determining prospective PKH participants, validating data on prospective PKH beneficiaries, determining PKH KPM, distributing PKH social assistance, PKH assistance, increasing family capacity, verifying PKH KPM commitments, updating PKH KPM data and PKH membership transformation. The PKH implementation process consists of several stages. The following is the PKH implementation flow:

Picture 3. PKH Implementation Flow



Source: PKH Guidebook for 2021

Based on Figure 3 above, it is clear that the implementation flow from the planning process to the distribution of aid is accompanied by assistance so that the beneficiary families (KPM) can take full advantage of the assistance and become independent families in meeting their needs. The Family Hope Program (PKH) is one of the government's efforts to reduce the prevalence of stunting in Indonesia. One of the targets of PKH is poor and vulnerable families registered in the Integrated Data for the Poor Handling Program, which has a health component with criteria for pregnant or lactating mothers, and children aged zero to six years. The PKH program in the health sector includes obstetrical examinations for pregnant women, provision of nutritional intake and immunization, and weighing of children under five. In addition to beneficiary families (KPM), PKH facilitators also have an obligation to socialize and educate KPM regarding the importance of the first 1000 days of life, nutrition for pregnant women, pregnancy tests, and overcoming diseases and environmental health (CTPS, latrine hygiene, clean water providers).

PKH has been implemented for more than 10 years and has factually succeeded in increasing the nutritional status of PKH KPM. World Bank research results show that PKH reduces 2.7% of stunting cases (<https://puspensos.kemensos.go.id/kontribusi-program-keluarga-harapan-pkh-dalam-pencegahan-stunting-di-indonesia>). In addition, in 2020, the government's form of concern through the Family Hope Program in alleviating stunting problems is to increase the PKH social media value index for the category of pregnant women and early childhood from 2.4 million to 3 million rupiahs per year, which is expected to provide wider opportunities for mothers. Pregnant women to prepare for a healthy pregnancy and good nutrition for their children. With the addition of the aid index, mothers are able to access nutritious food for themselves and their children.

In several areas throughout Kampar district, the implementation of the PKH Program has brought changes, and improvements for KPMs, such as in Kualu village, Tambang district; from the results of previous research the implementation of the PKH Program is quite effective, of course with various records of success reaching 78.61% in helping the welfare of the poor (Angela, 2019). The implementation of PKH in the Tambang sub-district of Kampar Regency is going well. Still, attention needs to be paid to inadequate facilities and the invalid PKH KMP data based on verification in the field because the DTKS is not updated regularly (Program et al., 2021).

However, some areas of Kampar district also have obstacles in implementing PKH, namely the village of Muara Jalai in implementing PKH as an effort to reduce poverty based on the results of previous studies that have not been carried out well enough because the implementation of PKH has not been in accordance with procedures. The implementer did not verify the prospective PKH participants, and there were communication factors and bureaucratic structures related to PKH management (Elfisyarah, 2018). The implementation of

the PKH program in Tanjung Village, Koto Kampar Hulu District is still not effective; this is due to the lack of thoroughness of the facilitators and village officials in selecting community data collection as PKH KPM, so the PKH program has not been targeted in building the welfare of the poor. (FEBRIANI, 2021).

The implementation of PKH, which has been implemented in several areas in Kampar Regency from the results of the previous studies above, requires more efforts to be carried out according to the standards that have been set in policies related to PKH, so that the goal of PKH towards a prosperous family is realized. In the scope of handling the stunting problem, which is carried out through the PKH program, it has not been implemented significantly; it can be seen that the PKH program in Kampar Regency has not been seen to reduce stunting rates as a whole. Meanwhile, the results of the Riskesda survey showed that the prevalence of stunting in Kampar district in 2013 was 32%, no changes occurred, or stagnation in 2018 was 32% (Kementerian Kesehatan.go.id).

D. Conclusion

From the discussion above, it can be concluded that the problem of stunting is an issue that must be considered by the implementers of the Family Hope Program. In addition to the welfare of families indicated as poor, PKH can also help alleviate the problem of stunting, which generally occurs in low-income families due to their inability to provide good nutrition for women, pregnant women, and infants to toddlers. The problem of stunting can be prevented by adequate nutrition and health needs of babies who are still in the womb and then strengthened again with adequate nutritional intake for newborns to toddlers. With the inclusion of pregnant/postpartum/breastfeeding women and early childhood in the components and criteria for PKH beneficiaries, the PKH Program should have contributed to reducing stunting rates in the Kampar district. Kampar Regency is again included in the city where the integrated stunting reduction intervention will focus in 2021, indicating that the stunting rate is still high in Kampar Regency. Some PKH actors have not been maximal in implementing the PKH program related to the stunting problem. And the large number of PKH budgets that have not yet been targeted at the poor.

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