

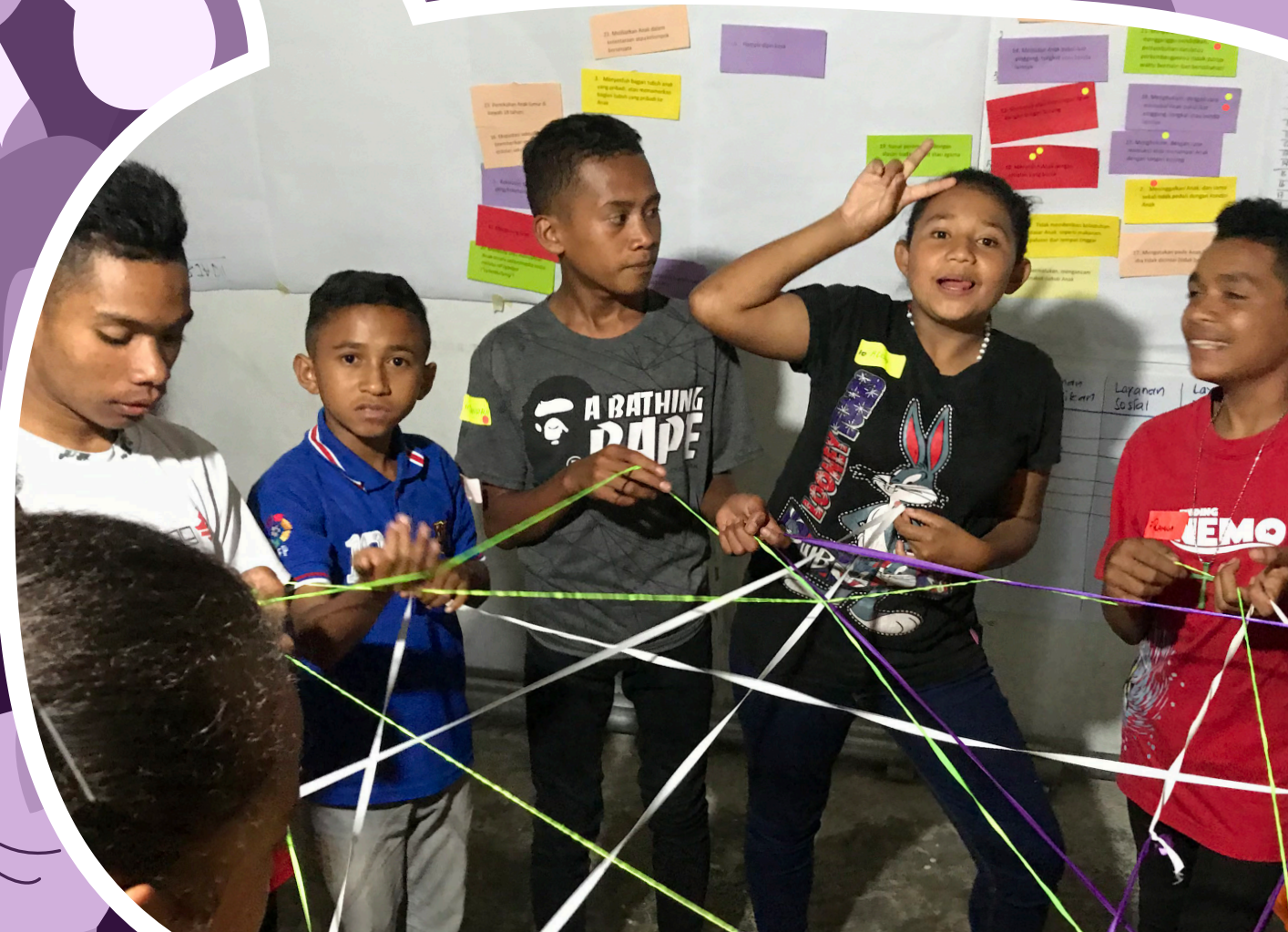
# Community Conversations: An Accountability To Stop Violence Against Children

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Our vision for every child, to live fully.  
Our prayers for every heart, determination to make it happen

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COMMUNITY CONVERSATIONS: AN ACCOUNTABILITY TO STOP  
VIOLENCE AGAINST CHILDREN  
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First Edition, 2019

Cataloguing in Publication (CIP)  
Indonesia, Wahana Visi  
COMMUNITY CONVERSATIONS:  
AN ACCOUNTABILITY TO STOP VIOLENCE AGAINST CHILDREN  
by Indonesia, Wahana Visi;  
- Ed. 1.  
30 pages. ; 21 cm  
1. COMMUNITY CONVERSATIONS:  
AN ACCOUNTABILITY TO STOP VIOLENCE AGAINST CHILDREN  
2. Wahana Visi Indonesia  
I. Title II. Indonesia, Wahana Visi

# Foreword

In 2019, Wahana Visi Indonesia (WVI) in partnership with World Vision contributed to the campaign to end violence against children in the United Nations High-level Political Forum (HLPF) on Sustainable Development Goals (SDGs). WVI appreciate the involvement of Indonesia as one of the path-finding country and fully supported the Voluntary National Review (VNR) 2019 as well as the reports on national thematic progress, for the encouragement to end violence against children at the national and global level. This community conversation is one of the tools to strengthen the model and alignment of local, regional, and global advocacy, to seek government accountability for its commitment and the efforts, also to gather citizen-driven data and mobilizing communities to advocate end violence against children.

The community conversation had four aims, which are to know; (1) The perception of prevalence on what children and community understand about violence against children issues; (2) Perception towards attitude and values affecting problematic violence against children; (3) The awareness of children and community on law and policy framework including of child rights; (4) Access to available services where children and community can have prevention and protection services.

Based on experiences to end violence against children, WVI considers the participation and grass roots community as an important factor. Children's voices are as important as adults, civil society organisations, and government opinions. Those experiences become one of the tangible manifestation of "Our vision for every child life in all its fullness, our prayer for every heart the will to make it so". Hopefully, through this report can be a learning reference for stakeholders in improving its services to end violence against children.

Jakarta, September 2019

**Doseba T. Sinay**

Chief of Board Management of Wahana Visi Indonesia

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pathways (ranging from SD/MI to graduating high school/SMK/MA) and non-formal education (package A to package C and standardized courses)) / Program Indonesia Pintar

**PKH**  
Family Hope Program (conditional social assistance program to poor families (KM) designated as PKH beneficiary families / Program Keluarga Harapan

**Posyandu** Integrated Service post (the extension of Puskesmas's hand that provides integrated service and health monitoring) / Pos Pelayanan Terpadu

**PPPA** Women empowerment and Child protection

**Puskesmas** Public Health Center (district/City Office Technical Implementation unit responsible for conducting health development in a working area

**P2TP2A** Integrated service Center for Women Empowerment and child protection

**RT** Rukun Tetangga (division of Territories in Indonesia under RW)

**RW** Rukun Warga (Division of Indonesian territory under the village)

**SD** Elementary School

**SMA** Elementary School

**SMK** Violence against children

**WVI** Wahana Visi Indonesia

# Glossary And Abbreviations

#### Airtable

The software to store the data according to the needs

#### Bhabinkamtibmas

Bhintara pembinaan dan keamanan ketertiban masyarakat

#### BPJS

Social Security Administering Agency (State Program to ensure the entire population of Indonesia is protected by comprehensive, fair and equitable health insurance) / Badan Penyelenggara Jaminan Sosial

#### DAD

Dayak Customary Council / Dewan Adat Dayak

#### FGD

Focus Group Discussion

#### Jamsostek

Social Security Workforce (the state Program to ensure that all workers in Indonesia and their families are protected by the health insurance. Currently, social Security changed its name to BPJS) / Jaminan Sosial Tenaga Kerja

#### Kemenag

Ministry of Religious Affairs

#### Kemendikbud

Ministry of Education and Culture

#### Kemensos

Ministry of Social Affairs

#### KII

Key Informant Interview

#### KIP

Indonesia smart Card (Bookmark/identity card/recipient of PIP educational support. This card provides the assurance and certainty of the school-age children listed as a recipient of educational assistance) / Kartu Indonesia Pintar

#### KIS

Indonesia Healthy Card (a card that guarantees the health of the poor, without paying dues and can be used anywhere not limited like BPJS) / Kartu Indonesia Sehat

#### KPAD

Regional Child Protection Commission

#### KPAI

Child Protection Commission

#### Komnas PA

National Commission on Child Protection

#### LPA

Child Protection Agency / Lembaga Perlindungan Anak

#### MA

Madrasah Aliyah (secondary education in formal education in Indonesia, equivalent to high school/vocational High School)

#### MI

Madrasah Ibtidaiyah (Basic level of formal education in Indonesia, equivalent to elementary school)

#### NGO

Non-governmental organizations

#### PATBM

Community based Integrated child Protection (Child protection movement managed by a group of people living in a region) / Perlindungan Anak Terpadu Berbasis Masyarakat

#### PAUD

Early childhood education (education level before elementary education level) / Pendidikan Anak Usia Dini

**PIP** Indonesia Pintar Program (Program of the Ministry of Education and Culture (Kemendikbud), Ministry of Social Affairs (KEMENSOS), and Ministry of Religion (KEMENAG) to help school-age children from poor/vulnerable families/fixed priorities Get education services until the completion of secondary education, either through formal education



# Executive Summary

*This community conversation aims to listen to the voice of the children along with the adults and capture their ideas about the child abuse related services.*

This community conversation aims to listen to the voice of the children along with the adults and capture their ideas about the child abuse related services. Community conversations are a method that incorporate directional group discussions, household surveys and national policy reviews, to build public awareness and service to child abuse and to measure government action to end the child's violence.

Community conversations were conducted in 6 locations: Jakarta, Kuburaya-West Kalimantan, Bengkayang-West Kalimantan, Sumba Timur, Ende-NTT, and Soe-Timor South Central, NTT in May-June 2019. The method used is using two approaches, i.e. quantitative by using household and qualitative surveys through FGD (Focus Group Discussion) and KII (Key Informant Interview/Key figures interview). Participants from the household survey and FGD are children/teenagers and adults who are registered as child representatives, while for KII with related stakeholders, namely the school, health officers, police, and social workers.

The results of this community conversation show that communities in 6 locations still consider violent practices against children are prevalent and acceptable for various reasons. For example, according to the community in Kuburaya-West Kalimantan, the practice of violence against children is not violent because it can discipline children, and others also do the same, etc. Some violent practices are also considered to be natural because they are part of culture and religion. An

example is the circumcision of women, which according to the community in Jakarta is considered reasonable because there is no cultural and religious prohibition.

So far, the prevention of violence against children (VAC) has been done even although it has not been optimally able to prevent violence against children. Efforts undertaken to prevent child abuse, among others: sexual behavioral education and anti-drug campaigns, schools providing anti-bullying activities as well as offering positive nurturing related trainings, toilet separation of boys and girls at school, as well as patrol by the police.

Generally, family or parents are still considered to be the most instrumental in the prevention of violence against children (VAC). Yet it is still questionable, because based on the findings the highest case of violence against children take

place at home. In addition to family or parents, child abuse prevention is also performed by NGOs or community-based organizations, teachers, and health care services.

The existing services for the prevention and handling of child violence are both at the central and local level. At the central level, there are organizations like P2TP2A, BPJS, KIP, KIS, etc. While at the local level, the examples are DAD (Dayak Indigenous Council), indigenous council in Ende, and the Children Forum in Ambawang. Each of the service has its own role in the prevention and response related to violence against children. Related to funding, not all service providers allocate a budget specifically related to KTA (VAC) and differ in each region. For example, only in East Sumba and Jakarta where the school has a specific budget for the prevention and handling of violence against children. Data management



Community conversations with children in Soe District, children identified violence in their area and assess government services on prevention program and report cases of violence against children

related to violence against children is still not optimal, only the police have a database related to the case of violence against children. While other service providers have no such databases.

Based on the findings, the community and children are involved in activities related to the VAC, such as socialization, training, etc. This community conversation demonstrated children's participation was represented through the children's Forum and its activities, including participating in preventing the VAC. Child involvement in the public decision-making process is through Musrenbang, but it has not been catered to the child's opinion, and has not yet ensured that the child's voice is considered or not only heard. Since Musrenbang is only one of the "spaces" for participation, the next child Forum can cooperate with WVI to encourage adults at home, community or school in taking the child's voice seriously, together with the Musrenbang mechanism that records and responds to the child's voice.

In general, communities, NGOs, and governments need to increase cooperation in the prevention and handling of VAC. In the prevention of VAC, for example, the positive parenting program can continue to be integrated with PAUD or Posyandu activities. In relation to this, NGOs can take part as facilitators, while the community



(cadre) is increasingly encouraging positive parenting movements, and the government (through health and education services for example) integrates positive parenting.

Early detection of violent cases is important for responses. NGOs together with the government can increase the capacity of the community to prevent and recognize the VAC case, especially in PATBM, KPAD or similar groups. Focusing on capacity building and government cooperation with the community can also encourage the program sustainability.

*Community conversations were conducted in 6 locations: Jakarta, Kuburaya-West Kalimantan, Bengkayang-West Kalimantan, Sumba Timur, Ende-NTT, and Soe-Timor South Central, NTT in May-June 2019.*





# Introduction

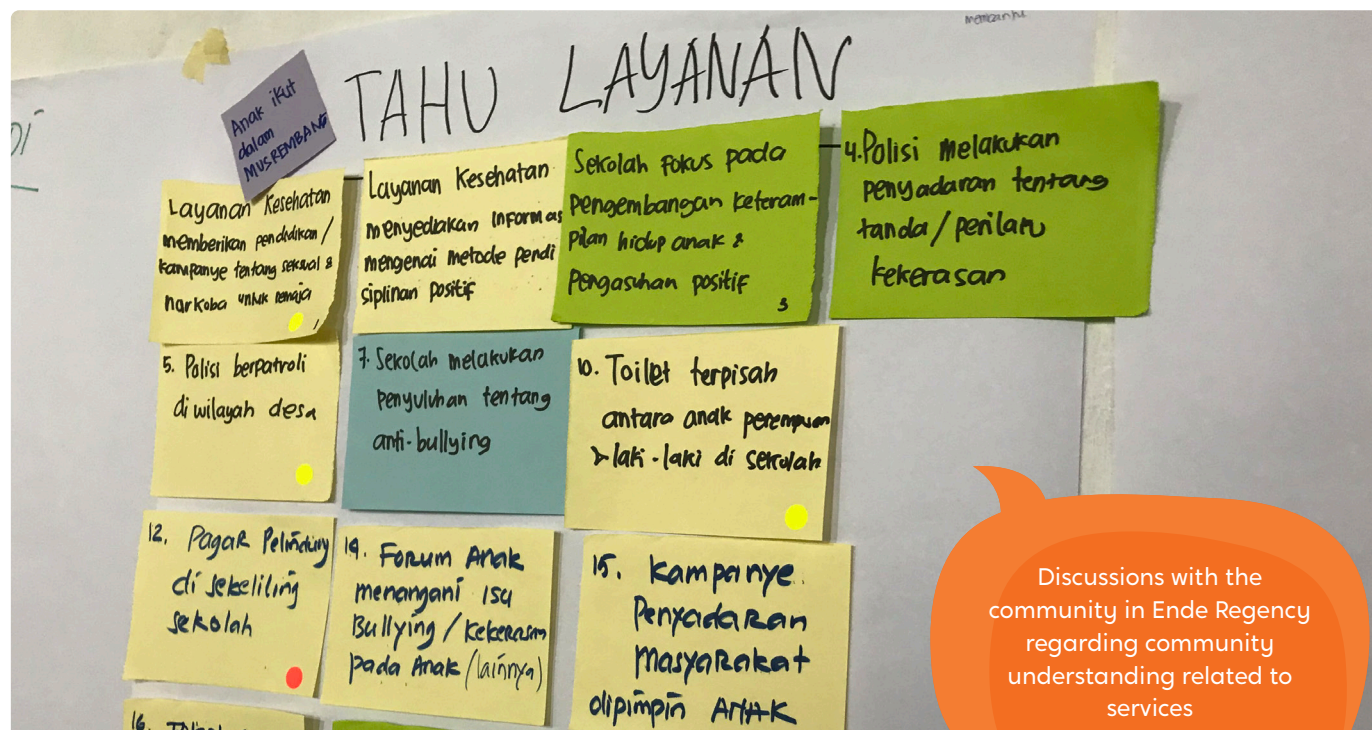
## Why Is Community Conversation Important?

As a follow-up to the United Nations agenda in 2030 for Sustainable Development Goals (SDGs) at the global level, the objectives will be reviewed in 2019. One of the objectives to be reviewed is the Goal 16, i.e. promoting a peaceful and inclusive society for sustainable development, providing access to justice for all and building effective, accountable and inclusive institutions, including the end of harassment, exploitation, trafficking and all forms of violence against and torture of children.

Child participation is a key factor for the elimination of violence against children (VAC). This is in line with community conversation practice, a WVI program where children and adults share their ideas about VAC services.

# The Purpose Of Community Conversation

The purpose of this community conversation is to see the situation of violence against children (VAC) and how the services are making efforts to prevent and respond to VAC. In addressing both objectives, community conversations are promoting community participation, including children. In other words, community conversations look at the child protection work through the perspectives of the community and government as service providers.



Discussions with the community in Ende Regency regarding community understanding related to services

# How Do Community Conversations Work?

## Where?

Community conversations are conducted in six (6) locations, namely: Jakarta, Kuburaya-West Kalimantan, Bengkayang-West Kalimantan, East Sumba, Ende-NTT, and Soe-Timor Tengah Selatan, NTT. These six locations are divided into categories, namely urban areas (Jakarta) and rural areas (Kuburaya-West Kalimantan, Bengkayang-West Kalimantan, East Sumba, Ende-NTT, and Soe-Timor Tengah Selatan, NTT). The typical differences in this location are likely to affect the mindset, information available, etc. in relation to child violence. The community in these two typical locations will be influenced by existing cultures and customs, where those in the rural area will be more extensively influenced by local culture and customs.

## Methods

There are 2 (two) methods used in this community conversation, namely:

## Quantitative

This method is done through household survey, involving parents (mother) and teenagers (boys/girls) who are members of the Child Forum as participants. The household surveys are used to study: How to address violence against children, things that have been done to make children safe from community violence, existing support services and easy access for those in need.

## Qualitative

This method is done in two ways, namely: Focus Group Discussion (FGD) and Key Informant Interview (KII).

FGDs with children groups. The participants of the FGD are members of Child Forum, who are over 11 years old, both boys and girls. FGDs with the children group aims to see: Children's understanding of the VAC, the child's perception of violence, the child's understanding of the things that have been done to prevent the VAC, the child's knowledge of the things that have been done to respond to the VAC, and the child's readiness to act against VAC.

FGDs with adult groups. Participants from this FGD are adults/parents, both males and females. These FGDs are conducted to see: understanding/perception of VAC, understanding/perception of the incidence of VAC issues, the reasons behind the VAC cases in the community, actions known by the public to prevent VAC, the action known by the public to respond to VAC, and the community readiness to act in a VAC situation

KII with education service providers. The KII's participants are the school principals of one of the schools in each locations. The KII aims to understand: the VAC standard for the provision of education services and its prevention measures, reporting and referral provisions, response paths, resource available for the provision of quality services related to VAC, budget of education services, data management, views on the prevalence VAC and children at risk.

## How Do Community Conversations Work?

KII with health care providers. The KII participants are the head of health centers, doctors, and dentists. The KII aims to understand: VAC prevention provisions, reporting and referral provisions, response paths, data management, available resources for the provision of quality services related to VAC, budget of healthcare services, views on terms and conditions of children at risk.

KII with police. The KII participants are police officers in charge of the PPA (Protection of women and children) unit. This KII aims to understand: the standard of police services to handle VAC, VAC prevention, reporting and referral, response paths, data management, available resources for the provision of quality services related to VAC, budget of police service, views of the prevalence of children at risk

KII with social workers. The participants are those who work in the social service, i.e. social workers (PekSos), KPAD, or P2TP2A. This KII aims to understand: the standard provision of social services with respect to VAC handling, VAC prevention, reporting and referral, response paths, data management, available resources for the provision of quality services, and budget of the services.

All the tools, methods, and selection of targets/samples in community conversations were developed by WVI and are the responsibility of the WVI. Household survey data is collected by local enumerators on each area of the program, while FGD and KII data is collected by WVI's consultant team

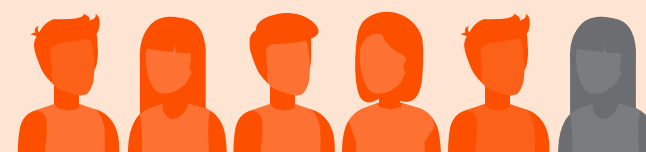
and advocacy staff. Consultants are responsible for the implementation of training of trainers (ToT) for local enumerators. The training was conducted in each AP. The purpose of this training is introducing the methods for data collection and tools used by enumerators, especially in household surveys.

## How Far Is The Community Involved?

This community conversation was conducted in May-June 2019 attended by:

No.	Activities	Male	Female	Adult	Children	Total
1	Survey	324	275	366	233	599
2	FGD with adult groups	17	27	-	-	44
3	FGD with children groups	-	-	22	44	66
4	KII with school (principal)	2	4	-	-	6
5	KII with Health officer (head of Puskesmas, general practitioner, and nutritional physician)	6	-	-	-	6
6	KII with police officers (PPA Unit)	4	3	-	-	7
7	KII with social workers (Representatives of P2TP2A, KPAD, Sakti Peksos)	4	2	-	-	7
Total		357	311	388	277	735

## Results: Violence Against Children



**5** from 6 participants

survey participants stated that the 22 statements are the forms of VAC, except for the statement of circumcision based on culture, tradition, or religion. Although few, but some community members still assume that the behavior 23 is not a VAC. This shows the lack of the community understanding about VAC.

The 23 types of violence in question are:

- Neglecting a child by not providing for basic needs for warmth, food, clothing and shelter. [Neglect]
- Abandonment of a child. [Abandonment]
- Touching the private parts of a child or exposing them to a child. [Sex abuse]
- Showing a child pornographic material. [Sex abuse]
- Gang or group violence towards a child. [Physical, mental]
- Attempting rape. [Sex abuse]
- Actual raping of a child. [Sex abuse]
- Humiliating, threatening or scaring a child. [Mental abuse]
- Humiliating, threatening or scaring a child to punish. [Violent discipline]
- Calling a child a bad name. [Mental, psychological abuse]
- Locking up a child or isolating them in humiliating conditions. [Physical, mental, psychological abuse]
- Spanking, hitting or slapping a child with a bare hand. [Physical abuse]
- Spanking, hitting or slapping a child with a bare hand to punish. [Violent Discipline]
- Slapping or beating a child with a belt, stick or other object. [Physical Abuse]



- Slapping or beating a child with a belt, stick or other object. [Violent Discipline]
- Sexual exploitation (giving a gift in exchange for sex). [Sexual Exploitation]
- Telling a child that she or he is not loved (not given value). [Psychological Abuse]
- Screaming or yelling at a child. [Mental, Psychological Abuse]
- Genital cutting for cultural, traditional /religious reasons. [Female Genital Mutilation]
- Bullying or harassing a child online or over mobile devices ("cyberbullying")
- Making a child do work that may disrupt her/his education and/or physical, mental or social development. [Child Labour]
- Involving a child in a regular or irregular armed force or armed group. [Child Recruitment / Soldiers]
- Allowing a girl or boy to marry before the age of 18 [Early Marriage]



FGD results with adult groups and children/teenagers also support the finding. For example in East Sumba, FGD with a group of children shows all children agreed that all of the behaviors are classified as violence – this is not the case in other areas as some people still considered not all of the behaviors are violent.

The results of a survey of 25.88% of the 599 participants consider female circumcision as non-violence for cultural, tradition or religious reason. If viewed from the location of data collection, the participants who most considered female circumcision is not violent for cultural reasons, traditions or religious reason is Jakarta (n = 60; 60%).

The findings confirmed by the FGD results with the children group in Jakarta, where they mentioned that female circumcision not considered violent in their area, women circumcision is culturally reasonable. This statement also occurred in the results of FGD with adult groups in Bengkayang. But in the FGD with the adult group in Jakarta, it is mentioned that female circumcision can be categorized as violence depending on the situation. Similar view was also expressed in the FGD with adult groups in Kuburaya.

Other examples, in Soe, an adult group FGD stated that acts of humiliating, threatening or scaring children; humiliating, threatening or scaring children to punish; calling a child a bad name;

*"Almost any type of violence is a family problem, only gang or group violence towards a child, sexual exploitation and involving a child in a regular or irregular armed force or armed group is a type of VAC that is not merely a family problem"*

spanking, hitting or slapping a child with a bare hand; spanking, hitting or slapping a child with a bare hand to punish; slapping or beating a child with a belt, stick or other object; slapping or beating a child with a belt, stick or other object to punish; telling a child that she or he is not loved (not valued); screaming or yelling at a child;

and bullying or harassing a child online or over mobile devices ("cyberbullying") not included as types of VAC. Based on FGD results with adult groups in Bengkayang and Soe, child marriage is not necessarily considered a VAC.

In Bengkayang, whether neglecting a child by not providing for basic needs for attention, food, clothing and shelter

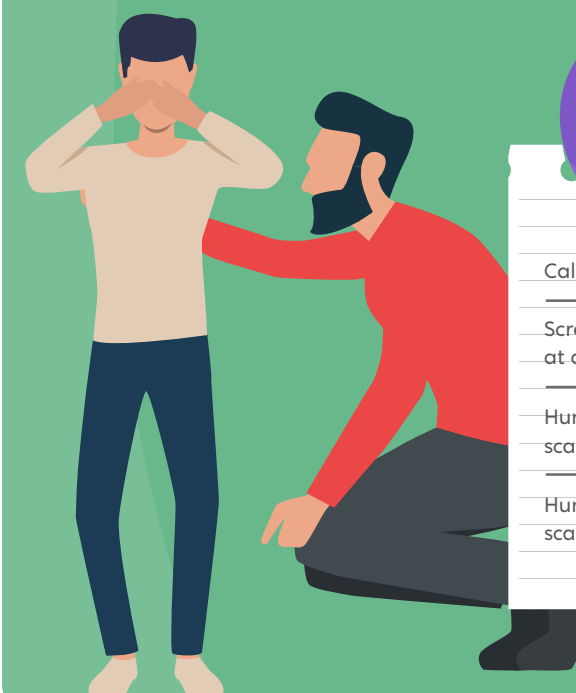
and making a child to work that may disrupt her/his education and/or physical, mental or social development can be considered VAC or not are depending on the situation. Attempting rape in Jakarta may or may not be considered VAC. In Soe, calling a child a bad name may or may not be considered as VAC.

## Violence Is Only A Family Problem

Of the 23 VAC given, almost all types of VAC are considered family problems. Only gang or group violence towards a child, sexual exploitation and involving a child in a regular or irregular armed force or armed group as a type of VAC that is not considered as merely a family problem.

## The Most Common Types Of Violence

The FGD results with adult groups show there are 4 (four) most prevalent VAC cases or occurring in their area, namely:



### FGD with adult groups

- Calling a child a bad name
- Screaming or yelling at a child
- Humiliating, threatening or scaring a child
- Humiliating, threatening or scaring a child to punish

### FGD with groups of children

- Humiliating, threatening or scaring a child
- Slapping or beating a child with a belt, stick or other object
- Spanking, hitting or slapping a child with a bare hand
- Screaming or yelling at a child

# Types Of Alarming Violence

The FGD results with adult groups show there are three most prevalent VAC in the community:

## FGD with adult groups

- Allowing a girl or boy to marry before the age of 18
- Showing a child pornographic material
- Gang or group violence towards a child

## FGD with groups of children

- Neglecting a child by not providing for basic needs for attention, food, clothing and shelter
- Actual raping of a child
- Humiliating, threatening or scaring a child to punish
- Slapping or beating a child with a belt, stick or other object. [Violent discipline]



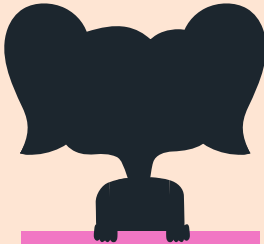
# Causes Of Child Violence

Based on FGD with adult groups, there are 3 (three) main causes most widely expressed as causes of VAC



# Location Of Violence Against Children

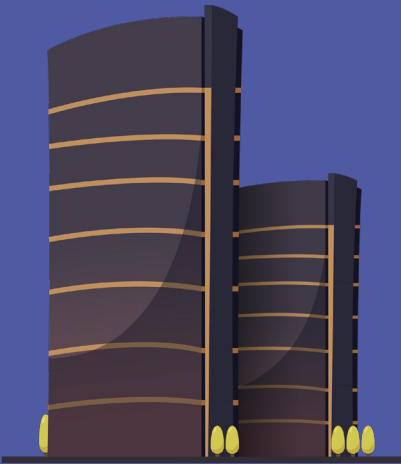
Based on FGD with a child group, there are 3 (three) main causes most widely expressed as causes of VAC



Based on a household survey, it is known that most VAC cases occur at home (see chart)



412 Respondents (68.78%) answer House



91 Respondents (15.19%) another public place, outside the home



64 Respondents (10.68%) answer School



# Results: Assessment Of Service Providers

## Forbid

The Police of the Republic of Indonesia has set the prohibition to commit violence against children (VAC) contained in Law No 23/2002 on child protection, especially in section 76.

The law serves as a warning that anyone committing VAC will get a criminal threat.

The law also functions as a precautionary attempt and approach in handling of the VAC case by service providers. For

example, at education service providers in this case the school, having school environmental safety standards, anti-bullying policies, reporting mechanisms used by children and schools, risk management of violence and handling gender stereotype. In other instances, the police have special units for handling violent cases for both women and children. This is evident from the KII result with the school.



*"Everyone is prohibited from placing, letting, doing, committing, or participating in violence against children" – Law No 23 year 2012 on child Protection Section 76 c*



Here are examples of programs or activities from service providers participating in VAC related community conversation

## Education Service Providers

1. Capacity and training development, both for teachers, students and parents
2. VAC-related community campaign
3. Discussion Forum between schools and parents  
Home visits for risky children
4. Having child protection related school development plan
5. Application of curriculum on drug and alcohol abuse  
Has rules and consequences against VAC  
Child Forum or student representative to discuss VAC

## Healthcare Service Providers

1. Capacity development to children and parents/caregivers
2. Campaign to the VAC-related community
3. Home visits and follow-up to families and/ children at risk

## Social service provider (social worker)

1. Capacity building for the VAC-related community
2. Education of drug and alcohol abuse to adolescents
3. Dialogue to empower the child to protect themselves and report the VAC
4. Development of life skills and protection to youth
5. Patrol by Babinkamtibmas
6. Identification and home visits to risky families
7. Outreach to parents related to positive parenting

## Police

1. Capacity building for police members related identification and response to VAC
2. Socialization of the VAC-related community
3. Counseling to children and adolescents related to VAC, drugs, and alcohol
4. Training for communities that move on VAC issues
5. Officers/units of women trained to handle VAC



# Prevent

The results of the household survey showed that 280 participants (46.74%) stated the efforts to prevent VAC in their community have been done, although it still insufficient.

Yet, 41 participants (6.84%) did not know any precautionary effort against the child violence has been done in their residence. Jakarta (n = 25; 25%) was the highest percentage of people did not know that there had been a violent prevention efforts against children in their territories. This could be because the people of Jakarta were quite individualist that prevent them from knowing whether the availability of such efforts in their region.



**164** respondents  
(27.38%)  
Teacher

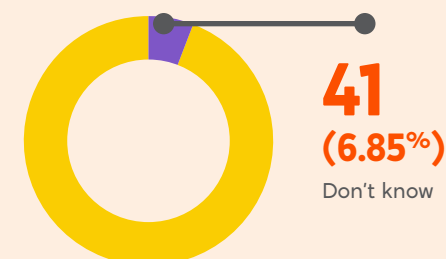
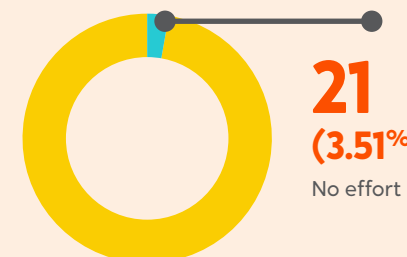
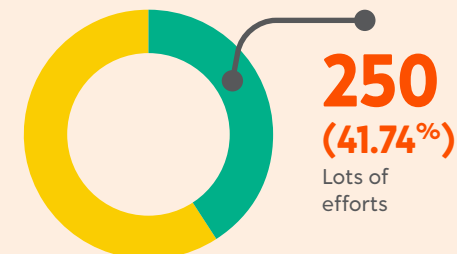
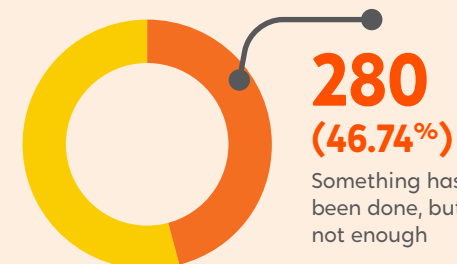


**197** respondents  
(32.88%)  
NGOS or  
community-based  
organisations



**253** respondents  
(42.24%)  
Parents

*"Parents, NGOs, and teachers are the ones that prevent violence against children"*



The chart explains that based on the results of the household survey, the community considers that the most instrumental elements in preventing VAC are parents, NGOs or community-based organizations, and teachers/teachers. This suggests that the government's service providers have not been considered as playing significant roles in the prevention of the VAC according to the respondents.

The FGD results with child groups show education service providers conducted sexual behavior education and anti-drug campaigns, anti-bullying events in schools and offer positive parenting training in schools, as well as separation of toilet for boys and girls in school. While NGOs or community-based organizations together with community groups and religious leaders are the agents of anti-VAC forum.

The results of FGD acknowledge the roles of education service providers, health care providers and the police are perceived in preventing VAC. For instance the role of the police in community patrol (Babinkamtibmas).

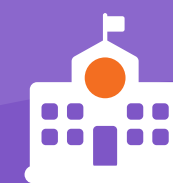
When asked about the effectiveness of the providers, the survey showed that the family (n = 248; 41.40%), NGOs or community-based organizations

(n = 210; 35.06%), and schools (n = 141; 23.54%) are considered as effective institutions in the prevention of the VAC.

Families are considered effective in the prevention of child violence because families are the closest institution/actors to the child, the family is also considered to have rules for disciplining the child, and the child's primary parenting is in the family, etc.

NGOs are also considered most effective in the prevention of violence against children, especially through information dissemination and public awareness raising to violence against children.

All FGD participants with the children groups said the violent preventive service is effective because the staff care and deeply understand the children, they also build good relationships to gain trust from the children. They help without discrimination, services provided for free and highly supported by local governments through funding and leadership. This service is also supported by NGOs and community members. The children feel comfortable to engage with them, in addition they exchange of information as users and service providers. Service providers have also received training.



**141** Responden  
(23.54%)  
Sekolah



**210** Responden  
(35.06%)  
LSM atau organisasi  
berbasis masyarakat



**248** Responden  
(41.40%)  
Keluarga

As for the FGD with adult groups, five services or institutions are considered as effective, such as healthcare services that provide sexual education, anti-drug campaigns, and provide information on positive disciplinary method. Other institutions are NGOs (non-governmental organizations) or other community groups, religious leaders or religious events, schools that separate toilets for girls and

boys, and children's councils that deal with bullying or VAC related issues. The services provided are considered effective because employees/staff/institutions have good understanding about children – they build trustworthy relationship with the children. They also deliver professional service by maintaining confidentiality, helping all children without discrimination, service is provided for

free. The staff also get adequate training, education, and experience related to the issue, and facilitate information exchange with the community involved with the institution. Local governments also support the services provided through funding.

# Report

Not all types of VAC are reported to the parties in charge to address VAC issues. The usual types of violence reported among others are: sexual exploitation, VAC on the street, VAC at school, VAC at home, and violence committed by groups. Specifically in Bengkulu and Jakarta, the trafficking case is also a reported as a type of violence. The type of violence against children not reported in general is employing minors/ exploitation of children.

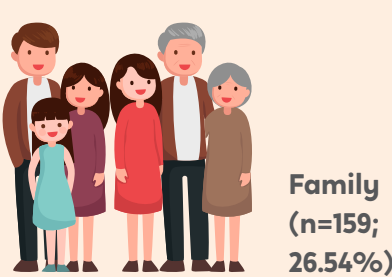
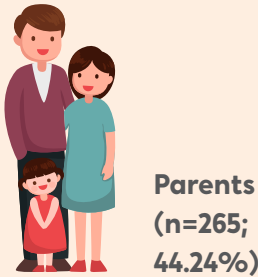
The spiritual leaders in Jakarta, East Sumba, and Soe are not considered places that can be visited in case of violence against children. 21% of the 66 FGD participants with the children groups assumed that religious leaders were not quite helpful in case of child abuse, as sometimes they are also

involved as perpetrators in some VAC cases. In Soe, generally cases of violence against children are handled by the police and institutions that usually deal with VAC. On the other hand, religious leaders can be considered effective enough to help because they are respected and heard by the people/ Jama'ah. Religious leaders instill the value that the child is God's blessing, so they must be protected by the family.

In Kuburaya, East Sumba, Ende, and Soe there were no special hotlines as a complaint point in case of VAC. In Ende, especially in Puskesmas, there was a complaint box, yet it was not known whether the complaint box was used by the community or not. The habit of not telling the VAC experience to peers was mentioned in Jakarta and East Sumba.

Based on the results of the household survey, it was found that the family was the first place to report if the child experienced violence, second place was a parent, and then police.

Unfortunately there are still 9 people (1.50%) of the total participants who will not go anywhere in case of violence against children.



From the perspective of the service provider, only the police is not mandated to report the VAC case as they are the one receiving the report. In fact, the mandate to report is the obligation of education service providers, healthcare providers, and social workers:

	Education Service Providers	Healthcare Service Providers	Social worker
Obligation to report violent cases to the police or to other authorities	✓	✓	✓
Consequences of not reporting violent acts in children	✓	✓	-
The SOP to report	-	✓	✓
referral protocol	-	✓	-

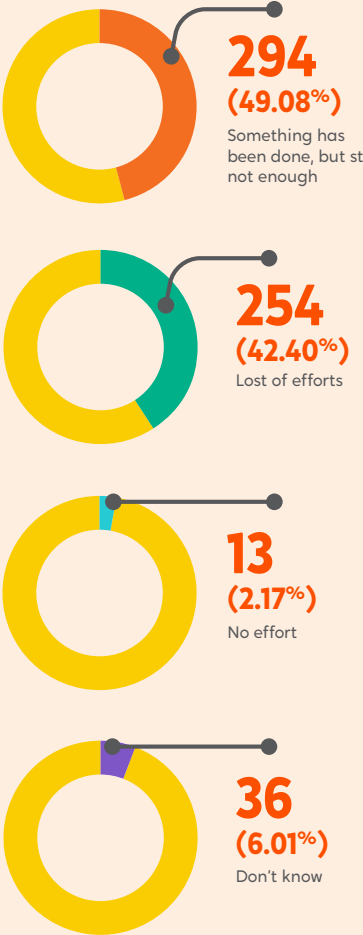
While these three service providers are mandated to report VAC, they were not all considered effective. For example in Soe, the mandate related to referral protocol at health care providers was deemed less effective.

In addition, not all areas have the same mandate on service providers. For example, in East Sumba and Jakarta, the health care providers do not have a mandate to report violent cases against children to the police or to other authorities. The mandate was also not obligated to social workers in Jakarta and Ende.

Based on the results of KII with social workers in all locations except Jakarta, it was known that the local governments provided special units for child protection.

# Respond

From the picture in addition, it is known that based on the results of the household survey shows if it has been attempted to handle or respond to the VAC although still not enough. Even still anyone replied that as long as this still has not done any attempt to handle or respond to the VAC.





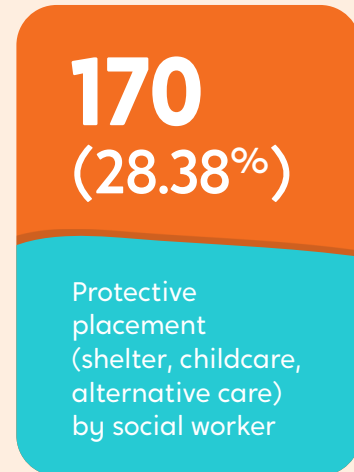
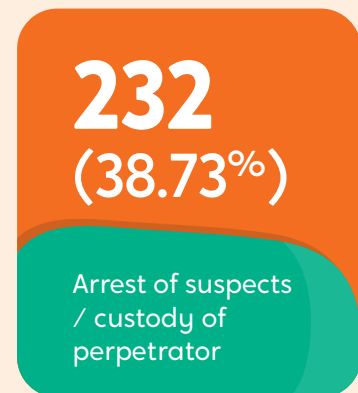
The Government's efforts in responding to the VAC that most people know were arresting perpetrators by police, providing first aid and medical assistance by emergency health, and placement of protectors (shelter, children care, alternative care) by social workers. The placement of protectors (shelter, childcare, alternative care) by social workers was most found in East Sumba (n = 72; 72%).

In general, government programs, both the national and local level, were acknowledged as existing services to respond to VAC, include: Komnas Anak, KPA (Child Protection Commission), KPAI (Indonesian

Children Protection Commission), NGOs (in this case WVI), KIS (Indonesia Sehat card), KIP (smart Indonesia card), etc.

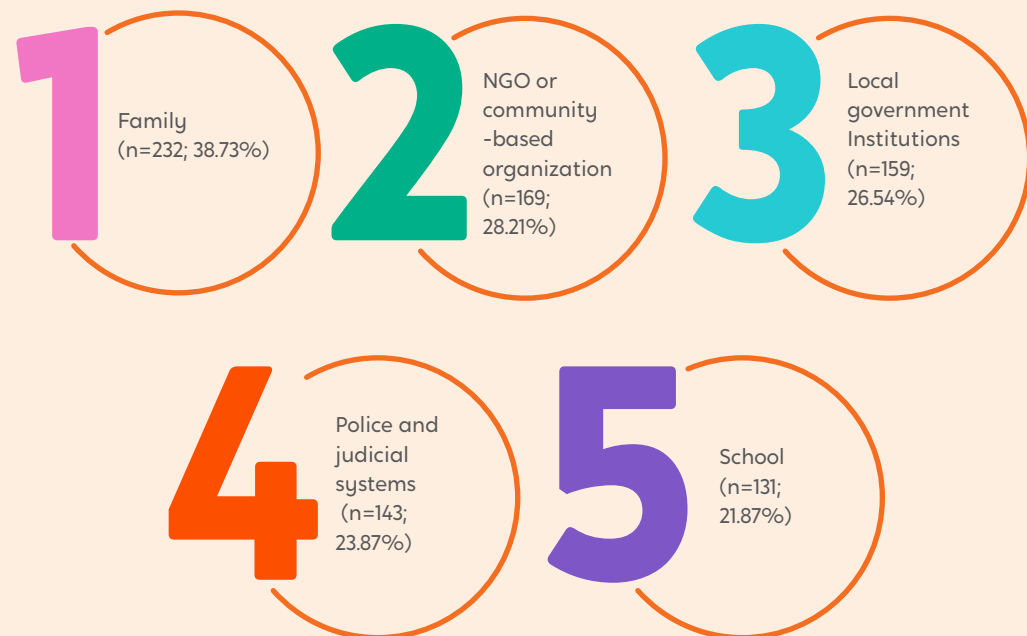
At the local level, there were some services provided only in certain areas. For example, in Jakarta, other efforts by the Government in responding to violence against children was the existence of PIK (Information Center and Counseling), public complaints center, etc. In Kuburaya, another effort was the existence of KPAD (Regional Child

Protection Commission). In Ende, another effort was the existence of village apparatus in charge of handling violence against children. While in Soe, local and religious organizations were considered as one of the institutions/actors providing responses to VAC.



The family was the institution considered most effective in responding to VAC. In addition to families, NGOs or community-based-organizations, local government agencies, judicial systems such as police and courts, and schools were institutions considered effective in responding to the VAC.

The family was considered to be the most effective institution in responding to the VAC because it is the closest circle with a child who teaches the child to behave in mutual respect and positive care.



01 Clear Steps/Programs for prevention

02 Know and understand what to do

03 Mandatory

There are many services from different sectors in each location to respond to VAC. Government sector such as local government (RT & RW), police, KPAI (Indonesian Children Protection Commission), P2TP2A (Integrated Service Center for Women

Empowerment and Child Protection), Komnas Anak, PPPA (Women Empowerment and Child Protection), and LPA (Child Protection Agency) were services available in these locations to respond to VAC.

In the health sector, there were Puskesmas (Community Health Centre), Posyandu (Integrated service post), BPJS (Social Security Administering Agency), and KIS (Indonesia Health Card); in the education sector: schools, PAUD (Early Childhood Education), PATBM (Community based-Integrated Child Protection), and KIP (Indonesia Smart Card). In the social welfare sector: PKH

(Family Hope Program). In NGO sector and community-based organizations: church, WVI, Children's Forum, and several indigenous institutions such as DAD (Board of Adat Dayak), indigenous council in Ende, Children's Forum of Ambawang.

The above institutions are considered able to respond to the VAC because they have clear steps/programs for prevention (n = 411; 68.61%), know and understand what to do (n = 392; 65.44%), and based on state mandate (n = 348; 58.1 %).

In Soe, based on FGD results with adult groups, it was found that they considered the existing service was still not optimal in providing VAC related responses.

*"The services provided are considered effective because employees/staff/institutions have good understanding about children – they build trustworthy relationship with the children. They also deliver professional service by maintaining confidentiality, helping all children without discrimination, service is provided for free. The staff also get adequate training, education, and experience related to the issue and facilitate information exchange with the community involved with the institution."*

## Healthcare Service Providers Program

1. Identify, refer to, and assess (including forensic assessment) children in need, including those who have suffered, are suffering or in the risk of suffering violence, including violence, harassment, neglect, and exploitation
2. Post-Exposure Prophylaxis is available/accessible in the case of sexual harassment, medical assessment in case of child abuse, first aid in the case of VAC, long-term health care in case VAC
3. Long-term mental health care, counselling and psychological rehabilitation
4. Visit to the family with children aged 0-2 years
5. Training of health workers to face violence in children
6. Training for healthcare professionals to identify and reinvigorate the situation of violence in children
7. Procedures for quick response in disclosing and investigating cases of violence in children

## Education Service Providers Program

1. Collaborate and coordinate activities related to violence against children, with non-governmental agencies and parties
2. Protocols/procedures for referral between education/school and other service providers on violence against children (health, police, school, social services)
3. Procedures to ensure a prompt professional response to the disclosure or alleged abuse of children

### Police Program

1. Identify, refer to, and carry out assessment (including forensic assessment) of children in need to determine whether there is a violent act, should the child be in the home/area or need an alternative place to stay, determine custody and child's residence
2. Suspect, identification of witnesses, arrest of the suspect/guardian, collecting and safeguarding the evidence
3. Provide support to victims
4. Prepare legal review
5. Coordination and consultation with social service providers and other parties
6. Training on technical interviews with victims
7. Procedure to report a case of child abuse
8. Specific units to receive and refer reports
9. Cooperation and coordination with the NGOs on VAC related issues
10. Referral procedures to service providers in VAC (health care, school, or social services)

### Community Program

1. First aid and medical assistance for victims
2. Providing protection and legal assistance
3. Providing shelter
4. Providing in-place shelter with alternative family-based care
5. Counseling and psychological rehabilitation
6. Witness protection

Programs conducted by education service providers, healthcare providers, police, and communities were not fully effective. For example, the healthcare provider programs, such as long-term mental health care, psychological counseling and rehabilitation and visits to families with children aged 0-2 years were still considered ineffective.

In addition, these programs were not available in all areas. For example, in East Sumba the healthcare providers do not yet have long-term mental health care programs, counselling and psychological rehabilitation and visits to families with children aged 0-2 years.

In responding to VAC, service providers often experience obstacles or challenges, such as:

School	Healthcare	Police	Social worker
Not enough time or resources to respond appropriately	Not enough time or resources to respond appropriately	Not enough time or resources to respond appropriately	Not enough time or resources to respond appropriately
Difficulty to know what to do and when to do it	Difficult to know what should be done and when to do it	Insufficient funds	Difficulty to know what to do and when to do it
Pressure from peers to look into the other direction than facing the VAC	Insufficient funds	Insufficient service to respond to VAC needs	Insufficient funds
	Insufficient service to respond to VAC needs	Differences in barriers and challenges between age, gender, and vulnerability groups	Service to respond to child's violent needs.
	No maintenance of databases aggregated by type, gender, age, and disability for the data on children who are victims of the abandonment, violence, or harassment		Not enough host family
	Differences in barriers and challenges between age, gender, and vulnerability groups		Insecure environments
			Differences in barriers and challenges between age, gender, and vulnerability groups

## Funding

In order to cope with the VAC cases, some activities or programs must be implemented to prevent or address them. Therefore, it requires a specific allocation of budget related to the VAC.

Based on the result of KII with the school, only in East Sumba and Jakarta where schools have specific budget for the prevention and handling of violence against children. Teachers at Kuburaya, Bengkayang, and Soe allocate money to fund issues related to violence in school children. They usually spend between Rp. 2,500.00 to Rp. 20,000.00.

in health services, the KII results indicated there was no state funding for services related to violence against children allocated based on a number of recipients or other criteria. The reasons were health care centers have never dealt with cases of child abuse, not knowing about government funds regarding the handling of child abuse, no funds/government budgets specifically dedicated to VAC, but rather taken from the overall budget or taken from other parts such as Posyandu, and the

budget was not beneficiaries based.

The health care officers have never used their personal funds for prevention and handling cases of violence against children, except in Kuburaya, which was Rp 400.000,00. While others usually provide services for free or get the money from the operational funds.

The police in Kuburaya and Jakarta explained that state funding related to child violence was allocated based on the number of recipients or other criteria. In Kuburaya, funding was incorporated into the funds of the General Criminal Division and there was no specific annual budget allocation for the unit handling violence against children, while in Jakarta there was a small amount of funding allocation.

When asked whether they have spent personal funds for the prevention and handling of violence against children, the police officers explained that they have established cooperation with social workers, hospitals, etc. In addition, they can apply for reimbursement expenditure. Officers also made

adjustments for the allocation of funds, or the allocation of budgets from other activities when possible. Officers in Ende, Kuburaya, Jakarta, and Soe, spent personal funds to carry out duties related to VAC, the amount can not be estimated, but ranges up to Rp. 1,000, 000.00.

A KII result with social workers in Jakarta and Ende showed that local governments provided separate budgets and structures for social services (clear and separate staff and budgets). While in Bengkayang, Ende, and Kuburaya, the budget was insufficient compared to the needs.

Interviews with social workers admitted they used their funds/ resources/time to handle VAC cases, with the estimated amount Rp. 50.000.00 – Rp. 300. 000.00 per month.

## Data Management

Like funding, the VAC related data management is also an important component. The utilization of VAC-related data is important for VAC monitoring process, especially related to child protection.

Results of KII with the schools demonstrated there were no VAC database in Kuburaya, Ende, and Soe. In Ende, there was only general data related to children's conditions and development.

In the police service, there was database related to the information of the displaced children and the VAC segregated by type, age, gender, and disability. They also have legal mechanism to ensures easy access to electronic data during a criminal investigation, although it was not found in all locations.

Based on the results of the KII with social workers, there was no database associated with the VAC. The unavailability of such data was due

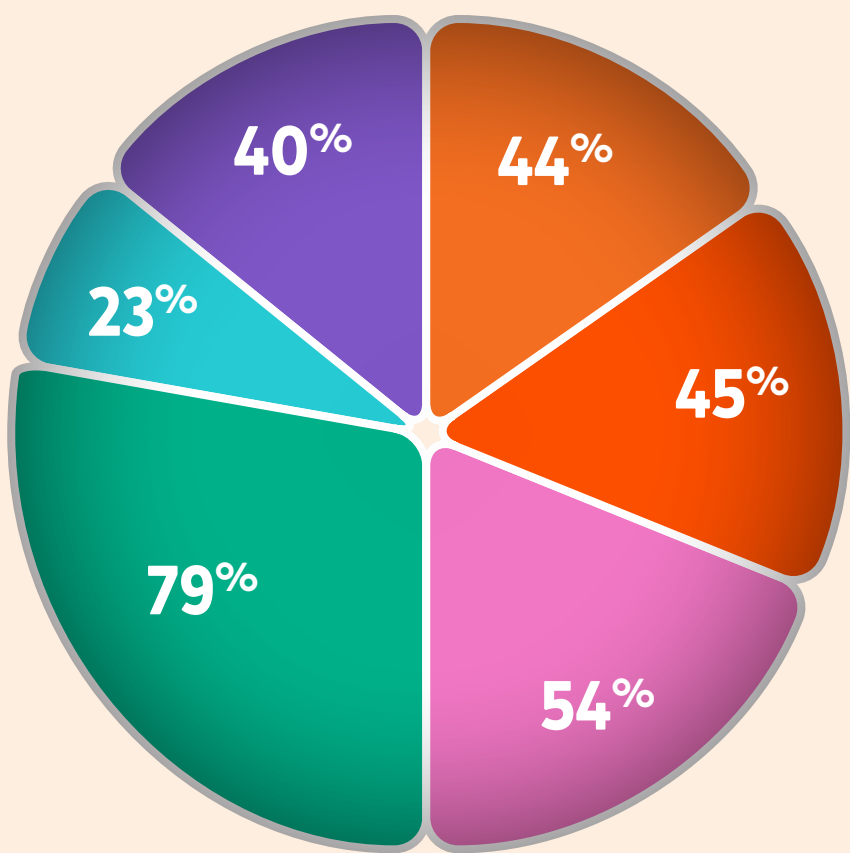
to program in progress or no data about the VAC. In Kuburaya, the case type and the number of cases were also missing. In Bengkayang, Kuburaya, East Sumba, and Soe there were legal mechanisms to ensure quick access to electronic data during criminal investigation.



# Promote Accountability

55% of the 53 FGD participants with the child groups stated that the public did not perform enough actions to combat child abuse, while 45% of the participants felt the community had committed the necessary action. 13 participants in Kuburaya did not provide any opinion.

- AP Jakarta (n=100)
- AP Kuburaya (n=100)
- AP Bengkulu (n=99)
- AP Sumba Timur (n=100)
- AP Ende (n=100)
- AP Pantar (n=100)



Community in Ende (n = 23; 23%) have the least involvement compared to other locations. The most widely involved community was in East Sumba (n = 79; 79%). The forms of involvement include following socialization activities related to the VAC organized by WVI, government, and community-based organizations such as Karang Taruna (community based-youth organization).

In addition, involvement in the child forum is also an example of community involvement related to child violence and parenting.

A violence free positive parenting, providing support to the child to follow useful activities, etc. were parental involvement in the household environment associated with VAC and parenting.

The level of community involvement in violence-related activities or actions also showed the community's attention related to VAC. Unfortunately there were still 33 people (5.51%) whose attention on VAC issues were decreasing compared to the previous year and mostly in Soe (n = 11; 11%).

## Perhatian terkait kekerasan terhadap anak (n total=599)

- AP Jakarta
- AP Kuburaya
- AP Bengkulu
- AP Sumba Timur
- AP Ende
- AP Pantar
- Total



Based on the results of FGD with adult groups, both in Kuburaya, Ende, and Bengkulu have taken action to end the VAC action. In East Sumba (86%) and Jakarta (63%) participants have taken action. As for Soe, all participants have not taken action to end the VAC.

Actions undertaken included participating in training to learn about VAC issues or prevention, participating in specific school committees discussing violent issues, talking to friends about VAC issues and how to avoid it. Also, data shows 100% of participants believe that community members have done

enough actions against the VAC.

FGD participants with the adult groups identified important action to involve more people to end the VAC by training more parents and caregivers and promoting wider dialogue about the violence issues and how to avoid them. For the service providers or institutions the action should include increasing the resources to provide feedback, improving reporting access and building staff capacity or knowledge.

Based on FGD results with children group in Jakarta, some

activities that can be done to improve community involvement is involving the schools (such as OSIS/student organizations) to conduct seminars on VAC issues, and patrol the vulnerable areas, as well as the presence of education and socialization by healthcare services on sexual behaviors. In Soe, the participants suggested wider community engagement, organizing competitions, dramas, and improving the communication of children and parents.

# Raising awareness about child violence

As explained above, the efforts to raise community awareness regarding child violence can be done in a variety of ways, such as school trainings, education of teachers, students, and parents in recognizing and responding to non-violent positive disciplinary methods. As for the police, it could be done through training for communities on violence against children.

## Suggestions from the community for service improvements

As the services were delivered optimally, it takes some improvements for better service delivery. Below are some suggestions or feedbacks from the community, among others:

- Integration of services and policy stakeholders to create preventive program, such as training to raise public awareness by social workers, as well as education and health service providers.
- Training for government officials at the village level in particular and for child protection cadres so they can better understand how to respond to violence against children
- Coordination with wider stakeholders to build sense of belonging on the public campaign to address VAC
- Promoting the role of religious institutions as mediator in handling VAC cases
- Developing KIE media related to VAC case handling method or process, providing prompt response, guidance of communication to all institutions involved
- Developing VAC reporting system among local communities
- Developing the capacity of the service providers to respond quickly to violent acts, patrols to vulnerable communities, as well as public campaign and engagement. In general, there is a widely held stigma among the community that reporting to the police means they have to pay more costs, therefore they are reluctant to report to the police when violence against children occurs
- The presence of call centers, complaint boxes, counseling programs, or other reporting access.
- Capacity building of staff in existing services. Improving more resources related to case handling services (education, health, and police)

# Interesting Findings

The community conversations provide a rich picture of the community's perspective on the VAC. This perspective should be read in the context of national rule of law and local customs. Article 72 of the Child Protection Act (UU 35/2014) clearly encourage the community roles in carrying out child protection. The community refers to individuals and groups, including educational institutions, where their active engagement is strongly encouraged in this community conversation. Such roles are in the prevention efforts of the VAC and in monitoring, supervision and the implementation of child protection.

Efforts undertaken to prevent VAC, among others: the education of sexual behavior and anti-drug campaigns, school provision of anti-bullying activities, training on positive parenting, separation of boys' and girls toilets at school, as well as patrol by police officers. This VAC prevention activities were not only initiated by existing service providers but also by NGOs or community-based organizations and teachers. In some locations there were child forums and also the District Children Protection Committee (KPAD), mandated to increase public awareness on VAC. The family or parents were still considered to be the most instrumental in preventing the VAC prevention, although the findings show that most VAC cases happen at home. VAC's prevention efforts by parents were carried out through strengthening positive parenting without using violence, and encouraging parents to support their children to participate in useful activities, such as talent development, involvement in child forums, etc.

Although the prevention of VAC has been done by the government and the community, it is not yet optimal to prevent VAC.

In responding to or dealing with VAC cases, some efforts undertaken including arresting perpetrators by police, provision of first aid and medical assistance by health services, placement of escort (shelter, childcare and alternative parenting) by social workers, etc.

Speaking of existing services for the prevention and handling of VAC, the service at the local level emphasizes the role of community. If the services at the central level include the government policies, for example P2TP2A, BPJS, KIP, KIS, then at the local level there

are organizations like DAD (Dayak Indigenous Council), indigenous council in Ende, and Children's Forum of Ambawang.

The results of this community conversation show some community members still consider the VAC practices as prevalent and not violent, for various reasons. For example, violence is useful to discipline a child, others are doing the same thing, and so on.

Some violent practices are also considered to be natural because they are part of cultural and religious practices. For example, the women circumcision is considered reasonable because there are no cultural and religious prohibitions.

Of course in providing response or handling VAC related cases, there are some obstacles or challenges, such as the absence of a special budget for handling VAC calculated based on the number of victims, limited or even absence of staff members specializing on VAC, unsupportive facilities and infrastructures (for instance, no special room to receive complaints, no computers, etc.). In fact, sometimes service personnel must use personal funds for VAC related complaints or reports.

Related to funding, not all service providers allocate budget specifically related to VAC and it differs in each region. For example, only in East Sumba and Jakarta where the schools have specific budget for the prevention and handling of VAC. Data management related to VAC is still not optimal, only the police have a database related to the case of VAC. While other service providers have no VAC related databases.

Based on the findings, the community and children are involved in activities

related to the VAC. For example, in socialization activities, training, etc. This community conversation saw that children's participation was represented through the Children's Forum and its activities, including participating in preventing the VAC. Child involvement in the public decision-making process is through Musrenbang, but it is still limited to the delivery of the child's opinion, and has not yet ensured that the child's voice is seriously considered (not only heard). Since Musrenbang is only one of the "spaces" for participation, the Child Forum can cooperate with WVI to encourage adults at home, community or school to practice considering the child's voice seriously, as well as the Musrenbang mechanism that records and responses to the child's voice

# Recommendations

In general, communities, NGOs, and governments need to increase cooperation in the prevention and handling of VAC. In the prevention of VAC, for example, the positive parenting program can continue to be integrated with PAUD or Posyandu activities. In relation to this, NGOs can take part in the role of facilitators, while the community (cadre) is increasingly encouraging positive parenting movements, and the Government (through health and education services for example) integrates positive parenting This into the given secretarial.

As for the handling, early detection of violent cases becomes important. NGOs together with the government can increase the capacity of the community to prevent and recognise the case of the VAC; Especially in the group of PATBM, KPAD or similar. By placing focus on capacity building and government cooperation with the community, it can encourage sustainability of the program.

Specifically, recommendations for communities, NGOs, and governments are as follows:

## Increased Awareness

There needs to be an increase in public awareness about anti-violence and UUPA through socialization to parents, teachers, community at church, and other public places.

## Improved Positive Parenting Skills

There needs to be an increase in positive parenting and implementing programmes that strengthen the relationship between parents and children. This can be done by the KB and PKK cadres who have received socialization/counseling child-friendly parenting.

## Key Actors Engagement

There should be community key figures that can be trained to receive reports of violence and then handle/ assist case handling effectively, for example by becoming a liaison to P2TP2A or police.

## Surveillance

ensures the lowest governmental structure, such as RT/RW and hamlet head are familiar with the UUPA and encourage them to create a community-based child protection system and mechanisms.

## Service Flow

Ensure that security personnel and other public service providers know and well-trained on VAC case handling mechanisms ranging from complaints/reporting processes, provision of services to rehabilitation/ reintegration. Thus the community should know to whom, where, and what to do when cases of VAC occur.



## Local Initiatives

Law No. 35/2014 on changes in the Child Protection Act states that local governments should take serious child protection efforts, as stipulated in chapters 21 and 22. Law No. 6/2014 about village gives authority to the village in terms of local governance. With the support of this legislation, a number of villages and districts in this study have adopted child-friendly initiatives followed by child-friendly policies and budgets must be supported.

Children's participation, which is one of the principles of the Children's Rights Convention) demands that the child's voice is heard and considered in the decision-making process affecting their life. Then the community needs to encourage this according to article 72, paragraph 3. This community conversation saw that children's participation was represented through the children's forum and its activities, including participating in preventing the VAC. Child involvement in the public decision-making process is in Musrenbang, but it is still limited to the delivery of the child's opinion, and has not yet ensured that the child's voice is considered seriously (not only heard). Since Musrenbang is only one of the "spaces" for participation, the child forum can cooperate with WVI to encourage adults at home, community or school to practice considering the child's voice, as well as the Musrenbang should provide mechanism recording and responding to the child's voice

## Considering The Child's Voice

*"Make room for children to participate and to convey opinions"*

*Law No 23/2012 on child protection, article 72 paragraph 3*



# Recommendations to WVI

## Case Management

There needs to be a systematic process of logging, monitoring and case management for the cases of VAC. We recommend that WVI actively assist the community in establishing reporting and case management mechanisms at the village/community level, and referral systems to the district/city level services. Consistent strategy and advocacy should be undertaken at all levels of local government bureaucracy to help ensuring integrated handling for the VAC. Although the health services prepared with the VAC system is at the center of the district/city level (Ministry of Health, 2009), WVI can demonstrate good practice of the integration of PAUD and Posyandu organized in some villages.

## Oversight Of Policy Implementation And Budget Allocation.

WVI together with local partners and local communities need to continue to supervise the implementation of policies and budget allocation in every AP. Each AP has a different approach in child protection, therefore WVI needs to be strategic in using national policy to support the creation of child protection.

## Dissemination Of National Policy To Local Devices

Given the ongoing practice of child endangerment, we recommend that WVI tries to bridge the national policy with local practices, such as socializing anti-violence using child-friendly local stories/wisdom.

## Good Practice Documentation

WVI has the potential and resources to record good practices at the local level in creating an environment supporting child growth. It needs to be well documented in order to be lesson learned for WVI and other communities.

## Networking

WVI can take the role of a facilitator or moderator to network between all the services, both from the government and private sector. The goal is for all existing services to be integrated with each other. Therefore, it takes an incentive to coordinate and clarify the individual services and their commitment to violence against children

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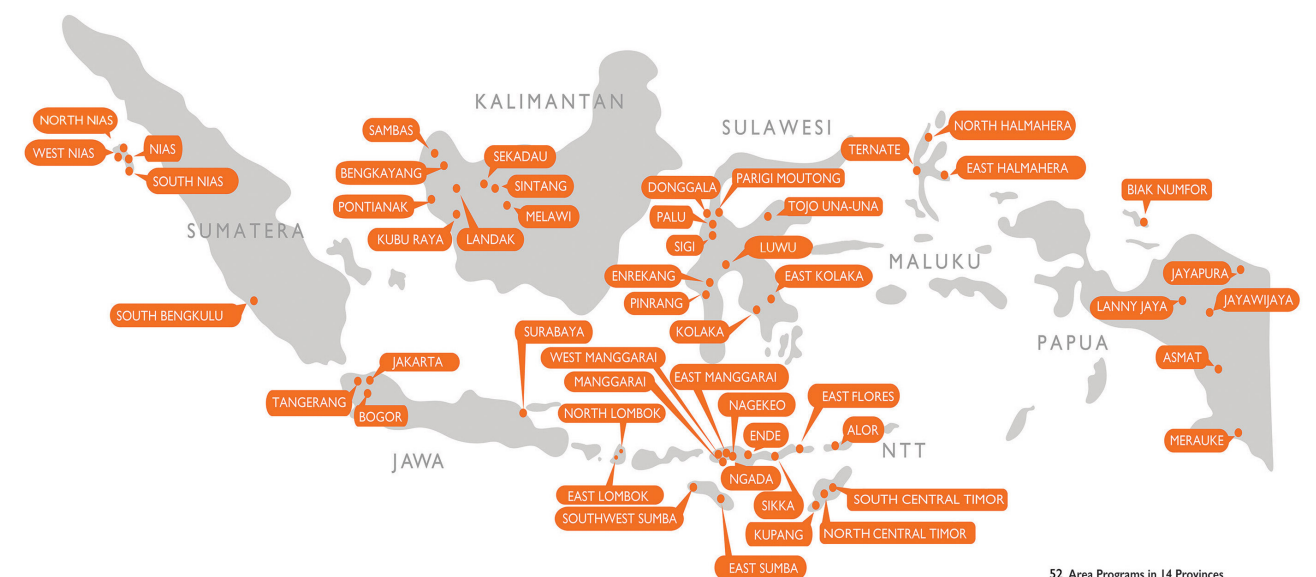
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Peraturan Pemerintah No. 44 Tahun 2017 tentang Pelaksanaan Pengasuhan Anak

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