

LAPORAN KEGIATAN
PENGABDIAN
KOLABORATIF INTERNASIONAL



FAKULTAS TARBIYAH DAN KEGURUAN
UNIVERSITAS ISLAM NEGERI AR-RANIRY BANDA ACEH



PUSAT KAJIAN PENDIDIKAN DAN MASYARAKAT



UNITED NATIONS INTERNATIONAL
CHILDREN'S EMERGENCY FUND (UNICEF)

*Strengthening of the Integrated Child Social Welfare Service /
Pusat Kesejahteraan Sosial Anak Integratif (PKSAI) in Aceh*

Lokasi:

*Provinsi Aceh, 5 Agustus 2020
s.d. 31 Desember 2021*

FAKULTAS TARBIYAH DAN KEGURUAN
UIN AR-RANIRY BANDA ACEH
2021

A. PENDAHULUAN

1. Latar Belakang

Kesejahteraan dan perlindungan anak di Indonesia telah diatur oleh berbagai kebijakan dan program, antara lain mulai dari Undang-Undang Dasar 1945, dimana anak terlantar dan fakir miskin dipelihara oleh negara. Undang-Undang Republik Indonesia Nomor 4 Tahun 1979 Tentang Kesejahteraan Anak telah mengatur tentang hak anak yaitu “anak berhak atas kesejahteraan, perawatan, asuhan dan bimbingan berdasarkan kasih sayang baik dalam keluarganya maupun dalam asuhan khusus untuk tumbuh dan berkembang dengan wajar”, dan tanggung jawab orang tua yaitu bahwa “orang tua bertanggung jawab terhadap kesejahteraan anak”.

Pada konteks kesejahteraan sosial anak, permasalahannya adalah belum terpenuhinya hak-hak dasar anak seperti hak sipil dan kebebasan fundamental, kesehatan, gizi, air dan sanitasi lingkungan, dan pendidikan. Dalam konteks pengasuhan anak, permasalahan dilihat dari pelaksanaan kewajiban orang tua atau orang tua penggantian lembaga kesejahteraan sosial anak (LKSA) dalam pengasuhan anak. sedangkan dalam isu perlindungan anak yaitu belum terpenuhinya hak-hak anak untuk memperoleh perlindungan dari pihak-pihak yang berkewajiban melindungi anak seperti keluarga, masyarakat, atau lembaga perlindungan anak.

Permasalahan anak menjadi perhatian besar sejak lama. Berdasarkan data Biro Pusat Statistik (2006), jumlah anak Indonesia di bawah 18 tahun mencapai 79.898.000 jiwa, dan mengalami peningkatan menjadi 85.146.000 jiwa pada tahun 2008. Sementara itu, Kementerian Sosial melalui Program Kesejahteraan Sosial Anak (PKSA), sejak tahun 2005 sampai 2013, rata-rata baru bisa menangani 3,7% atau sekitar 170.000 anak/tahun.

Pada tahun 1990 Indonesia telah meratifikasi Konvensi Hak Anak (KHA) melalui Keppres 36/1990 pada tanggal 25 Agustus 1990 dimana substansi inti dari KHA adalah adanya hak asasi yang dimiliki anak dan ada tanggung jawab Negara-Pemerintah-Masyarakat-dan Orang tua untuk kepentingan terbaik bagi anak secara optimal. Kemudian KHA dikuatkan dengan terbitnya Undang-Undang Nomor 23 tahun 2002 Tentang Perlindungan Anak yang mengatur tentang Hak dan Kewajiban Anak, serta kewajiban dan tanggung jawab negara, pemerintah, masyarakat, keluarga, dan orang tua. Di samping itu juga diatur tentang kuasa asuh, perwalian, pengasuhan dan pengangkatan anak, serta penyelenggaraan perlindungan.

Di lingkup Kementerian Sosial (selanjutnya disebut Kemensos) untuk mempercepat penanganan masalah sosial; anak, pada tahun 2009 Direktorat Kesejahteraan Sosial Anak mulai mengembangkan Program Kesejahteraan Sosial Anak (PKSA) melalui kegiatan uji coba penanganan anak jalanan di lima wilayah yaitu Jawa Barat, DKI Jakarta, Lampung,

Sulawesi Selatan, dan Yogyakarta. PKSA dikuatkan melalui kebijakan pemerintah yaitu keluarnya Instruksi Presiden Nomor 1 Tahun 2010 Tentang Percepatan Pelaksanaan Prioritas Pembangunan Nasional, dimana diperlukan penyempurnaan program bantuan sosial berbasis keluarga khususnya bidang kesejahteraan sosial anak balita terlantar, anak terlantar, anak jalanan, anak dengan disabilitas, anak yang berhadapan dengan hukum. Selanjutnya PKSA dikuatkan lagi dengan Instruksi Presiden Nomor 3 Tahun 2010 Tentang Program Pembangunan yang Berkeadilan, yang menetapkan PKSA sebagai program prioritas nasional salah satunya PKS-Anak Jalanan. Selanjutnya, sebagai tindak lanjut dari Instruksi Presiden, telah ditetapkan Keputusan Menteri Sosial RI Nomor 15A/HUK/2010 Tentang Panduan Umum Kesejahteraan Sosial Anak (PKSA).

Pada tahun 2013, penerima manfaat Program Kesejahteraan Sosial Anak sebesar 175.611 anak. Program ini bertujuan untuk mewujudkan pemenuhan hak dasar anak dan perlindungan terhadap anak dari keterlantaran, kekerasan, eksploitasi, dan diskriminasi sehingga tumbuh kembang, kelangsungan hidup, dan partisipasi anak dapat terwujud. PKSA juga mendorong perubahan paradigma dalam pengasuhan, peningkatan kesadaran masyarakat, penguatan tanggung jawab orang tua/keluarga dan masyarakat, serta mekanisme pemenuhan kebutuhan dasar anak yang dapat merespon keberagaman kebutuhan melalui tabungan.

Program Kesejahteraan Sosial Anak merupakan bagian dari sistem Kesejahteraan Sosial secara luas. Kesejahteraan sosial sendiri adalah kondisi terpenuhinya kebutuhan material, spiritual, dan sosial warga negara agar dapat hidup layak dan mampu mengembangkan diri, sehingga dapat melaksanakan fungsi sosialnya (menurut Undang-Undang nomor 11 Tahun 2009 Tentang Kesejahteraan Sosial). Dalam konsep kesejahteraan sosial, harus terdapat aspek pencegahan (primer), penanganan resiko (sekunder), maupun penanganan korban (tersier). Program Kesejahteraan Sosial Anak juga mencakup aspek perlindungan anak. disini, titik berat ada pada penanganan masalah yang dialami anak. Konsep ini masuk dalam pelayanan tersier. Dalam PKSA, terdapat 5 cluster pelayanan anak, salah satunya adalah cluster Anak Jalanan

2. Maksud dan Tujuan

Kegiatan Pengabdian Kolaboratif Internasional Fakultas Tarbiyah dan Keguruan UIN Ar-Raniry Banda Aceh, Pusat Kajian Pendidikan dan Masyarakat (PKPM) dan *United Nations International Children's Emergency Fund* (UNICEF) bertujuan untuk:

1. Meningkatkan pemahaman tentang peran dan fungsi tenaga kerja pelayanan sosial di dalamnya sistem perlindungan anak;
2. Meningkatkan pemahaman tentang komposisi tenaga kerja dan aktor kunci yang merupakan tenaga kerja;

3. Merekomendasikan strategi berbasis bukti dan intervensi untuk memperkuat pelayanan sosial tenaga kerja dalam jangka pendek, menengah dan panjang;
4. Menyoroti peran spesifik yang UNICEF dapat berperan dalam penguatan pelayanan sosial tenaga kerja di tingkat regional dan nasional;
5. Penguatan tingkat negara, regional dan pemantauan global untuk mengukur kemajuan memperkuat tenaga kerja pelayanan sosial, dan dampaknya terhadap pencegahan perlindungan anak dan layanan tanggapan.

B. METODE

1. Tempat dan Waktu Pelaksanaan

a. Tempat

Pengabdian Kolaboratif Internasional FTK UIN Ar-Raniry Banda Aceh, Pusat Kajian Pendidikan dan Masyarakat (PKPM) dan *United Nations International Children's Emergency Fund* (UNICEF) memilih lokasi di Kabupaten/ Kota se Provinsi Aceh

b. Waktu Pelaksanaan

Pengabdian Kolaboratif Internasional FTK UIN Ar-Raniry Banda Aceh, Pusat Kajian Pendidikan dan Masyarakat (PKPM) dan

United Nations International Children's Emergency Fund (UNICEF)
berlangsung mulai 5 Agustus 2020 s.d. 31 Desember 2021.

2. Jenis

Pengabdian ini merupakan penelitian kualitatif dengan metode Participatory Action Research (PAR). Penelitian kualitatif adalah penelitian yang bermaksud untuk memahami fenomena tentang apa yang dialami oleh subjek penelitian, seperti perilaku, persepsi, motivasi, tindakan, dan lain-lain secara holistik dengan cara deskripsi dalam bentuk kata-kata dan bahasa, pada suatu konteks khusus alamiah dan dengan memanfaatkan berbagai metode ilmiah (Moleong, 2005: 6). PAR adalah kegiatan riset yang dilaksanakan secara partisipatif di antara masyarakat warga dalam suatu komunitas atau lingkup sosial yang lebih luas untuk mendorong terjadinya aksi-aksi transformatif (perubahan kondisi hidup yang lebih baik). Dengan demikian, sesuai istilahnya, PAR memiliki tiga pilar utama, yakni metodologi riset, dimensi aksi, dan dimensi partisipasi. Artinya, PAR dilaksanakan dengan mengacu metodologi riset tertentu, harus bertujuan untuk mendorong aksi transformatif, dan harus melibatkan sebanyak mungkin masyarakat warga atau anggota komunitas sebagai pelaksana PAR-nya sendiri.

Penelitian deskriptif adalah suatu metode penelitian yang bertujuan untuk membuat deskripsi, gambaran, atau lukisan secara

sistematis, faktual dan akurat mengenai fakta-fakta, sifat-sifat serta hubungan antar fenomena yang diselidiki, dan dapat membandingkannya dengan fenomena tertentu (Nazir, 2009).

3. Subjek Penelitian

Subyek penelitian ini adalah Gampong yang dipilih berdasarkan rekomendasi dari Dinas Sosial Provinsi Aceh. Adapun subjek penelitian ini terdiri dari Geuchik (Kepala Desa) gampong, sekretaris gampong, *tuha peut, tuha lapan*, anak usia 6 – 12 tahun, dan orang tua.

4. Teknik Pengolahan dan Analisis Data

Pengolahan data penelitian ini sudah dilakukan sejak dari pengumpulan data di lapangan. Pada tahap awal sebelum menganalisis data, pengolahan data dilakukan dengan transkripsi data-data agar mudah dipilah nantinya. Data penelitian ini diolah mengikuti langkah yang dipopulerkan oleh Miles dan Huberman, yaitu reduksi data (*data reduction*), penyajian data (*data display*), dan kesimpulan (*conclusion drawing/verification*) (Sugiono, 2007: 246-266). Data yang telah didapatkan dari beberapa metode pengumpulan data yang telah ditetapkan, maka data tersebut dipilah dengan menggunakan kategori-kategori dalam bentuk tabel. Data-data yang tidak diperlukan

dipisahkan (tidak diambil), kemudian data-data yang berkaitan atau yang sesuai dengan tujuan penelitian.

Data-data ini kemudian disajikan untuk bahan analisis. Setelah data diolah, selanjutnya untuk analisis hasil penelitian akan digunakan analisis kualitatif model Spradley analisis domain, analisis taksonomi, analisis komponensial dan analisis tema budaya dengan menggunakan kerangka teori relasi, dari hasil analisis ini akan ditemukan jawaban dari pertanyaan-pertanyaan penelitian (Emzir, 2011).

5. Rangkaian Kegiatan

Terlampir di dalam Programme Document (prodoc)

6. Anggaran Biaya yang Digunakan

Terlampir di dalam Programme Document (prodoc)

C. HASIL

Konvensi tentang hak-hak anak mengakui hak setiap anak atas perlindungan dari kekerasan, penyalahgunaan, penelantaran dan eksploitasi, untuk mengakses keadilan dan perawatan yang berkualitas. Sesuai dengan Konvensi, negara memiliki kewajiban utama untuk memastikan bahwa semua anak dilindungi dan dirawat. Untuk memenuhi kewajiban ini, sangat penting bagi Negara membangun

sistem perlindungan anak yang kuat untuk mencegah dan menanggapi semua risiko perlindungan anak dan keprihatinan.

Adopsi Pembangunan Berkelanjutan Goalsa (SDGs), dan, untuk pertama kalinya, tujuan spesifik dan target untuk mencegah dan menanggapi segala bentuk kekerasan terhadap anak (VAC)(SDGs 5, 8 dan 16), merupakan kesempatan yang belum pernah terjadi sebelumnya untuk mengatasi kekerasan, penyalahgunaan, penelantaran dan eksploitasi anak-anak. Untuk memenuhi Target SDG yang ambisius untuk perlindungan anak, dan memastikan tidak ada anak yang tertinggal di belakang, Area Sasaran 3 dari Rencana Strategis UNICEF, 2018–2021 berupaya memastikan bahwa “[perempuan] dan laki-laki, terutama yang paling rentan dan mereka yang terkena dampak krisis kemanusiaan, dilindungi dari segala bentuk kekerasan, eksploitasi, pelecehan, dan praktik-praktik berbahaya.”

Komitmen global ini mengakui kekerasan itu mempengaruhi sejumlah besar anak-anak di seluruh dunia dengan konsekuensi yang menghancurkan untuk kesejahteraan, kesehatan dan perkembangan mereka. VAC menempatkan beban jangka panjang pada layanan sosial, merusak investasi dan pembangunan di seluruh meliputi kesehatan, gizi, anak usia dini pengembangan dan pendidikan, dan kendala pertumbuhan ekonomi. Perlindungan anak dari segala bentuk kekerasan, penyalahgunaan, penelantaran dan eksploitasi demikian

penting untuk pertumbuhan jangka panjang yang berkelanjutan dan pengembangan.

UNICEF adalah badan utama PBB untuk anak perlindungan, negara pendukung, regional dan global upaya melindungi anak dari segala bentuk kekerasan, akses keadilan, dan menerima perawatan berkualitas melalui sistem perlindungan anak yang efektif. Sebuah elemen penting dari sistem ini adalah tenaga kerja layanan sosial yang kuat (SSW) dengan mandat yang jelas untuk melindungi anak-anak. Pelayanan sosial yang terencana, terlatih dan didukung tenaga kerja (SSW) memainkan peran penting dalam mengidentifikasi, mencegah dan mengelola risiko, dan menanggapi situasi kerentanan dan bahaya. Layanan sosial penguatan tenaga kerja (SSWS) adalah sebuah program prioritas untuk UNICEF dan merupakan kunci untuk mencapai Tujuan 3 dari Rencana Strategis UNICEF. Pedoman Penguatan Bakti Sosial Tenaga Kerja Perlindungan Anak 2018 (the Pedoman), dikembangkan melalui konsultasi dengan UNICEF Kantor pusat dan kantor regional dan Global Social Service Workforce Alliancec (GSSWA), adalah diinformasikan oleh bukti 'apa yang berhasil' dan pelajaran dipelajari di lapangan. Mereka dirancang untuk mempercepat Pemrograman kantor regional dan negara UNICEF tentang penguatan tenaga kerja pelayanan sosial, dan mendukung pekerjaan untuk merencanakan, mengembangkan, dan mendukung dengan lebih baik tenaga kerja pelayanan sosial dengan nasional dan daerah mitra.

Pedoman dimaksudkan untuk melengkapi Pedoman Program Pencegahan dan Menanggapi Kekerasan Terhadap Anak dan Remaja (Panduan Program tentang VAC), mengakui bahwa tenaga kerja layanan sosial yang berkualitas, dibayar dan tidak dibayar, pemerintah dan non-pemerintah profesional dan para-profesional seringkali merupakan tanggapan pertama untuk anak-anak dan keluarga dan elemen terpenting dari anak yang berfungsi dengan baik sistem perlindungan.

Penguatan Pelayanan Kesejahteraan Sosial Anak Terpadu:

1. Tersedianya sistem penjaminan mutu pekerjaan pelayanan sosial Rencana Strategis (SP) Indicator Manual definisi: Sebuah sistem penjaminan mutu untuk pekerjaan pelayanan sosial meliputi empat kriteria:
 - a. Kriteria 1: Ketersediaan kerangka kerja normatif untuk tenaga kerja pelayanan sosial (SSW) di tingkat nasional dan/atau subnasional .
 - b. Kriteria 2: Ketersediaan sistem pengawasan dan dukungan formal untuk SSW
 - c. Kriteria 3: Tersedianya sistem perizinan atau akreditasi pekerjaan sosial
 - d. Kriteria 4: Ketersediaan sistem pengumpulan data nasional untuk manusia SSW

2. Jumlah pekerja layanan sosial yang bertanggung jawab atas perlindungan anak per 100.000 anak Definisi: SSW didefinisikan sebagai pekerja, dibayar dan tidak dibayar, pemerintah dan non-pemerintah, yang mengatur sistem pelayanan sosial dan berkontribusi pada perawatan, dukungan, promosi hak dan pemberdayaan populasi rentan yang dilayani oleh sistem pelayanan sosial. Definisi INSPIRE : Jumlah pekerja pelayanan sosial yang menjadi tanggung jawab memberikan layanan perlindungan anak (atau kesejahteraan anak), dinyatakan sebagai rasio per 100.000 anak. Pekerja layanan sosial termasuk mereka yang memberikan layanan atau informasi kepada penerima manfaat yang berkaitan dengan perlindungan anak atau kesejahteraan anak; mereka mungkin juga termasuk mereka yang bekerja dengan tokoh masyarakat dan organisasi untuk memobilisasi layanan untuk populasi rentan. Jenis pekerja layanan sosial dapat dicatat oleh kader (biasanya ditentukan di tingkat nasional), apakah mereka berlisensi atau bersertifikat, berdasarkan tingkat pendidikan (misalnya dengan atau tanpa pendidikan pasca-sekolah menengah) dan berdasarkan jenis jabatan (pemerintah vs non-pemerintah).
3. Jumlah dan persentase pekerja layanan sosial yang telah disertifikasi bekerja dengan korban anak, melalui program yang didukung UNICEF. Pekerja layanan sosial bersertifikat yang berpartisipasi

dalam dan menyelesaikan program pelatihan yang diakui secara resmi oleh pemerintah dan/atau disediakan oleh penyedia pelatihan yang disetujui secara nasional. Tidak ada global program pelatihan "standar", dan program pelatihan dirancang (a) di tingkat nasional dan subnasional dan (b) untuk pekerja layanan sosial yang menyediakan berbagai layanan generik dan/atau khusus untuk korban anak dan (c) dan diakui melalui sertifikat penyelesaian yang disahkan oleh pemerintah dan/atau secara nasional penyelenggara pelatihan yang disetujui. Dalam program-program yang didukung UNICEF, sangat penting bahwa CO/sub-kantor UNICEF memberikan dukungan teknis terhadap pengembangan program pelatihan/paket yang dapat disepakati oleh berbagai mitra di tingkat nasional dan disetujui oleh pemerintah. Dalam beberapa kasus, kantor UNICEF menyediakan keuangan dukungan terhadap penyelenggaraan program-program tersebut. Jenis pelatihan dapat bervariasi tergantung pada kategori layanan sosial pekerja yang menjadi sasaran, beberapa contohnya meliputi:

- a. pelatihan generik selama lima hari/minggu tentang perlindungan anak setiap tahun;
- b. pelatihan khusus tentang manajemen kasus untuk pekerja manajemen kasus;
- c. pelatihan khusus kesehatan mental dan staf dukungan psikososial/ relawan.

FOTO-FOTO KEGIATAN



Kegiatan Layanan Kesejahteraan Sosial Anak Terpadu



Kegiatan Layanan Kesejahteraan Sosial Terpadu untuk Orang Tua Anak



Kegiatan Layanan Kesejahteraan Sosial Anak Terpadu



Kegiatan Layanan Kesejahteraan Sosial Anak Terpadu

Programme Document

PD Ref. No.: 2016/33/CP/PKPM/168

To be issued by UNICEF

Section 1. Programme & CSO overview		
1.1 Programme submission reference	UNICEF Office	Banda Aceh
	Programme Title	Strengthening of the Integrated Child Social Welfare Services/Pusat Kesejahteraan Sosial Anak Integratif (PKSAI) in Aceh.
	PD submission date	16 July 2020
1.2 Organization information	Organization Name	Pusat Kajian Pendidikan dan Masyarakat
	Acronym	PKPM
	Name of CSO Authorized Officer	Dr. Muslim Zainuddin, MSI.
	Title of Authorized Officer	Director
	Email of Authorized Officer	wakil_net@yahoo.co.id
	Phone of Authorized Officer	081362661334
	Name of Progr. Focal Point	Mahmuddin
	Title	Program Manager
	Email	mahmuddin_spd@yahoo.co.id
	Telephone	081219516243
1.3 Programme information	Planned duration ¹	05 Aug 2020 - 31 Des 2021
	Geographical coverage	Aceh Province. It covers 25 sub-districts and 480 villages. Direct: Banda Aceh (9 sub-districts and 90 villages), Aceh Barat (12 sub-districts and 322 villages), Lhokseumawe (4 sub-districts and 68 villages). Indirect: Aceh Besar, Pidie, Aceh Jaya, Nagan Raya, Aceh Utara, Bireuen.
	Population focus	Banda Aceh = 85,929 (50,2% male and 49.8 % female) children, including 27,329 (50,4% male and 49.6 % female) under five children Aceh Barat = 74.150 (50,63% male and 49.37 % female) children, including 10,271 (50,37% male and 49.63 % female) under five children. Lhokseumawe = 80,513 (51,1% male and 48.9 % female) children, including 21,536 (52.0 male and 48.0 % female) under five children.
1.4 Programme budget	From CSO	IDR, 336,900,000, 21.67% of total
	From UNICEF	IDR, 1.218.025.000, 78.33% of total
	Total	IDR 1.554.925.000,-

Section 2. Programme description	
2.1 Rationale/ justification (3 to 5 paragraphs; max 400 words)	Child Welfare and Protection Program is one of the important programs and concerns of the Aceh Provincial government. It was indicated by the issuance of Provincial Regulation, known as Qanun in Aceh 11/2008 on Child Protection and Qanun 11/2013 on Social Welfare. It was then strengthened by Qanun 4/2010 on Health and Qanun 9/2015 on Education as well as other derivative regulations. The four Qanuns contain mandate for the implementation of the Social Welfare, Health, Education and Protection for Children programs. The Social Program, Education, Health and Child Protection, are development priorities reflected clearly in the Aceh Middle Term Development Plan or RPJM Aceh 2012-2017 and in the RPJM Aceh 2017 - 2022. There are some of the institutional progress that have been made during the implementation of the Qanun above and supported by Government policy. These include 1) the formation of one P2TP2A (Pusat Pelayanan Terpadu Perlindungan Perempuan dan Anak/Women and Child Protection Integrated Service Center) in the province and all districts / cities. 2) establishment of the LPKS (Lembaga Penyelenggara Kesejahteraan Sosial/Institute for the Implementation of Social Welfare) in the provinces and regional districts / cities. 3) the formation of a KLA (Kab/Kota Layak Anak/Child-Friendly District / City) task force. 4) KPRS ABH was established (Komite Pelayanan

¹ The planned start date cannot be earlier than the date of signature from both CSO and UNICEF authorized officers.

dan Rehabilitasi Sosial Anak Berhadapan dengan Hukum/Committee on Child Social Rehabilitation and Services Against the Law), 5) development of LPKA (Lembaga Pembinaan Khusus Anak/Child Development Institute). 6) the promotion of several other programs that are more child protection oriented such as Puspelkessos (Social Welfare Service Center, sub-district based), Posyandu, Population and Family Planning and others.

In term of program, there have been several progress. At least 1,159 registered cases of violence against children handled in the period 2015-2017 according to the data from cross sectors, which is from the Regional Police, P2TP2A, LPKS and the Social Service. Increase birth registration coverages in several districts / cities reaching 80% in 2019, based on the data from DRKA (Dinas Registrasi Kependudukan Aceh/Aceh Population Registration Office). In addition, the Children's Forum has been established in almost all districts / cities and increasing efforts to deal with cases of malnutrition, child mortality, fulfillment of educational rights and several other programs such as KLA and PATBM (Perlindungan Anak Terpadu Berbasis Masyarakat/Community Based Integrated Child Protection).

However, the progress is still more on the surface, it is not focused on the technical substance and lack of achievements that have a long-term impact. The progress has only been seen at the provincial or district / city level which is close to the provincial capital. For example, cases of violence against children can be carried out only at the provincial level and the city of Banda Aceh. The number of violence against children is still high and tends to increase. Ownership of birth certificates in several districts / cities only reaches under 80%. Aceh also still has big issues on child health. According to the data from the Aceh Health Office, The infant mortality rate (AKB) in Aceh is still 10 per 1000 live births, and the under-five mortality rate (AKABA) is still 10 per 1,000 live births and the mortality rate for neo natus is still 7 per 1,000 live births in 2017.. The stunting rates of infants and toddlers in Aceh are also high, which is 37.9% that makes Aceh is the highest in Indonesia with stunting infant under 2 years old (Riset Kesehatan Dasar – Riskesdas / Basic Health Research, 2018)

In terms of the system, the child welfare and protection program in Aceh has not yet fully adopted a system-based approach, known as the Child Protection System. It is still sectoral and has not segmented yet. Referring to the *continuum of care* concept, the efforts to fulfill the rights and protection of children are emphasized in the tertiary and reactive domains, while the primary and secondary domains or prevention are still far left behind.

However, there are already many efforts that have been made to fulfill child welfare and protection rights to be carried out synergically, harmoniously and systemically in various sectors. One of the efforts is to encourage a collaborative program between the Government of Aceh and UNICEF, which executed by local institutions such as PKPM (Center for Study Education and Community), RJWG (Restorative Justice Working Group), PKBI (Indonesian Family Planning Association) and others. This collaboration has resulted in several significant advances in the context of building systems and synergies in various sectors in Aceh, both at the provincial and the village level.

In 2015 - 2017, PKPM has contributed to the increasing cross-sectoral collaboration in the Birth Certificate Program in Banda Aceh and Aceh Besar, which results in a significant increase in the percentage of ownership of birth certificates in the two regions. Data from the department of population and civil registration (Dinas Kependudukan dan Pencatatan Sipil/Disdukcapil) stated that the coverage of birth certificate in Banda Aceh has increased from 56% in 2015 to 86% in 2017, while in Aceh Besar also has improved from 59% in 2015 to 82,79% in 2017. In addition, in the Child Protection program, PKPM succeeded in building a cross-sector involvement at the provincial level through the establishment of the KPRS ABH and engaging the Aceh Customary Assembly (MAA/Majelis Adat Aceh) and the Islamic Religious Preacher Group in ABH prevention activities at village level.

In 2018, PKPM Aceh continued to develop a synergic system and collaboration within sectors by assisting in the establishment of Center for Integrative Child Social Welfare (PKSAI) in Lhokseumawe City, West Aceh District and Banda Aceh City in collaboration with the Ministry of Social Affairs at the Province of Aceh. Reasons to choose those location are based on the representation of the West Coast, East Coast and North Coast regions. The city of Lhokseumawe, Banda Aceh City and West Aceh District are some of the regions with high rates of violence against children. According to the P2TP2A (Center for Integrated Services for Women and Children Protection) records, from 2015 to 2017 there were 54 cases of violence against children in West Aceh, 42 cases in Lhokseumawe and 130 cases in Banda Aceh City. According to the record of Bapas (Balai Pemasarakatan/correctional center) Class II records in Banda Aceh, from 2013 to 2017, Bapas has handled 3,600 children with legal conflicts. Bapas Kutacane handles 362 children.

The three districts have received recommendations from the Department of Social Affairs of Aceh Province as well as from the Ministry of Social Affairs to appoint these districts as the pilot project for implementing the PKSAI program. Furthermore, the three Regencies/City have a strong commitment in providing a budget for running the program. The Department of Social Affairs of Aceh Province itself is committed to provide facilities for PKSAI including buildings. In 2019, the Department has also provided a budget of IDR 180,000,000 for providing facilities and buildings in the three districts. Moreover, the Department has provided support through other programs which has been used for developing and strengthening PKSAI networks in the sub-district, such as allocate budget for developing TKSK (Tenaga Kesejahteraan Sosial Kecamatan/Subdistrict Workers for Social

	Welfare) and strengthening Puspelkessos as well as other assistance programs. This program will contribute to the effort to develop the Child Friendly City initiative.. In the development process of PKSAI, PKPM will focus on the following areas : 1. Strengthening the capacity of the continuum care of primary, secondary and tertiary services. 2. Strengthening the integrated programs between multi sectors and in the child protection systems in providing comprehensive and accessible services. 3. Strengthening the capacity of the child welfare network at the district/city, sub-district and village level. These key areas will be undertaken to strengthen the 6 (six) components PKSAI, namely 1. Policy 2. Institutional 3. Working mechanism 4. Service Range 5. Human Resources and 6. Data Management To implement this program, PKPM will work together with the various networks of service providers and programmes including with PKH Assistance (Prospected Family Program), TSKS and Puspelkessos, and also in the villages , namely PSM (Community Social Workers), PATBM, and PDRA activists (village's child responsive planning and budgeting), PLD (Local Village Facilitators), TKS (Social Welfare Workers), and other Community Facilitators (TPM). Some of these networks have been initially established through partnership with UNICEF. The partnership with the local networks will be used as one sample of the outreach strategy and in improving the services at the grassroots level. The results of this program will contribute to the achievement of the Aceh RPJM priorities on. (1) Provide access and improve the quality of health and social welfare services and (2) Revitalize the regional planning function effective, efficient and sustainable evidence base planning principles. These prioties include improving integrated system data and information. Furthermore, this program will also contribute to the achievement of the quality of life of Indonesian people, advanced and prosperous, as well as the Nawacita (nine hopes) which is to improve the quality of Indonesian human life through Smart Indonesia, Healthy Indonesia, Work and Prosperous Indonesia and the Achievement of Sustainable Development (SDGs) in Indonesia. It is expected that this program can reach out around 25 sub-districts and 480 villages, composed of 12 sub-districts and 322 villages in West Aceh District, 4 sub-districts and 68 villages in Lhokseumawe City, 9 sub-districts and 90 villages in Banda Aceh City The proposed partnership will contribute to: Output 3.2: Child Protection Services Activity 3.2. Implement a model for integrated social welfare for children & families Activity 3.2.15: Aceh - Implement a model for integrated social welfare for children & families Sub-Activity 3.2.15.2 Support implementation of model for integrated social welfare for children & families in Aceh
2.2 Programme document Expected results	"What" this programme will achieve The table below defines the programme results framework (results and their link to outputs defined in the country programme and/or humanitarian response plan; specific indicators, baselines, targets and MOV for each programme document output). <i>(No narrative required)</i>

Result statement	Performance indicator/s	Location	Baseline	Target	Means of Verification ²
CPAP Output An effective model of integrated social welfare services is in place, including in humanitarian situations, that comprises early detection and	Number of the PKSAI that has 6 components at each stage of service provision to vulnerable children: a) Policy framework b) Institutional arrangement c) Working mechanism		0	3 PKSAI at 2 Districts and 1 City with 6 components	• Progress report • Partnership Review • Evaluation

² The specific sources from which the status of each of the performance indicators can be ascertained. If any data source is a survey or a study which the implementing partner is planning to conduct for this programme, this should be planned and budgeted for in section 3 below (programme workplan and budget).

Result statement	Performance indicator/s	Location	Baseline	Target	Means of Verification ²
identification, referral and follow-up for child centered case management	d) Continuum of services e) Human resources f) Data management				
Outcome: Vulnerable children and families in the three districts/city benefitted from the integrated services through PKSAI	Percentage of vulnerable children and families benefitted from prevention services through information and awareness process on Child Social Welfare and receive risk reduction services, rehabilitation, reintegration and outreach	Aceh Province 3 Districts: Lhokseumawe Banda Aceh Aceh Barat	0	50% of high risked vulnerable children received services	• Data Services Documents • Project Report • Monitoring/ supervision report
1. Output 1 UKPKSAI and PKSAI developed Implementation action plan	1.1 The availability of signed action plans at provincial level and all intervened districts (Y/N)	Province	No	Yes	- Action Plan Documents - Monitoring/ supervision report
	1.2. The implementation of cross-sectoral consultation and coordination meetings at provincial level on PKSAI policy development	Province	No	Yes	
	1.3 The implementation of cross-sectoral consultation and coordination meetings at district level on PKSAI policy development	- Banda Aceh - Aceh Barat - Lhokseumawe	No	Yes	Partner reports
2. Output 2 Government of Aceh province has commitment to establish UK PKSAI Province and District / City PKSAI	2.1 The availability of Decree of The Head of Department of Social Affairs of Aceh Province (Y/N)	Province	No	Yes	- Decree Documents - Partner reports
	2.2 The availability of monthly meeting as mechanism for cross-sectoral and integrated collaboration between UK PKSAI and all intervened district's PKSAIs	- Province - Banda Aceh - Aceh Barat - Lhokseumawe	No	Yes	Report
3. Output 3. Government of Aceh province is able to improve working mechanism between UK PKSAI of Aceh Province and District / City PKSAI	3.1 The availability of ratified Standard Operation Procedures on the PKSAI working mechanism between UK PKSAI of Aceh Province and District / City PKSAI, including the CSG (child safeguarding) policy (Y/N)	- Province - Banda Aceh - Aceh Barat - Lhokseumawe	No	Yes	- SOP Docs - Monitoring/ supervision report

Result statement	Performance indicator/s	Location	Baseline	Target	Means of Verification ²
	3.2 # of meeting on SOP development of PKSAI at the province (including District's SOPs)	Province	0	3 time in 2019 at the province	Reports
	3.3 Number of intervened district has been monitored and supervised by provincial cross-sectoral stakeholders at least 6 times within 2 years.	- Banda Aceh - Aceh Barat - Lhokseumawe	0	4	- Monitoring report document - Report
4. Output 4. children and families in subdistricts have access to PKSAI services in the 3 Districts/City.	4.1 # of vulnerable children served	- Banda Aceh - Aceh Barat - Lhokseumawe	- 79 Child (Data from LPKS Aceh in 2018) - 2.530 Child (Data from PMKS/Dept of Social of Aceh) - 62 Child @Month (Ditjen PAS, Kumham 2018) - 566 Child Victim (Data from P2TP2A Aceh in 2018). - 138 Child (Data from Police Dept of Aceh Province) - 1.799 Child (PMKS Data form Social Dept of Aceh). - 457 Child (Data from Sakti Peksos Aceh)	1. In 2019: 30 of vulnerable Child served in each district 2. In 2020 : 60 of vulnerable Child served in each district	- Services data (Doc) - Activity report - Monitoring/supervision report
	4.2 Percentage of subdistricts which established PKSAI Network	- Banda Aceh - Aceh Barat - Lhokseumawe	0%	1. In 2019: 50% of Subdistricts in 3 Districts/City (Banda Aceh 9 sub-districts, Lhokseumawe 4, and Aceh Barat 12), established PKSAI Network 2. In 2020: 100 % subdistricts, established PKSAI Network	- Services data (Doc) - Activity report - Monitoring/supervision report

Result statement	Performance indicator/s	Location	Baseline	Target	Means of Verification ²
	4.3 Availability of IEC material for communities on PKSAI	Province	No	Yes	Report
	4.4 # of workshop on awareness raising for community (C4D)	Province	0	1 time in 2019	
5. Output 5. Related service providers and stakeholders have improved capacity to deliver integrated services.	5.1 # of Social Workers and officer from social service and PKPM trained	- Province - Banda Aceh - Aceh Barat - Lhokseumawe	0	9 key stakeholders (2 from each district, 1 from the province, & 2 PKPM) have better understanding of PKSAI operation	Report
	5.2 Number of targeted district conducted initial training on child protection and social welfare issues	- Banda Aceh - Aceh Barat - Lhokseumawe	0	3	Report
6. Output 6. Database and information system on vulnerable children & case management (PRIMERO) are developed	6.1 Number of database and information system developed in province and district/city which is inter-connected in integrated way	- Province - Banda Aceh - Aceh Barat - Lhokseumawe	0	4 databases/ information system (1 in province and 3 in district/city)	Partner Report
	6.2 Number of data operators and social workers have been trained on the tools for vulnerability assessment and primero	Province	0	20 PKSAI team members related to data (5 members from Lhokseumawe, 5 members from Banda Aceh, 5 members from West Aceh and 5 members from province)	Partner Report
7. Output 7. Government of Aceh province has commitment to develop PKSAI Replication Strategy Documents	7.1 Availability of Documents on PKSAI replication mechanism strategy throughout Aceh.	Province	n/a	strategy on PKSAI replication	- Replication documents - Partner reports
	7.2 Implementation of workshop to develop the PKSAI replication mechanism strategy	Province	No	Yes	- Partner reports

2.3 Gender, Equity and Sustainability	Gender Community facilitators and key staffs working in the programme have been trained and are aware about gender issues. PKPM has done a number of gender-related assessments/researches. The programme will be guided by existing knowledge and continuous assessments on gender roles and dynamic in Aceh and – particularly - in the districts/villages where the programmes will be implemented. The programme acknowledge that most children, if not all, who are in conflict with the law as alleged offenders are boys. On the other sides, most victims of
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	violence are girls. PKPM is aware that there are norms and practices in Aceh which are supportive to protecting girls (and boys) and which are putting girls more at risk.³ PKPM will support protective practices while at the same time raise awareness to reduce harmful practices. Facilitating active participation of women and girls will be one of the strategies in working with communities. The strategies will continuously be applied and, when possible, improved. The strategies include selecting the time when women can participate in activities, encouraging engagement of female leaders/women who have specific roles in handling the issue. In the previous programme, PKPM was able to meaningfully engage women in community discussions during the development of <i>reusam</i> on child protection. In some villages, up to 50% were women and girls. Women provided significantly useful point of view on to prevent and handle children who are in conflict with the law and on access to birth registration services. Other strategy include gathering, reporting and –particularly- analyzing age and gender segregated data during the programme period. The data will be used for improvement of the programme. Equity PKPM is aware that in comparison with children from higher wealth quintiles and in urban areas, children from lower wealth quintiles and in rural areas have more challenges in accessing legal assistance, service for birth registration and for accessing social welfare services. The programme particularly address the need of marginalized children, including those from the lowest wealth quintiles and from rural areas. PKPM will also engage other groups who are often marginalized, including children with disability and from religious and ethnic minorities in Aceh. Community facilitators and key staff participating in the programme have been trained and are aware about equity issues. Sustainability The programme will engage Government counterparts from the beginning, including Provincial Department of Social Affairs, POLICE, Customary Council of Aceh (MAA), Agency of Women Empowerment and Child Protection (DPPPA), Provincial Department of Civil Registration, Education and Health. In the last phase of the partnership, PKPM engaged the Customary Council of Aceh (MMA) who adopted the module and distributed the module to wider regular networks. Under the current partnership, the outputs include legislations to ensure that future activities are supported by legal framework and by government funding. Through the community-level work, PKPM will also advocate for integrating village-level activities into RPJM Desa and to be funded by village funds. Capacity development and development of guidelines, including for religious leaders, are expected to sustain activities in raising awareness on prevention and response to violence against children.
2.4 Partner's contribution	PKPM will contribute to this partnership in the form of office (small-group meeting facilities, vehicles and office equipment). Participating staff of PKPM and RJWG will bring its expertise on child protection and child welfare issues, assessments on social norms (sociologists and anthropologists), management and administration. The staffs bring with them the knowledge of local contexts and networks
2.5 Other partners involved	PKPM will particularly collaborate with Restorative Justice Working Group (RJWG). PKPM will particularly be responsible for administrative and financial management of the programme, engaging and deploying community facilitators, organizing activities. RJWG will be responsible for quality controls, ensuring that child-protection specific expertise are provided. RJWG will be an integral part of PKPM. RJWG is one of the NGOs in Aceh that is concerned with handling children conflict with the law through capacity building, assistance, and advocacy, such as training and legal defense/litigation activities. In this program the RJWG will be one of the main partners in terms of discussion and consultation of the substance of activities, the provision of training personnel and program management, both directly and indirectly. The programme will be implemented with meaningful engagement of provincial and district/city Government agencies, including: Provincial and District/City Department of Social Affairs (providing social workers for interventions), Provincial and District/City Department of Women Empowerment and Child Protection, POLICE, Integrated Service Center (P2TP2A), Aceh Customary Council (MAA) as well as local CSO (Yayasan Puleh Aceh, Empaty, Aceh Social Welfare and Alternatif Development/ASWAD, LBH Anak) and social workers' networks. The government and CSOs will engage in capacity building process, joint advocacy, or in provision of services for children in contact with the law (as offenders, victims or witnesses).

³ Example of the practices that potentially protect girls: parents will build a house and share their properties to the bride-to-be to ensure that the girl can sustain their own livelihood. Example of norms that harm children include expelling girls who are rape victims from the village, believing that the girls are sinful.

2.6 Other considerations	PKPM has internal Guideline and SOP which are in line with the UNICEF guidelines. If there are issues, PKPM will consult with UNICEF and jointly take decision. PKPM as well as RJWG will refer to national and provincial legislation and existing guidelines, including Juvenile Justice Law, Qanun on Child Protection, Qanun on Custom. IEC materials will be adjusted based on existing materials (including Child Protection in Islam, developed by Provincial Office of Women Empowerment and Child Protection with supports from UNICEF) and “pelindung anak (child warriors)” material. The Baseline and End line Study on awareness raising activity (output 3) will be developed in close consultation with UNICEF. PKPM will follow ethical guidance on research involving children (ERIC). Staff directly engage with community and children will sign a declaration on child protection. Staff of PKPM and RJWG have been responding to a number of provincial and district-level disasters, particularly on education and child protection. As such, if needed, the Prodoc can be revised to include emergency responses.
2.7 Additional documentation	A number of outputs from the previous partnership will be used in the past phase of the partnership. Those include: 1. Training Module on Community-based Mechanism in Handling Children in Conflict with the Law. 2. Guideline for Drafting/Developing <i>Reusam</i> (Village-level Regulations) 3. Guideline for Gampong-based (village-based) Birth Registration Mechanism

Integrated Child Welfare Services:

Reaching the Most Vulnerable Children in Indonesia

Program Kesejahteraan Sosial Anak (PKSA) or Child Social Welfare Program is a **focused, integrated, and comprehensive program** implemented by the Ministry of Social Affairs (MoSA) at national level to provide welfare and protection services to children, especially to the most vulnerable. The implementation of PKSA is based on the collaboration between MoSA, provincial and local government across Indonesia.



Started in 2010, PKSA is based on the **Decree No. 15A/HUK/2010 of the Minister of Social Affairs** on the Implementation Guidelines of the Child Social Welfare Program (PKSA).



WHY PKSA STRENGTHENING IS IMPORTANT?

Two important studies conducted in 2014 which recommend changes to a number of fundamental elements related to the implementation of PKSA.

Human Resource

- Increase the number and capacity of social workers;
- Engage social welfare workers and volunteers; and
- Organize regular training and capacity building sessions.

Integration and Cooperation

- Empower Provincial / District / City Social Welfare Offices to implement PKSA;
- Enhance the cooperation of program resources from various agencies to implement more comprehensive services; and
- Enhance the role of the Child Welfare Institution and the community in supporting family-based care.

Case Management

- Improve the application of a case management mechanism in services including clarity of accountability at each stage; and
- Strengthen the availability of early intervention services to address vulnerabilities and intensive support to respond to high risk cases.

Strengthening Evidence

- Redesign the benefits of PKSA to be more effective, efficient and relevant to improve the welfare of children, especially vulnerable children;
- Develop the Theory of Change and Monitoring and Evaluation framework; and
- Develop child vulnerability databases and case management.

Increase Capacity and Outreach

FROM PKSA TO PKSA-INTEGRATIF - PKSAI (INTEGRATED CHILD WELFARE SERVICES)

2014

RECOMMENDATION:

- PKSA Rapid Assessment
- Vulnerability Study

2015

Conceptualization of the PKSAI

"I" for "Integratif" is added to PKSA to reflect the integrated and multi-sectoral approach to PKSA

2016

Piloting of PKSAI:

Integrate and coordinate social welfare services, especially for vulnerable children

2017

2018

Preparation for scaling up PKSAI

PILOTING

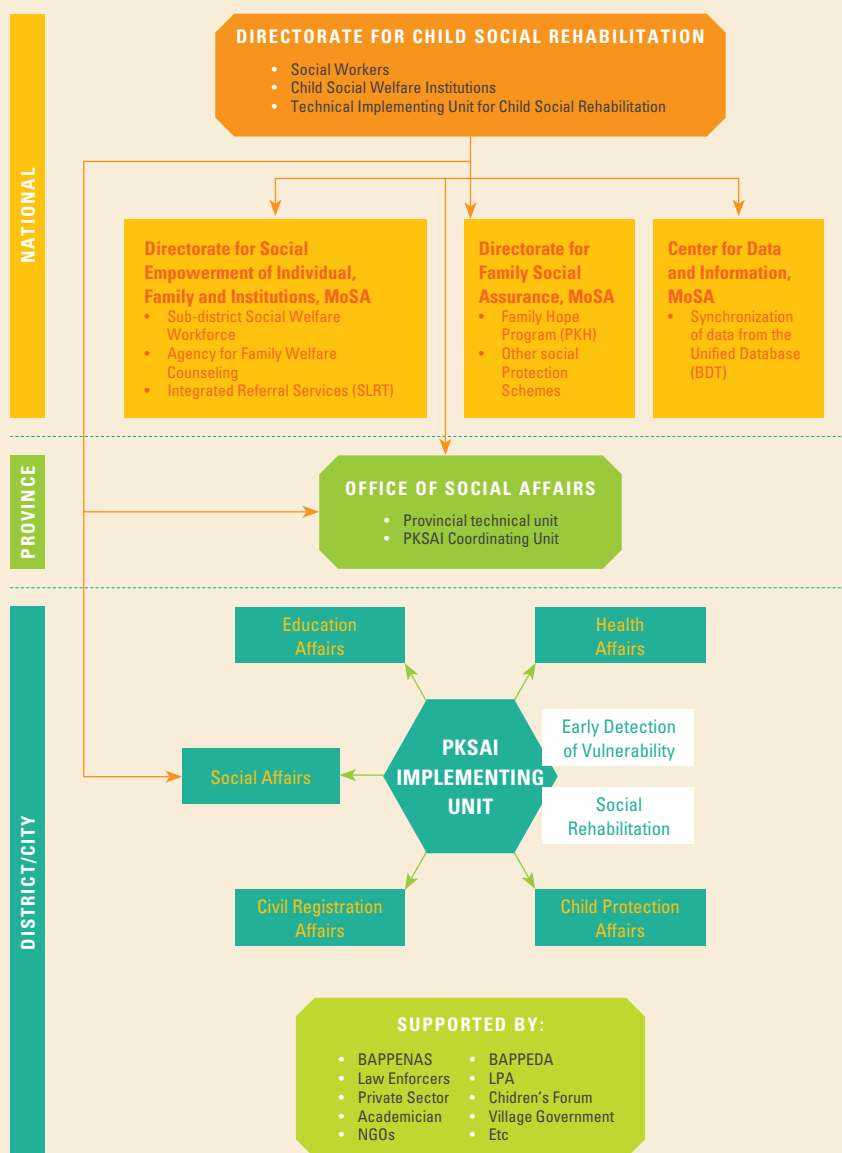
Objectives of the Piloting

- Communities in 5 model locations have a community-based mechanism to identify and reach children in their community who are at risks of violence, abuse, neglect and exploitation and refer these children to the integrated child welfare service center.
- Children who are affected by violence, abuse, neglect and exploitation actively seek care from the integrated child welfare service center.
- Child protection system in 5 pilot sites is responsive and accessible for children who are vulnerable to or have experienced violence, abuse, neglect and exploitation.

Pilot Project



ILLUSTRATIVE FRAMEWORK OF PKSAI



STAGES OF ACTIVITIES AT SUB NATIONAL LEVEL

PREPARATION

Year 1

- Develop policy framework
- Establish core team
- Mapping of service providers and develop agreement for PKSAI development
- Develop working mechanism and services provision
- Develop a structure for PKSAI
- Setting up of PKSAI secretariat and support facilities
- Initiate capacity building for PKSAI human resources
- Develop baseline on governance and situation analysis on child welfare and protection
- Develop Theory of Change (TOC) and Monitoring & Evaluation Framework
- Develop child and family vulnerability database
- Initiate the provision of services to vulnerable children and families
- Develop and initiate coordination mechanism

IMPLEMENTATION

Year 2 & 3

- Initiate partnership and collaboration
- Conduct training, develop information, education and communication materials
- Develop integrated data system on service provision
- Develop documentation of processes in every stage
- Develop budget allocation framework
- Develop strategy for sustainability and scaling up

EVALUATION

Year 3

- Strengthen data system
- Evaluation of the model
- Documentation and dissemination of lessons learned from the piloting
- Preparation for scaling up

COMPONENTS OF THE PKSAI

POLICY



© PLKSAI Surakarta/2017
Dissemination of the Mayor's Decree on PKSAI in Surakarta.

- Adoption of local regulation on the establishment of PKSAI including defining institutional arrangements, working mechanisms, human resources and budget allocation.
- Issuance of Mayor's decree on the establishment of the PKSAI Advisory and Technical Team.

INSTITUTIONAL ARRANGEMENT



© unicef/2017
Try-out of the Integrated Child Protection Program Model involving stakeholders.

- Establishment of the Advisory Team, Technical Team and appointment of focal persons from relevant sectors and service providers with the Secretary from the Office of Social Affairs as coordinator.
- Establishment of a secretariat that is easily accessible by the community, with designated room for registration, initial assessments / counseling, meetings and for data.

WORKING MECHANISM



© PKSAI Makassar/2018
Discussion of the revision of the Makassar PKSAI SOPs with related services.

- SOPs that regulate service delivery, case management implementation from planning to termination, post service monitoring and coordination, including conducting a case conference for certain cases.
- Establish mechanism for monitoring "customer satisfaction" and focal persons in each sector serve as liaison including to identify problems and services needed.

RANGE OF SERVICES



© UNICEF/2017
Mrs. Katiyah and her son Adam pose with the newly obtained birth certificate.

- Organize interventions to address child and family vulnerability as well as response interventions on cases of violence, abuse, exploitation and neglect against children.
- Conduct outreach and referral of cases of violence, abuse, exploitation and neglect against children.
- Develop collaboration and partnerships with various service providers.

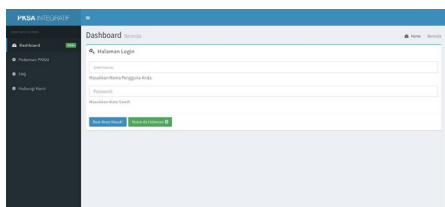
HUMAN RESOURCES



© UNICEF/2017
Parenting Training for PKSAI frontline in Gowa and Makassar.

- Presence of social workers for PKSA (Satuan bakti pekerja sosial).
- Collaboration with other frontline workers (TKSK, SLRT assistants, PKH Facilitators, family planning facilitators, Puskesmas social workers).
- Secretariat staff: Coordinator and supervisor; psychologist; data officer; complaint & registration staff.
- Initiate program to improve staff capacity including availability of training materials for social workers and other frontline staffs.

DATA MANAGEMENT



View of the PKSAI Database

- Use of Unified database on social protection program (BDT) and other data sources to determine the level of risk.
- Use of data for community outreach.
- Use of data from cases reported and responded.
- Develop & test information system for case management (PRIMERO) hosted by PUSDATIN (Pusat Data dan Informasi or the Data and Information Center) at the Ministry of Social Affairs.

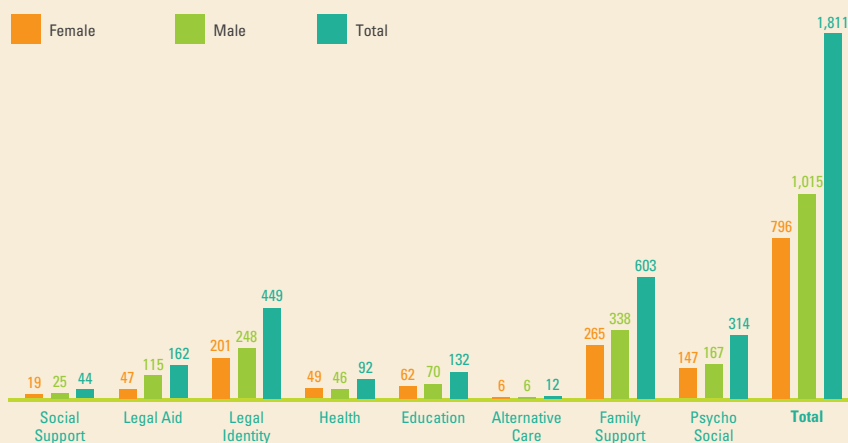
CASE COMPARISON: BEFORE AND AFTER PKSAI

The implementation of PKSAI has a significant impact on the number of cases responded. Vulnerable children are **five times more likely to get access to services through PKSAI**.

Pilot Sites	PKSA 2016 (MoSA data)	PKSAI, Jan - Oct 2017 (5 Pilot Sites)
Makassar	60	405
Gowa	56	303
Surakarta	20	138
Klaten	90	203
Tulungagung	160*	780
Total	386	1,811

* PKSAI

TYPES OF SERVICES PROVIDED IN 2017



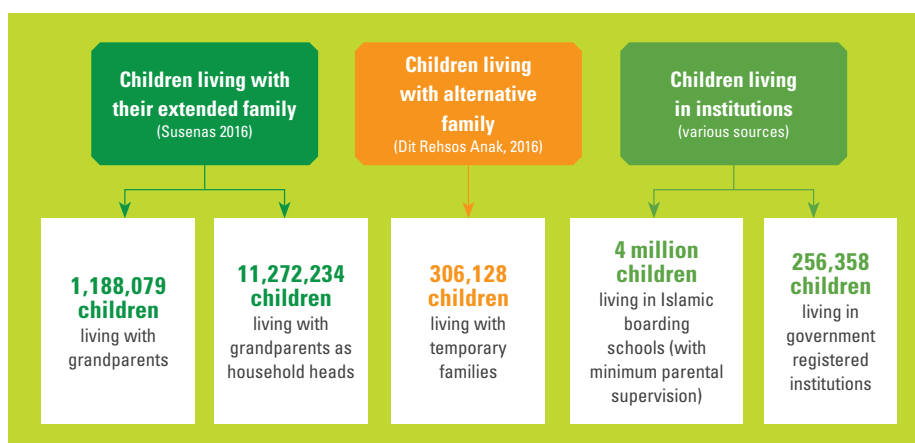
PKSAI POPULATION TARGET

High and medium risk children based on vulnerability criteria.

Estimated vulnerable children in 5 Pilot Sites

AREA	LEVEL OF RISK			
	HIGH		MEDIUM	
	GIRLS	BOYS	GIRLS	BOYS
Klaten ¹	147	138	1,145	1,239
Surakarta ²	39	65	1,632	1,833
Tulungagung ³	395	395	2,592	2,728
Gowa ⁴	433	790	3,170	4,265
Makassar ⁵	773	1,004	17,102	19,669
Total	1,787	2,392	25,641	29,734
COMBINED TOTAL	4,179		55,375	

- 1 Klaten Unified data 2015
- 2 Surakarta Unified data 2017 in 5 selected villages
- 3 Data from the Ministry of Education in 2017 on pre-school, elementary & junior high school from family of migrant workers verified during outreach in 70 villages in 5 sub districts
- 4 Gowa Unified data 2015 in 18 sub districts
- 5 Makassar Unified data 2015 in 14 sub districts



CHALLENGES

Human Resource Capacity

- The limited number of social workers cannot cope with the increasing demand for proactive services, especially to do outreach activities.
- There is a lack of job security among frontline staff due to the short-term contractual arrangement.
- At the structural level, frequent changes in personnel affect information flows and follow-up action.

Leadership

Competent leadership is very important for PKSAl's operations. Although there are circulars issued by the Bupati / Mayor in each location appointing a coordinator for PKSAl, coordination remains an issue, especially with other service providers and frontline staff.

Inadequate Budget

Lack of data on child vulnerability and child protection cases resulted in insufficient planning and budgeting for services. Development of vulnerability database and case management system are needed to support better planning and budget allocation.

Secretariat and Supporting Facilities

Specific place for the secretariat that is accessible is an important factor for integrated welfare and child protection services. This is not only to have a place where children and families in need can report but also to ensure the confidentiality of services, data security and coordination.

PKSAI and Sustainable Development Goals (SDGs)



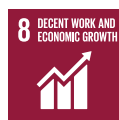
- 1.2** Reduce at least by half the proportion of men, women, and **children** of all ages living in poverty in all its dimensions.



- 5.1** Eliminate all forms of discrimination against **all women and girls** everywhere.
- 5.2** Eliminate **all forms of violence** against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- 5.3** Eliminate **all harmful practices**, such as, child marriage.



- 2.1** End hunger and ensure access by all people, in particular the **poor and people in vulnerable situations**.



- 8.7** By 2025 end **child labour** in all its forms.



- 4.5** Eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and **children in vulnerable situations**.



- 16.2** End abuse, exploitation, trafficking and all forms of violence against and torture of children.
- 16.3** Promote the rule of law and ensure **justice for all**.
- 16.9** Provide legal identity for all, including **birth registration**.

RECOMMENDATIONS FOR PKSAl EXPANSION IN INDONESIA FOR 2019 - 2024

COMPONENT	NATIONAL	SUB NATIONAL
Policy	• Support the inclusion of the PKSAl in the National Medium Term Development Plan (RPJMN) 2019-2024 to ensure sustainability.	• In accordance with Law 23/2014—local governments are mandated to establish services like PKSAl. Hence, it is important that PKSAl is reflected in the sub national development priorities such as in the Sub-National Medium Term Development Plan (RPJMD).
Institutional	• Strengthening the cooperation and coordination of the relevant government agencies, through the adoption of a Memorandum of Agreement. • Strengthening coordination of social protection programs, family empowerment and social rehabilitation of children to ensure welfare and social protection.	• Strengthening coordination of service providers at the provincial and district / city levels.
Work Mechanism	• Strengthening coordination and cooperation between government agencies in order to implement pro-active social and child protection programs, including the development of a common standard operating procedures (SOPs).	• Strengthening the capacity of the Office of Social Affairs as coordinator of the PKSAl secretariat at province and district/city. • Strengthening collaboration between stakeholders based on standard SOPs.
Range of Services	• Strengthening PKSAl's linkage to social protection programs so that children from vulnerable families will have better access to basic services. • Ensuring an adequate budget to carry out proactive, holistic, integrated and comprehensive services. • Implement program on child and family strengthening sessions (Temu Penguatan Anak dan Keluarga - TEPAK).	• Provision of proactive, holistic, integrated and comprehensive services to reduce children's vulnerability and response to children who are victims of neglect, violence and exploitation.
Human Resources	• Advocacy for the adoption of the Social Work Bill that guarantees the professionalism of the social workers in general as well as to improve the capacity of frontline workers including for PKSAl.	• Advocacy for budget allocation to improve the quantity and quality of social workers and other frontline workers.
Data and Information System	• Strengthening the child protection information system through the establishment of the vulnerability database and the use of Primero for case management.	• Strengthening the utilization of population data as a basis for the vulnerability database.

Banda Aceh, 17 November 2020

Nomor : 84/PKPM-UNICEF/XI/ 2020

Lamp. :

Perihal : **Mohon Mendelegasikan Dosen dan
Mahasiswa dalam Program Kerjasama PKPM-UNICEF**

Kepada Yth,

**Dekan Fakultas Tarbiyah dan
Ilmu Kependidikan UIN Ar-Raniry B.Aceh**

di-
Tempat

*Assalamualaikum Wr. Wb.
Dengan hormat,*

Sehubungan dengan tindak lanjut dari *Memorandum of Understanding (MoU)* Pusat Kajian Pendidikan dan Masyarakat (PKPM) Aceh dengan Fakultas Tarbiyah dan Ilmu Kependidikan (FTIK) dengan Nomor B-11360/Un.08/FTK/OT.01.3/10/2020, 75/PKPM/10/2020 tertanggal 22 Oktober 2020, khususnya pelibatan dosen dan mahasiswa dalam bidang pengabdian kepada masyarakat dan penelitian, dengan ini kami menyampaikan bahwa pada tahun 2020-2021, PKPM dipercayakan oleh UNICEF dalam program *Strengthening of the Integrated Child Social Welfare Service* dan *Program Humanitarian Support pada masa pandemic COVID-19*. Kegiatan tersebut akan dilaksanakan di tiga Kabupaten/Kota yaitu Banda Aceh, Lhokseumawe dan Aceh Barat. Untuk impementasi kegiatan tersebut secara maksimal, kami membutuhkan dukungan dari Dekan FTIK UIN Ar-Raniry agar bersedia mendelegasikan 12 orang dari unsur Dosen dan Mahasiswa agar dilibatkan dalam program tersebut.

Demikianlah permohonan ini kami sampaikan, atas kesediaannya mendelegasikan unsur Dosen dan Mahasiswa dalam program tersebut, kami ucapkan terima kasih.



Direktur,

Dr. Muslim Zainuddin, MSI



KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI AR-RANIRY BANDA ACEH
FAKULTAS TARBIYAH DAN KEGURUAN

Jl. Syeikh Abdur Rauf Kopelma Darussalam Banda Aceh
Telp. 0651-7551423 - Fax. 0651.7553020 - Email: ftk.uin@ar-raniry.ac.id

Banda Aceh, 22 November 2020

Nomor : B-1676/Un.08/FTK-I/Hm.00./11/2020
Lamp. : 1 (satu) lembar
Perihal : Pengiriman nama-nama dosen dan mahasiswa
dalam program kerjasama PKPM-UNICEF

Kepada Yth;
Direktur PKPM Banda Aceh
di
Banda Aceh

Assalamualaikum wr.wb.

Sehubungan dengan surat Direktur PKPM Banda Aceh Nomor: 84/PKPM-UNICEF/XI/2020 tertanggal 17 November 2020 perihal pengabdian kepada masyarakat yang dilaksanakan di 3 (tiga) kabupaten/kota di Aceh: Banda Aceh, Lhokseumawe, dan Aceh Barat yang melibatkan dosen dan mahasiswa Fakultas Ilmu Tarbiyah dan Keguruan (FITK) UIN Ar-Raniry Banda Aceh, berikut kami kirimkan nama-nama dosen dan mahasiswa yang akan berpartisipasi dalam kegiatan pengabdian tersebut.

Demikian yang dapat kami sampaikan. Atas kerjasamanya yang baik, kami ucapkan terima kasih.

Dekan,



Moslim Razali

Lampiran:
 Nama-nama dosen dan mahasiswa
 yang mengikuti kegiatan pengabdian
 PKPM-UNICEF yang melibatkan
 dosen dan mahasiswa FITK UIN
 Ar-Raniry Banda Aceh

No	Nama	NIP/NIDN/NIM	Prodi
1	Mashuri, M.Ag	197103151999031009	PAI
2	Eva Nauli Taib, M. Pd	198204232011012010	PBL
3	Dr. phil. Saiful Akmal, M.A	198203012008011006	PBI
4	Safrijal, M.Pd	2004038801	PKM
5	Sarini Vita Dewi, M.Eng	1322121401	PTI
6	Fathiah, M.Eng	198606152010392010	PTE
7	Muhammad Irsan Zazari	02214902234	PAI
8	Rizka Fadhlia	190207095	PBL
9	Chairun Riesa	190203171	PBI
10	M Rizki Asyifa	190208036	PKM
11	Rian Afkar	190204019	PFS
12	Rifka Julita	190212052	PTI

Ditetapkan di : Banda Aceh
 Pada tanggal : 22 November 2020
 Dekan,



Muslim Razali

Salinan keputusan ini disampaikan kepada Yth:

1. Pejabat terkait di lingkungan FITK UIN Ar-Raniry Banda Aceh;
2. Yang bersangkutan.



KEMENTERIAN AGAMA REPUBLIK INDONESIA
UNIVERSITAS ISLAM NEGERI AR-RANIRY BANDA ACEH
FAKULTAS TARBIYAH DAN KEGURUAN

Jl. Syeikh Abdur Rauf Kopelma Darussalam Banda Aceh
Telp. 0651-7551423 - Fax. 0651.7553020 - Email: ftk.uin@ar-raniry.ac.id

SURAT TUGAS

Nomor: B-5237/Un.08/TU-FTK/KP.01.1/08 /2020

Menimbang

- a. bahwa dalam rangka peningkatan kerjasama antara Fakultas Tarbiyah dan Ilmu Kependidikan (FITK) dengan PKPM;
- b. bahwa berdasarkan pertimbangan sebagaimana yang dimaksud pada huruf a. perlu ditetapkan dalam surat tugas.

Dasar

- 1. Peraturan Menteri Agama RI No. 12 Tahun 2014 tentang Organisasi dan Tata Kerja UIN Ar-Raniry Banda Aceh;
- 2. Peraturan Menteri Agama RI No. 21 Tahun 2015 tentang Statuta UIN Ar-Raniry Banda Aceh;
- 3. PMK No.113 Tahun 2012 tentang Perjalanan Dinas;
- 4. Surat PKPM Provinsi Aceh Nomor surat 84/PKPM-UNICEF/XI/2020 perihal pendelegasian dosen dan mahasiswa dalam program kerjasama PKPM-UNICEF.

Memberi Tugas

Kepada:

No	Nama	NIP/NIDN/NIM	Prodi
1	Mashuri, M.Ag	197103151999031009	PAI
2	Eva Nauli Taib, M. Pd	198204232011012010	PBL
3	Dr. phil. Saiful Akmal, M.A	198203012008011006	PBI
4	Safrijal, M.Pd	2004038801	PKM
5	Sarini Vita Dewi, M.Eng	1322121401	PTI
6	Fathiah, M.Eng	198606152019032010	PTE
7	Muhammad Irsan Zazari	02214902234	PAI
8	Rizka Fadhliha	190207095	PBL
9	Chairun Riesa	190203171	PBI
10	M Rizki Asyifa	190208036	PKM
11	Rian Afkar	190204019	PFS
12	Rifka Julita	190212052	PTI

Dilaksanakan Pada:

Hari/Tanggal : Bulan Agustus 2020

Agenda : Penelitian kolaboratif FTK UIN Ar-Raniry Banda Aceh, PKPM, dan UNICEF

Tempat : Banda Aceh, Lhokseumawe, dan Aceh Barat

Demikian surat tugas ini diperbuat agar dilaksanakan sebagaimana mestinya. Setelah selesai melaksanakan tugas ini segera melaporkannya kepada pemberi tugas sesuai dengan ketentuan.

Banda Aceh, 22 Agustus 2020

Dekan,



Muslim Razali

Salinan keputusan ini disampaikan kepada Yth:

1. Pejabat terkait di lingkungan FITK UIN Ar-Raniry Banda Aceh;
2. Yang bersangkutan.



PUSAT KAJIAN PENDIDIKAN DAN MASYARAKAT
CENTER FOR THE STUDY OF EDUCATION AND SOCIETY
PROVINSI ACEH

Jl. PradaUtama 113 Gp. Pineung Banda Aceh 23116 Telp/Fax. 0651-8010348

SURAT KEPUTUSAN
DIREKTUR PUSAT KAJIAN PENDIDIKAN DAN MASYARAKAT (PKPM) PROVINSI ACEH
Nomor: 120/Kep/ PKPM/VIII/2020

TENTANG

SURAT KEPUTUSAN SUSUNAN PELAKSANA PROGRAM
PROGRAM STRENGTHENING OF THE INTEGRATED CHILD SOCIAL WELFARE SERVICE

- Menimbang : 1. Bahwa untuk kelancaran pelaksanaan program Program Strengthening Of The Integrated Child Social Welfare Service perlu dibentuk tim pelaksana yang akan bertugas sebagai program manager, project coordinator, facilitator, specialist program dan anggota pelaksana lainnya dalam suatu keputusan.
- Mengingat : 1. Anggaran Dasar (AD) PKPM pasal 4 ayat (1) dan (2) tentang maksud dan tujuan lembaga PKPM untuk melaksanakan pengembangan keilmuan dalam bidang pendidikan, penelitian dan pengembangan masyarakat; Melaksanakan pelatihan dan pemberdayaan Sumber Daya Manusia (SDM) dalam upaya pengembangan pendidikan di Nanggroe Aceh Darussalam. Dan Pasal 5 ayat (2) menyatakan dapat bekerjasama dengan badan-badan pemerintahan dan/ atau Swasta, baik di dalam maupun di Luar Negeri, untuk melaksanakan kegiatan yang tidak bertentangan dengan asas tujuan lembaga

MEMUTUSKAN

- Menetapkan :
Pertama : Membentuk nama-nama yang tersebut dalam lampiran Surat Keputusan ini sebagai Panitia Pelaksana program yang dimaksud.
- Kedua : Panitia Pelaksana tersebut melaksanakan tugas yang telah diberikan sebagaimana mestinya dan bertanggung jawab kepada Direktur Eksekutif PKPM.
- Ketiga : Masing-masing Panitia Pelaksana melaporkan pelaksanaan tugasnya kepada Direktur Eksekutif PKPM.
- Keempat : Keputusan ini mulai berlaku sejak tanggal ditetapkan dan akan dilakukan perbaikan kembali bilamana terdapat kekeliruan di dalamnya.

Ditetapkan di : Banda Aceh
Tanggal : 2 Agustus 2020
Direktur Eksekutif,

Dr. Muslim Zainuddin, M.Si

Tembusan:

1. Arsip
2. Yang bersangkutan



PUSAT KAJIAN PENDIDIKAN DAN MASYARAKAT
CENTER FOR THE STUDY OF EDUCATION AND SOCIETY
PROVINSI ACEH

Jl. PradaUtama 113 Gp. Pineung Banda Aceh 23116 Telp/Fax. 0651-8010348

Lampiran Keputusan Direktur Pusat Kajian Pendidikan dan Masyarakat Provinsi Aceh

Nomor : **120/Kep/ PKPM/VIII/2020**
Tentang : Program Strengthening Of The Integrated Child Social Welfare Service
Tim Pelaksana :
Penanggung Jawab : Dr. Muslim Zainuddin, MSi
Koordinator : Firdaus D. Nyak Idin, MSi
Spesialist Program : Ihsan
Konsultan : Prof. Dr. Mujiburrahman Adnan, M.Ag
Program Manager : Dr. Mahmuddin, MSi
Sekretaris : Hariqul Ushah, SE
Fasilitator : Mansari, S.HI.,MH
Petugas Lapangan : Mujiburrahman
Anggota : Hasnul Arifin Melayu, MA

Munawar
M. Ridha, MA
Dr. Sabirin, M.Si
Dr. Salman Abdul Muthalib, Lc.,M.Ag
Dr. Lukman Hakim, M. Ag

1. Prodi PAI UIN Ar-Raniry
Nama dosen/NIP : Mashuri, M.Ag/197103151999031009
Nama mhsw/Nim: Muhammad Irsan Zazari/02214902234
2. Prodi PBL UIN Ar-Raniry
Nama dosen/NIP : Eva Nauli Taib, M. Pd/ 198204232011012010
Nama mhsw/Nim: Rizka Fadhli/ 190207095
3. Prodi PBI UIN Ar-Raniry
Nama dosen/NIP : Dr. phil. Saiful Akmal, M.A.(198203012008011006)
Nama mhsw/Nim: Chairun Riesa (190203171)
4. Prodi PKM UIN Ar-Raniry
Nama dosen/NIP : Safrijal, M.Pd/2004038801
Nama mhsw/Nim: M Rizki Asyifa /190208036
5. Prodi PTI UIN Ar-Raniry
Nama dosen/NIP : Sarini Vita Dewi, M.Eng/1322121401
Nama mhsw/Nim: Rifka Julita/190212052
6. Prodi PTE UIN Ar-Raniry
Nama dosen/NIP : Fathiah, M.Eng / 198606152019032010
Nama mhsw/Nim: Ario Wisata / 190211005

Ditetapkan di : Banda Aceh
Pada Tanggal : 20 Agustus 2020
Direktur Eksekutif,



Dr. Muslim Zainuddin, M.Si