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Spatial Inequality in Facilitator Workload in Conditional Cash Transfer Implementation: The Farthest Areas Receive the Thinnest Support

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Abstract

Conditional cash transfers depend on field facilitators who inform recipients, verify compliance, and update beneficiary data. This article analyses the implementation of Indonesia's Family Hope Programme (Program Keluarga Harapan, PKH) in a mountainous rural district, focusing on how facilitator workload is distributed across villages. Studies of PKH implementation in Indonesia generally assess implementation factors in aggregate. This descriptive qualitative single case study drew on interviews with the facilitator coordinator and beneficiary families, observation, and documents (April–September 2021), organised by Edwards III's four implementation factors; facilitator workload was then compared with village area and accessibility. Eight facilitators served 1,530 beneficiary families in five villages, with caseloads of 112 to 289 families per facilitator. The two largest villages (about 3,800 ha each) had one facilitator each, who carried the heaviest loads (289 and 254 families; 494 and 442 benefit components). Thus, 25% of facilitators served 35.5% of beneficiary families across 53.2% of the district's area. Facilitators coped with damaged roads and absent mobile signal by taking detours and relaying information through neighbouring beneficiaries. Allocating facilitators by village and caseload, without regard to terrain, produces spatial inequality that shifts part of programme communication onto recipients.

Keywords: *Family Hope Programme, Conditional Cash Transfer, Street-Level Bureaucracy, Facilitator Workload, Spatial Inequality*

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1. Introduction

Conditional cash transfers (CCTs) have become a principal social protection instrument in many developing countries. Cash is given to poor families on the condition that they meet obligations related to children's health and education (Fiszbein & Schady, 2009). In Indonesia, this instrument takes the form of the Family Hope Programme (*Program Keluarga Harapan*, PKH), which began in 2007. In 2020, the number of recipients was raised from 9.2 million to 10 million families (Bisnis.com, 2020a). Experimental evaluation shows that PKH increased births attended by health professionals, reduced the number of children out of school, and in the long term reduced stunting by 23% (Cahyadi et al., 2020).

These outcomes are achieved only if the programme's conditions are actually enforced. Recipients must know their obligations, attendance at schools and health facilities must be verified, and recipient data must be kept up to date. In PKH, this work falls to social assistance facilitators (*pendamping*) at the district (*kecamatan*) level. Minister of Social Affairs Regulation No. 1 of 2018 on the Family Hope Programme assigns facilitators to provide support, including family capacity-building sessions (*Pertemuan Peningkatan Kemampuan Keluarga*, P2K2), compliance verification, and data updating. In Lipsky's (2010) terms, PKH facilitators are street-level bureaucrats. The policy that citizens ultimately experience is the policy these facilitators carry out, within the limits of the time, resources, and field conditions they face.

District-level studies of PKH implementation in Indonesia generally apply the Edwards III (1980) model and assess communication, resources, disposition, and bureaucratic structure in aggregate. Such studies, including Kristian (2022) in the same district as the present study, conclude that facilitator resources are adequate and that the main obstacles are geographical, such as roads and mobile signal. This aggregate conclusion leaves one question open: are facilitator resources distributed in proportion to the difficulty of the terrain they must serve? If not, "adequate resources" at the district level may conceal inequality at the village level.

This article addresses that question through a case study of PKH implementation in a mountainous rural district in West Java. It asks three questions: (1) how PKH is implemented in terms of Edwards III's four factors; (2) how facilitator workload is distributed across areas and how it relates to geographical obstacles; and (3) how facilitators and recipients cope with these obstacles. The article contributes by moving the analysis of the resource factor from the aggregate to the spatial level and by showing that shortfalls in facilitator capacity are covered by shifting part of the programme's work onto recipients.

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2. Literature Review

2.1 Policy implementation and the resource factor

Edwards III (1980) proposed four factors that shape implementation success. Communication covers the transmission, clarity, and consistency of policy information. Resources cover staff, information, authority, and facilities. Disposition refers to the attitudes and commitment of implementers. Bureaucratic structure covers standard operating procedures and fragmentation. In this model, staff resources are often judged by number and competence. Pressman and Wildavsky (1973) showed early on that implementation involves many decision points, each of which can delay or derail a programme. This article adds a dimension of the resource factor that is often overlooked, namely distribution: who serves how many recipients, over how large an area, and with what kind of access.

2.2 Street-level bureaucrats and coping mechanisms

Lipsky (2010) showed that street-level bureaucrats work with resources that are chronically inadequate relative to the demands of their tasks. To cope, they develop routines and coping strategies, such as limiting contact, prioritising certain clients, or relying on others to deliver services. These mechanisms keep the work going, but they also determine who receives more service and who receives less. The distribution of facilitator workload is therefore more than a management issue. It determines who actually experiences the programme as designed.

2.3 Targeting, data updating, and graduation

The accuracy of social assistance targeting depends on data. In Indonesia, prospective PKH recipients must be registered in the Integrated Social Welfare Data (*Data Terpadu Kesejahteraan Sosial*, DTKS), which is updated with the involvement of village governments. Alatas et al. (2012) showed that proxy means testing and community-based targeting both produce inclusion and exclusion errors, and that communities tend to use concepts of poverty that differ from consumption measures. At the same time, the government pursues "graduation", the exit from the programme of recipients who have become better off. In January–August 2020, the Ministry of Social Affairs recorded that 711,126 beneficiary families (*keluarga penerima manfaat*, KPM) had exited or graduated from PKH, against a target of one million for that year (Bisnis.com, 2020b). Graduation requires up-to-date data and recipients' willingness to give up assistance. Both lie outside facilitators' direct control.

2.4 Analytical framework

This study uses Edwards III's four factors as a deductive framework to organise the interview data. The resource factor is then analysed spatially by comparing facilitator workload (the number of beneficiary families and the number of benefit components)

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with village area and with the access obstacles that informants identified. The mechanisms facilitators use to overcome these obstacles are interpreted through the concept of street-level bureaucrats' coping (Lipsky, 2010).

3. Research Method

3.1 Research design and context

This study used a descriptive qualitative approach with a single case study design. The case is PKH implementation in Pamulihan District, Garut Regency, West Java. The district consists of five villages covering 14,372 ha at an altitude of 660–1,200 m above sea level. The terrain is hilly and borders plantation and protected forest areas on mountain slopes. Protected forest covers 6,938.10 ha, or 48.3% of the district's area (Kecamatan Pamulihan, 2020). Of the 19,873 families in the district, 3,795 were recorded as poor, or 19.1% (Kecamatan Pamulihan, 2020). PKH has operated in the district since 2008.

3.2 Informants and data collection

Informants were selected purposively. The key informant was the district PKH facilitator coordinator (K1), who coordinates eight facilitators. Supporting informants were beneficiary families selected in the field and coded KPM; the beneficiary-family quotations reported in this article come from KPM1. The interview with K1 was conducted face to face and followed up through a messaging application. Interviews with beneficiary families were conducted in Sundanese and translated into Indonesian by the researchers. Observation was carried out at the research site. The documents analysed were Minister of Social Affairs Regulation No. 1 of 2018, the 2021 PKH General Guidelines, 2020 data on the number of facilitators and beneficiary families, and the 2020 district profile. Data were collected in April–September 2021.

Part of the same field data, namely the district poverty figures and interview quotations from the facilitator coordinator, has been reported in Kristian (2022) using a descriptive analysis of Edwards III's four factors. The present article differs in its questions, data, and analysis. The spatial analysis of facilitator workload uses recapitulation data on beneficiary families per facilitator and per village, including their benefit components, which were not reported in that article.

3.3 Data analysis and trustworthiness

Interview data were analysed interactively through data condensation, data display, and conclusion drawing (Miles et al., 2014), with initial categories derived from Edwards III's four factors. Workload data were analysed descriptively. For each village, we calculated the number of beneficiary families, the number of benefit components, the number of facilitators, and the ratios of beneficiary families, components, and area per facilitator. The results were compared with the areas that informants described as hard

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to reach. Trustworthiness was maintained through source triangulation (facilitators and recipients) and method triangulation (interviews, observation, and documents) (Lincoln & Guba, 1985). All derived figures were calculated by the authors from the source tables.

4. Results

4.1 Communication: vertically consistent, broken at the end of the chain

In terms of transmission, clarity, and consistency, K1 described orderly vertical communication. Facilitators attend technical guidance sessions and monthly coordination meetings before passing information on to recipients, and the content follows the guidelines and regulations:

"We carry out every instruction from the central government exactly as directed. We never add to or subtract from the information [...]. When our superiors tell us to convey A, then we in the field will certainly convey A." (K1)

Socialisation is conducted in stages from the district to the village, hamlet, neighbourhood association (RW), and household cluster (RT) levels through joint deliberations with community leaders. It covers the legal basis, objectives, recipient criteria, benefit amounts per component, and the rights and obligations of beneficiary families (K1). The beneficiary families interviewed knew PKH as government assistance for poor families and knew that disbursements occur every three months. However, they did not know the programme's rules: "about that, I don't really know" (KPM1).

Communication problems arise at the end of the chain, between facilitators and beneficiary families in remote areas. According to KPM1, residents of a particular village were often late for or absent from meetings because they had not received word:

"For me personally there's no difficulty, because if anything comes up the PKH facilitator tells us straight away. But those in the Panawa area probably have difficulties, because when they're asked to gather they're often late, or some don't even come because they don't know. The facilitator has probably contacted them, but because the area is far away the phone signal is poor, and the road there is also damaged." (KPM1)

4.2 Resources: adequate in aggregate, unequal across space

K1 judged the programme's resources to be adequate. These resources included facilitators, support from the village and district governments, community leaders, operational funds, facilitator incentives, and guidebooks. Facilitators are bound by the PKH human resources code of ethics, with sanctions ranging from a warning to dismissal (K1). However, the facilitator allocation data present a different picture at the village level (Table 1).

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Table 1. PKH facilitator workload by village, 2020

Village	Area (ha)	Facilitators	Beneficiary families	Components	Families per facilitator	Components per facilitator	Area per facilitator (ha)
A (Pananjung)	1,900.90	2	263	394	131.5	197	950
B (Garumukti)	2,716.40	2	350	526	175.0	263	1,358
C (Linggarjati)	2,109.00	2	374	672	187.0	336	1,055
D (Panawa)	3,814.60	1	254	442	254.0	442	3,815
E (Pakenjeng)	3,831.10	1	289	494	289.0	494	3,831
Total	14,372.00	8	1,530	2,528	191.3	316	1,797

Source: Calculated by the authors from district PKH facilitator data (2020) and the district profile (2020). Components are the number of pregnant women, children under five, primary, junior secondary, and senior secondary school children, older persons, and persons with severe disabilities in recipient families. Totals for older persons and persons with severe disabilities are the sums of the village figures.

Caseloads per facilitator ranged from 112 to 289 beneficiary families (individual facilitators; Table 1 reports village averages), so the largest caseload was 2.6 times the smallest. The distribution was not random. The three villages of 1,900–2,700 ha were each served by two facilitators. The two largest villages, each of about 3,800 ha, were served by only one facilitator each. These two lone facilitators carried the largest beneficiary-family and component loads in the district (289 and 254 families; 494 and 442 components). Each also covered an area three to four times larger than that of the other facilitators. Overall, 2 of the 8 facilitators (25%) served 543 of the 1,530 beneficiary families (35.5%) across an area of 7,645.7 ha (53.2% of the district).

Village D is the village that KPM1 described as the area whose residents often did not receive word. K1 also named a hamlet in village D as the location with the steepest roads and no mobile signal. The area with the most severe access obstacles was therefore served by a facilitator whose workload and area coverage were among the largest.

4.3 Geographical obstacles and facilitators' coping strategies

K1 identified two main obstacles. The first was road access:

"The access road to the villages we support, because some roads to the villages are extremely steep [...]. So when facilitators want to support the beneficiary families, it is very difficult because road access is so poor." (K1)

The second obstacle was mobile signal. Transmission towers reach only the areas near the district centre, while settlements in the plantation areas are blocked by hills, so information is difficult to deliver to the heads of beneficiary-family groups (K1). The two obstacles reinforce each other: when the phone does not reach, facilitators must visit in person, but in-person visits are hampered by damaged roads.

To overcome these obstacles, facilitators developed two approaches:

"To deal with the first obstacle, we look for alternative routes to reach our destination, even if it means taking a long detour [...]. To deal with the second obstacle, if something has to be communicated to PKH beneficiary families urgently, we usually

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contact the beneficiary family nearest to the area without signal and ask them to pass the information on to the families who cannot be reached, or if that nearest family can't, then we still have to deliver it, even if we have to go to those families in person." (K1)

The first approach adds to facilitators' travel time, even though that time is already divided among the largest numbers of beneficiary families. The second approach transfers programme communication tasks to fellow beneficiary families. Information delivery then depends on the willingness and accuracy of the intermediary families, and no mechanism ensures that messages arrive.

4.4 Disposition: broad support, resistance to data updating

All parties mentioned by informants supported PKH: the district government, village governments, community leaders, and facilitators. According to K1, no party rejected or tried to obstruct the programme. Recipients experienced direct benefits: "the benefit is really felt [...] it can be used to meet daily needs such as buying school supplies, for cooking, and for going to the doctor" (KPM1).

Resistance came instead from some recipients when their data were to be updated:

"When data updating was carried out, some beneficiary families protested and refused to have their data updated, even though they were already considered well-off or no longer had any components." (K1)

According to K1, beneficiary families who had become prosperous "will be advised to withdraw", while those who no longer had any components "will be terminated by the system". In other words, the system can terminate recipients who lose their components. For recipients who still have components but are economically well-off, however, facilitators have only persuasion at their disposal.

4.5 Bureaucratic structure: clear procedures, data dependent on villages

K1 considered PKH procedures clear. Prospective recipients must be registered in the DTKS and meet the criteria for the destitute and the poor. Recipients submit documents (identity card, family card, birth certificate, maternal and child health book, and school report or school certificate) for data synchronisation. Assistance is disbursed four times a year through distributing bank agents in each village. According to K1, disbursement posed no difficulty because agents are available in almost every village. However, K1 also explained that the presence of recipients who were already well-off resulted from data not having been updated at the village and district levels. Data on prospective recipients are drawn from the DTKS, which is entered by village governments. Targeting accuracy thus depends on a link in the chain that facilitators do not control.

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5. Discussion

5.1 Adequate resources can conceal inequality

At the district level, the resource factor appears adequate: facilitators are competent, bound by a code of ethics, and supported by local government. An earlier study in this district reached the same conclusion (Kristian, 2022). The village-level analysis presents a different picture. Facilitator allocation appears to follow a logic of one or two facilitators per village. That logic does not account for the fact that two villages are twice the size of the others and contain the hardest-to-reach areas. The result is an inequality that runs opposite to need: the more difficult the area, the thinner the support.

This finding extends the resource factor in Edwards III's (1980) model. The question "are there enough staff?" needs to be complemented by "how are staff distributed relative to the terrain they serve?". In a programme whose conditions are verified through face-to-face contact, distance and access determine how much contact is possible. Caseloads that are equal in number are not equal in time. One hundred beneficiary families in a village with good roads require far less time than one hundred beneficiary families scattered across plantation hamlets.

5.2 Coping strategies that shift the burden onto recipients

Facilitators' two coping strategies, taking detours and relaying information through neighbouring beneficiary families, are rational responses to a workload out of proportion to the terrain (Lipsky, 2010). The second strategy, however, has distributive consequences. When messages about meetings or obligations are passed through intermediary families, recipients in the farthest areas receive information more slowly and less reliably. KPM1's account that residents of village D "are often late, or some don't even come because they don't know" illustrates the consequence. In a conditional programme, absence is not a minor matter. P2K2 attendance is a recipient obligation, and beneficiary families that do not meet their obligations may have their assistance suspended (K1). K1 did note that the reasons for non-compliance are examined first, including whether the facilitator had failed to deliver the information. This safeguard, however, relies on the judgement of the facilitators with the heaviest workloads.

The unequal allocation of facilitators may therefore translate into unequal exposure to sanctions and unequal benefits. Recipients in the farthest areas face higher compliance costs to obtain the same entitlements.

5.3 Targeting and graduation beyond facilitators' reach

The finding that some well-off recipients refused data updating shows the limits of facilitators' authority. The central government has set large graduation targets (Bisnis.com, 2020b). In the field, however, the only instrument facilitators have for recipients who still have components is to advise them to withdraw. Meanwhile, the data

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that determine eligibility depend on village governments' entries in the DTKS. This finding is consistent with Alatas et al. (2012), who showed that targeting errors stem from the way poverty data are produced, not solely from implementers' behaviour. For implementation, this means that targeting accuracy cannot be made the responsibility of facilitators alone. The village-level updating cycle needs to become part of programme accountability.

5.4 Theoretical and practical implications

Theoretically, this article indicates the need to read the resource factor in implementation models spatially. In programmes that rely on face-to-face contact, how implementers are distributed relative to terrain may shape recipients' experience more than the aggregate number of implementers. The street-level bureaucracy perspective helps explain how the shortfall is covered, namely by shifting part of the work onto recipients, and who bears the consequences.

Practically, we offer four recommendations. First, district social affairs offices and PKH coordinators could allocate facilitators using weights for area, travel time, signal availability, and number of components, not only the number of beneficiary families. Adding one facilitator, or redrawing the assigned areas for the two largest villages, would be a measurable first step. Second, the information relay chains already in use should be formalised through the heads of beneficiary-family groups, with fixed schedules and confirmation of message receipt. Third, assessments of absence and suspension of assistance in areas with poor signal should take into account whether the information actually arrived. Fourth, the DTKS updating cycle at the village level should be scheduled and monitored jointly with facilitators so that graduation does not depend solely on recipients' willingness.

This study has limitations. The interview data rest on one key informant from the implementing side and a small number of beneficiary families, and there were no interviews with the facilitators in villages D and E or with beneficiary families in village D. The spatial analysis is descriptive and uses area as a proxy for the difficulty of terrain, without data on travel time or visit frequency. Further research could measure facilitator contact frequency, P2K2 attendance, and suspensions of assistance by village to test whether unequal allocation actually leads to unequal compliance and benefits.

6. Conclusion

PKH implementation in the study district proceeds with broad support, clear procedures, and consistent vertical communication. It is, however, spatially uneven. Eight facilitators served 1,530 beneficiary families, with caseloads of 112 to 289 families each. The two largest and least accessible villages were each served by a single facilitator carrying the heaviest load. Road and signal obstacles were handled by taking detours and passing information through fellow beneficiary families, so that recipients in the farthest

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areas received information last and faced a higher risk of absence. On targeting, data updating depends on village governments, and facilitators can only persuade well-off recipients to leave.

The main lesson is that the adequacy of implementing resources must be judged by their distribution relative to terrain, not only by their number. Otherwise, a programme designed to reach the most vulnerable families is weakest precisely where those families live.

Declarations

Manuscript origin. This article was developed from the second author's undergraduate thesis in the Public Administration Study Programme, Universitas Al-Ghifari (2021), supervised by the first and third authors. Part of the same field data has been reported in Kristian (2022). This article uses different research questions, recapitulation data, and analysis. This overlap is disclosed to the editor in the cover letter.

Author contributions. Heri: conceptualisation, supervision, writing (review and editing). Mia Giri Nuriyani: data collection, formal analysis, writing (original draft). Yuyun Mulyati: methodology, validation, writing (review and editing). Josaphat Tetuko Sri Sumantyo: spatial analysis of facilitator coverage and terrain, writing (review and editing).

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Conflict of interest. The authors declare no conflict of interest.

Ethical considerations. Informants gave their consent to be interviewed, and their identities have been anonymised. Village names are retained in the table for the purposes of spatial analysis, while facilitators' names are not given.

Data availability. Interview transcripts are not publicly available to protect informant confidentiality. The aggregated workload data are reported in Table 1 and are available from the corresponding author on reasonable request.

Use of generative AI. The authors used AI-assisted tools for language translation and editing of the manuscript. All data, findings, and references were checked by the authors, who reviewed the output and take full responsibility for the content of the manuscript.

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