Conference Paper

The Role of Communication Family Forum of Children with Disability for Families Who Have Children with Disability in the Aceh Besar Regency

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Abstract

Communication Family Forum of Children With Disability or shortened by FKKADK in Indonesian (Forum Komunikasi Keluarga Anak Disabilitas) is a forum for families who have children with disability, either physical disability, mental disability, or multiple disabilities. FKKADK as a form of implemention of the Children Welfare Program With Disability (PKSADK) is a social institution that has primary function as a means of developmental therapy for children with disability. The presence of FKKADK is one form of awareness and hopefulness for families who have children with disability in order to encourage the role and public participation in the achievement of children rights with disability to healthy life, growing, growing like normal children, and accepted in society. This study aims to determine the extent of the role FKKADK in providing therapy services and giving parenting knowledge for families who have children with disability. The social practices and social values in therapy services and giving parenting knowledge were analyzed through theoretical of habitus theory by Pierre Bourdieu. This research was conducted at FKKADK Large Aceh NAD, and some families of children with disability who live in the region of large Aceh NAD. This qualitative study used case study as its approach. Data collecting techniques were done by observation, fGD (Focus Group Discussion), and interview. Data analysis technique was done through interpretative analysis. The results showed that the presence of FKKADK has changed the awareness, perceptions, attitudes, and behavior conducive of families in providing care and treatment. Parents become more active in interacting with children, encourage children to interact with their surroundings and pay attention to their behavior. Giving food intake according to the needs of the child, teach them how to eat well, how to bathe, and how to dress. Furthermore, therapy services such as physiotherapy, wheelchairs, hearing aids, and so on has been a positive impact on child development.

Keywords: FKKADK, Therapy Services, Parenting Knowledge, Family, ADK
1. Introduction

Human being is created as multi-dimensional beings, equipped with common senses and ability to interact with others personally and socially. That definition makes human beings unique, that they possess a social ability as an individual and as a member of a society. In the reality, those functional abilities of human being can go simultaneously in everyday life as an individual, as a social being, and as a spiritual being. Besides that, their intelligence help them to utilize those functions based on interests, needs, and social conditions around them.

On the other hand, as social beings, people are never be able to live by themselves in this world. Primarily in the context of social and culture, people need other people to interact and collaborate to fulfil their social functions. Basically, one function of a person will be very useful for other people. Bungin (2013:25-26) says that social functions created by people are to help them to collaborate with each other social functions. Therefore, being useful to others makes people achieve high dignity.

Damsar (2012:50-53) explains that a society structure, both at the micro and macro level, will function all time providing it has those functions. In structural functionalist, every society consists of variety elements that shape a relatively strong and stable society. Each people is considered as a part of the society elements, like other individuals who are also part of the society. The relationship among individuals show patterns of relatively strong and stable structural elements. These strong and stable elements will show the existence of a well-integrated structure. In other words, the elements that shape a society structure will have a connectivity with each other to support each other and build an interdependence between one and another.

A normal human being will have a social interaction and communication as a normal people. Their social interaction and communication are different from those of children with disability. Children with disabilities are part of a society, and therefore it should also be understood that they are social beings who live in a society. Although there are many cases in which children with disabilities are taken out from a society due to their uncontrolled and dangerous behavior, but they are still social beings who need others to fulfill their needs of social functions [21].

According to RISKESDAS (2007) there are about 4 percent of children aged 15 to 19 years have experienced significant difficulty in at least one functional domain such as vision, hearing, walking, concentrating and understanding others as well as self-care. Those difficulties define them as children with disabilities. Based on 2010 census data, it is found that about 2 percent of children aged 0 to 14 years have disabilities. Two
percent of all children aged 0 to 18 years in Indonesia which is 1.5 million children, four per cent of the number of children will increase the total of approximately 3 million adolescents living with disabilities in Indonesia.

Children with disabilities or Special Needs Children is defined by Herward in Suparno (2007) as children with special characteristics that are different from other children in general, such as the inability of mental, emotional, or physical. Children with disabilities are children who had a significant abnormality/deviation (physical, mental, intellectual, social, and emotional) during their development process.

UNICEF in its summary of Children with Disabilities (2007) also explains that in many countries, the response to children with disabilities is generally limited to the responses to institutionalization, abandonment or neglect. These kind of responses are actually rooted problems framed with negative assumptions or paternalistic culture regarding inability, dependency, and other differences due to lack of knowledge. Until now, children with disabilities still experience exclusion, which in turn it affects their behaviors because they feel that the environment does not support them. The influence of socio-cultural and social class in the society, in the end put the children with disabilities at a low level, which then make them vulnerable.

Actually, if one can understand, children with disabilities can have a bright future. What is needed is a commitment to enforce the Convention of Rights of Persons with Disabilities, social supports for them both from the family and the environment. Governments around the world must be able to ensure that all children, whether they are children with disabilities or not, should be able to enjoy their rights without discrimination of any kind. The most important factor in the effort to promote inclusion, justice for children with disabilities, as well as the fulfillment of proper care for children with disabilities is the support and the role of the family. Parents are figures that are closest to the children. Both father and mother have equal rights in caring for and raising their children. However, it should be understood that caring for children is not as easy as imagined, especially for a family who has children with disabilities or children with special needs.

Talking about children with disabilities problems is not merely about how to overcome discrimination against them, but how also how to strengthen the support for their families. In many cases, for example, many families and even communities still feel ashamed to have children who are not considered normal. This feeling makes the children locked at their own house, left alone in their house, and isolated both in their neighborhood and at school. Such things bring worrisome. In fact, when the children with disability experience good parenting as well as good therapeutic services,
they will be able to develop their capabilities, which will really help the children with disabilities to live like normal children. Therefore, knowledge of parenting for families who have children with disabilities is very important.

All parents, especially those who have children with disabilities, should understand that it is important for them to have knowledge of parenting. Parents should also understand that they need to put special effort to take care of children with disability, which are definitely different from the way parents take care children without disabilities. In the development of a society, parenting knowledge and practice have contributed to the development of children social behaviors. Internal factors, such as the educational background of the parents and their knowledge will influence children’s characters as a result of putting the parenting concept and the role of the parents into practice. According to Riyanto (2002), in parenting, not only should be able to communicate facts, ideas, and knowledge, parents should also help to cultivate the children’s personality. It thus applies equally to parents who have children with disabilities.

The result of Yatim’s Research (2003) in BISONO (2005) has shown that 10% of children with disabilities who receive well guidance and training, will be able to build social relationships and develop nearly normal behaviors. It is also proven that children with disabilities (autism) can survive and excel because they receive ongoing support from their parents and families. Therefore it is needed that all parents who have children with disabilities do not either hide or alienate their children, because it will make the children isolated themselves from the society, that it make them feel secure in their own world, as if they just lived in his own world.

The Communication Forum for Family Who have Children with Disabilities or FKKADK is a forum for families who have children with disabilities, either physical disability, mental disability, or multiple disabilities. The FKKADK is a realization of the implementation of the Children with Disabilities Welfare Program (PKSADK) in which it plays its role as a social institution that primarily functions to provide a therapeutic service for the children’s with developmental disabilities. The presence of the FKKADK is a realization of the government responses that brings hope to the families who have children with disabilities and to encourage community participation toward achieving the fulfillment of the rights of the children with disabilities in the area of health, development as those without disabilities, and society acceptance.

The FKKADK of Aceh Besar district plays its role as a forum that brings together families who have children with disabilities which aims are to establish support groups for families who have children with disabilities in the district of Aceh Besar. As a support
group, the FKKADK has conducted a series of activities including committees’ meetings, data collection of children with disabilities, parenting skill activities, free basic therapy, and share the data of children with disabilities with various agencies such as the Social Service of Aceh Besar district and the Department of Education of Aceh Besar, and service providers for children disabilities coordination.

The parenting skills and support group developed by the FKKADK of Aceh Besar is one of the FKKADK programs that aims to improve the parenting knowledge of parents who have children with disabilities. Through these activities, all parents of poor families are given a basic parenting knowledge and understanding that parents who have children with disabilities should be more resilient than parents of normal children. Besides that, the activity in which there is a provision to conduct free therapeutic services shows that the FKKADK of Aceh Besar is concerned with the poor families who have children with disabilities so that they can have their children received a therapy, which is expensive and not affordable for them to do it at therapeutical clinics.

This paper is presented as a study that analyzes the extent to which the FKKADK plays its role in providing therapeutic services and care through improving the knowledge of parenting skills for families who have children with disabilities in the region of Aceh Besar, in the province of Aceh. The FKKADK’s role here is a series of habituation process that is expected to change social practices or behavior which is in this case related to parenting for the children with disabilities. The goal of this study is to see and assess the extent of the readiness of the parents and changes in their behavior (actions) of parents who have children with disabilities after attending parenting activities to improve parenting knowledge and skills, and to see and assess the extent of the free therapeutic services provided whether it shows a positive impact on the development of the children with disabilities in the region of Aceh Besar.

2. Theoretical Review

2.1. Therapy services for children with disability

Child development is the change experienced by children related to the changes that are qualitative (Dale, 1969, ms. 114). Developments mean a series of progressive changes that occur as a result of the process of maturity and experience [7]. There are three conditions that induce changes in the child’s development. First, the change can occur only when individuals obtain assistance or guidance to make changes. Second, the changes tend to occur when people are rewarded treat people in ways
that are new or different. Conditions to three, if there is a strong motivation on the part of the individuals themselves to make a change. [7]. The important fact changes above developments indicate that many things that must be taken to ensure that the child’s development of physical disability can achieve optimal results. Assessing the important fact that developments described above, it appears that children’s development requires the support of the environment. The concept of social support may be an important component to support the child’s development.

Troits in (Rutter, et al., 1993: 17) explains that social support is a degree that meets the basic needs of individuals such as love, compassion, the blessing, a sense of belonging and a sense of security that arise from other people or society disekitas social environment of individuals, By karenya social support is a very important component for humans by nature as social beings and can not be separated from other humans. In the case of Children with disabilities, social support from family and the environment is a very important component in supporting and encouraging growth. Child disability with all the inability to carry out normal social activities such aanak generally menutut all elements of society to sensitize and assist them in achieving a better life. In order to achieve social support for children’s disabilities, it is necessary to boost awareness and concern is high both in the family and the surrounding environment, understanding and knowledge, and skills that support.

There are some kind of social support that can be accepted or someone from the neighborhood, Sarafino (2002) divides the form of social support into five forms, namely:

1. Support Instrumental (Instrumental Support). Instrumental support in the form of support in the form of material that can provide relief to individuals in need, such as giving money, the provision of goods, food, therapy services and other forms of matter.

2. Informational Support (Informational Support). Forms of informational support is the provision of information in the form of suggestions, advice, and guidance on the circumstances facing individuals.

3. Emotional Support (Emotional Support). Form of emotional support materialized in the form of attention, the warmth of the relationship, and reflecting the love that makes people feel comfortable, merasay sure, feel neglected, and loved by sources of social support received.

4. Support On Self-Esteem. The support is a tribute positively to the individual, encouragement, approval in individual opinions, positive comparisons with other
individuals. Through the support of these meals can help individuals to build self-esteem and improve their competence.

5. Support From Social Groups. The support is in the form of responses came from the surrounding environment. The support will make people feel a member of a group.

2.2. Knowledge

According to Rogers (1974) knowledge is the result of “know” and it happens after people perform sensing on a specific object. Sensing occurs through the human senses, the senses of sight, hearing, smell, taste and touch. Most human knowledge is obtained through the eyes and ears. Research Rogers (1974) revealed that before people adopt new behaviors, occurs within oneself sequential process, namely: 1) Awareness (awareness), to the stimulus. where the person is aware of in the sense of knowing in advance the object stimulation. 3) Interest (was interested) where people start paying attention and interested in the stimulus. 4) Evaluation (weighing) individuals will consider the merits of the action against the stimulus for him, it means that the attitude of the respondents have been better. 5) Trial, where people began to try new behaviors. To explain the meaning of knowledge.

Bakhtiar (2009) shows the difference between science knowledge. Science is defined as a set of classified knowledge, systematic, and measurable, and has been verified empirically. Instead, knowledge is the whole information that has not been systematically arranged or can be said to be information in the form of common sense. According Tjakraatmadja (2006), knowledge is information that is structured and used equitably and used to provide direction for a process of transformation (work processes) are efficient and effective, as well as the information needed to control the output. Knowledge has characteristics which are: (1) knowledge stored in the human brain, which is composed of observations and past experiences, which are recorded and stored in the neurons in the brain, (2) People who have a lot of knowledge is a person who has a neuron is active in number many, (3) human knowledge will be formed if the structure of the information held in the neurons enough to understand the meaning to be a problem encountered, (4) Thinking is a process in the form of knowledge that is determined by the structure of the information it holds.

Davenport and Prusak in Munir (2008) mentions some key components of knowledge, namely: (1) Experience, experience referring to what he had done and experienced in the past, (2) Ground Truth, referring to the knowledge of what happened
and what does not occur, (3) Judgment, the ability to make sense of a situation and the information thus forming new knowledge, (4) Rule of thumb and intuition, and (5) Values and beliefs.

From some of the above, the notion of knowledge is everything that shaped the information stored in the memory of a person’s mind or brain, and allows that information may issue and can be used to solve problems or provide answers to questions that arise in human life. Therefore knowledge is a domain that is essential for the formation of a person’s actions (overt behavior).

2.3. Habitus approach

According to Bourdieu, society as a sphere or a system that has a variety of terrain southwest of mutual attraction. Each domain has its own structure and, at the same time be in a larger sphere of him who also have a structure and its own, and so on. Society is seen as an area that contains the system and relations scene of the influence and strength. Always going social struggles in every sphere, it requires individuals that have capitals are special to be able to live well and survive in it. The objective conditions of a person in a cultural environment is largely determined by the ownership of capital-capital will be the capital-owned capital will indicate the existence of a person in society. Capital is special, he is always bound and dependent on a particular force field. Status as penggeamarbarang-branded goods, and able creates a certain prestige and become the symbolic capital for someone [1].

According to Bourdieu’s habitus is, disposition system that lasts longer and can be applied (in-transpose) in various fields and domains of social life. Habitus is also understood as the structures structured (structures that organize various structures) within the meaning always include social condition of the objective person in application of repeated, containing past experiences that influence them ready for showing in the present to serve as a producer principles childbirth and managing practices in a social environment which has structural similarities with past experience. (Bourdieu in Adlin, 2006: 45)

2.4. Structural functional approach

In Fungsionalisme Robert K Merton written in (Ritzer and Goodman, 2014: 268-269), there are three basic postulates of functional analysis. The first is a postulate of the unity of society functions. This postulate states that the entire socio-cultural beliefs
and practices of standard functional for society as a whole and for the individual in society. In this case implies that the various parts of the social system shows the alignment, internal consistency, and higher levels of integration and social cohesion.

The second postulate, is the universal functionalism. In this postulate all forms of social and cultural structures have a positive function. In fact, not all structures, customs, religions, foundations and others have a positive function. The third is the postulate indispensabilitass. This postulate leads to the notion that all structures and functions are functionally required by the community. In eraser type of civilization, customs, ideas, material, and confidence fulfill important functions, a number of tasks to be performed and is an important part that can not be separated in the activity system (Poloma, 2010: 35-37).

Merton also use two approaches to see a public function, that function is manifest and latent functions. A form objektf consequences of individuals that leads to the integration and balance is a function manifest. While some form of objective consequences of individual behavior is unknown latent functions. Therefore that’s why Merton laid eyes tehadap function and dysfunction (Ritzer and Goodman, 2014: 272)

3. Method

3.1. Research approach

This study used a qualitative method using a case study approach. A case study according to (Salim, 2006: 118) is used to answer research questions of “how” and “why” of a set of current events. A case study itself can also be interpreted as a method or strategy of research in certain cases. A case study is considered as an approach to study, explain, or interpret a case in the natural context without any intervention from outside parties (Salim, 2006: 118).

The research using a case study approach according to Yin (Salim, 2006: 118) provides the opportunity for the researchers to highlight a set of decisions more deeply. There are three things that can be studied from an existing set of decisions, namely:

1. Why the decision is taken.
2. How the decision applied.
3. How the results of the decision.

According to Salim (2006: 122), qualitative research using a case study approach focuses on the desire of the researchers to know the diversity and specificity of the
object of study. While the final result of the study to be obtained is to explain the uniqueness of the cases studied. A case study approach is to see the uniqueness of a case from six aspects, they are firstly, the nature of the case, secondly, the historical background, then the physical setting, the context of the case, other issues related with the cases being studied, and informants or about the presence of such cases. While the flow of the case study method involves the identification of the cases, case selection and sampling, field work, interpretation, and the presentation of study results, the chronology of this method can be further developed by the researchers. In this research, the case study is used to obtain information on the extent of the FKKADK of Aceh Besar in playing its role to provide free therapeutic service and provide parenting knowledge and skills for families who have children with disabilities.

3.2. Research location

The research was located in the district of Aceh Besar, in the province of Aceh. The study was conducted in the FKKADK secretariat office of Aceh Besar in accordance with the tentative schedule, FGDs, and the Therapy Services Schedule. As for the family who became informants of this study, they were directly met at the home of the informants in accordance with the agreed schedule.

The Aceh Besar district has an area of 2974.12 km square that consisted of 23 sub-districts. Most of the population based on the Data of Social, Manpower and Transmigration (Dinsosnakertrans) of Aceh Besar District in 2012 is that there are 1,682 People With Disability (ODK), which includes physical disability, mental disability, multiple disabilities (physically and mentally), and severe disabilities. A total of 231 of whom are children with Disability (ADK) [10].

Based on the data, it was found that the majority of children with disabilities came from families who had social problems, which lived in poverty, and were located in the areas that had difficult to access the center of the basic social services provided in Banda Aceh and in the city of Jantho (the district capital). As a result, there were many families who had children with disabilities that could not access the basic social services available. It is caused by several factors, including (1) the absence of mobilization costs for the family to take their children with disabilities from their home to the service center, (2) lack of understanding of parents/families in taking care of children with disabilities, (3) lack of knowledge and information with regard to the social and health services provided in the villages [10].
These factors along with the lack of government’s attention to people with disabilities worsen the condition of the children with disabilities, not to mention the lack of government’s responses to the children with disabilities that it is shown in the fact that there is lack of provision of social security for the people with disabilities in the district of Aceh Besar. The presence of the FKKADK of Aceh Besar is seen as an attention to those who have limited knowledge and limited basic social services (therapy). This study was designed to see and assess the extent to which the role of the FKKADK of Aceh Besar had yielded positive results in the case of parents who had children with disabilities in the region of Aceh Besar majority come from poor families.

3.3. Method of data collection

The researcher used the primary data research techniques through FGD (Focus Group Discussion) and interview using recordings, notes and minutes. While the secondary data was collected by studying the literature on the reference books, journals, mass media, and the legislation related to the FKKADK, parenting knowledge, and ADK. The informants in the study were the Chairman of FKKADK, Advocacy people of FKKADK, some social workers/volunteers from FKKADK, and some families who had ADK.

3.4. Data analysis

The researcher used a model developed by Milles and Huberman to analyze the data, using three stages, they were firstly, data reduction, secondly, data presentation, and finally, the conclusion. The format of the analysis in this study preferred to obtain data as much as possible for later analysis through theoretical approach that had been used. The analysis in this case was not just a description of a case or a phenomenon, but the important thing was to explain the meaning and to describe social phenomena that existed in the community of families/parents who had children with disabilities. The subject of the research, which in this case were parents who have children with disabilities, expressed their knowledge based on their understanding, their knowledge and their own experience before and after the presence of the FKKADK of Aceh Besar. Researchers then described the results of this study as it was to fit the local conditions of authenticity and reality of research results.
4. Result

Communications Family forum Of Children With Disability (FKKAD) is a form of implementation of the Child Welfare Programme With disability (PKSADK). This forum is a social institution that has a primary function as a means of gathering, learning and sharing experience for parents who have children with disabilities in the region of Aceh Besar. Besides this forum is also present as a means of therapy for the child’s developmental disabilities. The presence FKKADK is one form of awareness and hope for families who have children with disabilities in order to encourage the participation of community participation in the management of the achievement of children’s rights disabilities to live a healthy, growing, growing like normal children, and accepted in society.

FKKADK Branch Aceh Besar district is part of FKKADK Aceh province that was formed in the city of Jantho, on 19 November 2009 and received the mandate of the Department of Social Welfare, Labour, Population and Civil Registration (Disnakertransduk-capil), Aceh Besar district according to SK Head Disnakertransduk-capil District Aceh Besar No. 36 of 2009 which was amended by Decree of the Head of social, Manpower and Transmigration (Dinsosnakertrans) in Aceh Besar District Number: 4 Date February 6, 2013 to carry out the vision and mission in order to realize the social welfare of children with disabilities in the district of Aceh Besar, As for some purpose of establishing FKKADK in the district of Aceh Besar, that’s re:

1. To Build awareness perceptions, attitudes and behaviors conducive parents, families and communities in providing care and treatment for children with disabilities.

2. Increasing the capacity and skills of parents / families who have children with disabilities (good parenting skills) in providing social services and rehabilitation which includes information, protection, advocacy and social accessibility. Through the strengthening of the family rights of children with disabilities are expected to be met with optimal.

3. Strengthening the institutional role of social welfare ADK in the handling of children with disabilities.

In addition to some of these goals, while the output or the expectations of establishment FKKADK are:

1. Improve the understanding of parents, families and communities will be the presence of Children With Disabilities (ADK).
2. Improve the understanding of parents and families in the effort symptom detection and handling ADK ADK rights and advocacy through communication, coordination and consultation.

3. Ensuring development through opportunities to gain access kemandirianABK berpenghidupan way everyday, education, health, play and enjoy a decent life and to motivate through reasonable attitude in developing the potential.

4. Encouraging ADK government and other parties to implement the various regulations pertaining to the protection, enhancement and fulfillment of the rights ADK fulfillment of the right of children with disabilities, including facilities and infrastructure programe.

4.1. Children with disability in Aceh Besar

From the data obtained the majority of children with disability in the Aceh region of which come from families who have social problems of poverty and are in areas far from the center of basic social services provided in Banda Aceh and in the city of Jantho (the district capital). As a result, many families who have children with disabilities do not have the ability to access basic social services available. It is caused by several factors, including (1) the absence of mobilization costs of children with disabilities from their home to the place of service, (2) lack of understanding of parents / families in the management of children with disabilities, (3) lack of knowledge and information in social services and health children with disabilities in the villages. Of course this is exacerbating the situation of children with disabilities plus the lack of government attention to people with disabilities who attested by the lack of provision of social security to people with disabilities in the district of Aceh Besar.

To answer some of these issues, FKKADK Aceh Besar district at the end of 2013 gained the trust as a partner in implementing the Ministry of Social Welfare Program Children With Disability (PKS ADK). PKS ADK is a program that aims to realize the fulfillment of children’s rights and protection of children from neglect, abuse, exploitation and discrimination so that the growth, survival and participation of children can be realized. MCC ADK in Aceh Besar district was conducted in 16 districts with the number of beneficiaries was 131 ADK. FKKADK Aceh Besar in implementing MCC activities ADK partnered with 19 companions who came from TKSK, PSM and also the center of social welfare services (PUSPELKESSOS) Mesjid Raya subdistrict.
There are some of the activities carried FKKADK after obtaining the confidence of the Ministry of Social Affairs include:

1. **Updating Data and Verification Children With Disability**
   Updating data is done to update the data as beneficiaries ADK ADK PKS and also for the proposed PKSADK. After updating the data, there are still many who have not recorded ADK in Aceh Besar District Social Service and also there are 6 districts ADK its untapped program / assistance at all. ADK data verification conducted in December every year before the opening of the passbook ADK.

2. **Making Data Base of Children With Disability**
   Data base ADK becomes important because with the data base ADK by name by address and the type of disability will facilitate the parties who have a disability program for accessing the ADK. Besides data base ADK become one of the important documents MCC ADK.

3. **Child Disability Welfare Program Socialization**
   Socialization PKSADK implemented in several stages, that’s re:
   - Socialization family level, carried out at the time of verification of the data by Labor of Social Welfare or TKSK in Indonesian (Tenaga Kerja Sosial Kesejahteraan) and companion Children With Disability.
   - Socialization of the MCC technical ADK, implemented before the account opening takes place. In this case, FKKADK Aceh Besar Mesjid Raya in collaboration with PUSPELKESSOS to deliver technical matters related to the MCC ADK.
   - Socialization MCC ADK well as a symbolic handover of BSA by the Regent of Aceh Besar held on December 27, 2013 and in the District Ingin Jaya.

Socialization is also involving the local government related to disability issues. This activity is expected in addition aimed at obtaining an understanding of the implementation of the ADK can also amplify MCC eligibility FKKADK Aceh Besar district as a social organization that has a vision and mission for the welfare of the ADK.

4. **Account Opening for Children With Disability**
   FKKADK Aceh Besar, Aceh partners of Bank BTN in distributing BSA. Opening an account held on Tuesday, December 24, 2013, which was centered in two places, namely:
• 52 ADK derived from the District Mesjid Raya open an account in PUSPELKESSOS Mesjid Raya.
• ADK 79 of 15 districts open an account in the Hall RSPA Lampeuneurut Darussa’adah located in the district. Darul Emirate Kab. Aceh Besar.

Before opening a savings book, each parent / guardian ADK explained on the service contract PKSADK FKKADK and signed by a parent / guardian.

5. **Discussion Meeting of Social Workers in Cases Related to ADK**

As a new agency, FKKADK Aceh Besar still need to learn about the technical implementation of PKSADK. To that end, Aceh Besar FKKADK powerful social worker invites an ADK cluster. Febrina Adriyana who served in FKKADK Banda Aceh to help explain the process of the implementation of the MCC ADK. In a meeting with the social worker, the whole TKSK and companion ADK present as well as direct dialogue with the social worker magic. This activity is very beneficial for a companion to unify perceptions about PKSADK and discuss matters related to the MCC ADK. Related matters other ADK is FKKADK Aceh Besar has assisted 5 ADK who get help from the Department of Social Aceh Besar form of disability aids (wheelchairs) to assist the mobility of children with disabilities.

6. **Meetings with Related Institutions**

a. Meeting with the Department of Health

The results of the meeting with the clinic in several districts has been submitted in the hearing with the Health Department of Aceh Besar district where one of them most of the health centers in the district do not have specialized staff fisiotherapy.

b. Meeting with the Department of Education

Meeting with the Department of Education produces many informansi and also a number of recommendations including:

- There has been a Regent of Aceh Besar regulations about inclusive education, namely Aceh Besar Regent Regulation No. 4 of 2013 on the Implementation of Inclusive Education In Aceh Besar district.
- There is 1 (one) Extraordinari School or SLB in Indonesian (Sekolah Luar Biasa) in the city of Jantho, and also in foundation Education of Children with Disabilities or in Indonesian is YPAC (Yayasan Pendidikan Anak Cacat) in Santan village district Ingin Jaya The Aceh Besar Regency.
- Not all school districts have inclusions.
• Not all inclusive schools have some type of disability faculty.
• Disability aids such as hearing aids are very limited.

c. Meeting With The Social Department Of Aceh Besar

Board FKKADK Aceh Besar had a meeting with the Head of Division (Head) Social and Rehabilitation Services Social Service of Aceh Besar. The result is that the Social Service has a commitment to service POM include ADK. Usually every year there is the distribution of disability aids such as wheelchairs for people with disabilities who come from poor families. Any request wheelchair assistance should be known by keuchik (village head) and recommended by the local district. This year has been aided by the tools 5 ADK wheelchair.

d. Meeting with Puskesmas (Community Health Center)

Paying attention to the needs of most ADK namely that bears fisiotherapy especially for cerebral palsy, it is considered important to coordinate with local health centers. FKKADK Board then met with the heads of health centers in six districts, namely Kota Jantho community health centers, community health centers Neuhen, puskesmas Blang Bintang, Kuta Cot Glie health centers, community health centers and clinics Montasik Krueng Barona Jaya. The result is that almost all health centers do not have their fisioterapy so do not do service fisioterapy for ADK. For people who need services fisioterapy, health center will make a referral to the General Hospital in Banda Aceh.

7. Meeting With Family Who Have Children With Disability (ADK)

Meeting with families ADK implemented in 9 (nine) districts are: District Krueng Barona Jaya, District Seulimeum, District Darul Emirate, district of Kuta Malaka, district of Kuta Cot Glie, Mesjid Raya sub-district, District Montasik Jantho Sub City and District of Blang Bintang. This event is very helpful with reuniting families that have ADK resulting exchange of ideas, sharing experiences and learning about the handling of ADK. As some new parents to know and realize that their child could be trained in a few schools that provide services for children with special needs.

8. Assistance of Administration

Companion also perform administrative assistance include assisting the opening of the passbook ADK, mentoring charging The form filing requirements, and cash withdrawals at post office / bank to financial reporting ADK.

9. Distribution of Aid Disability
Assistants help the application process to the distribution of aid in the form of tools coda chair disability made on joint cooperation International Organization DRF (Disability Rights Fund).

10. **Homevisit**

Home visit done by visiting ADK assisted each companion. Home visit aims to see the development of ADK beneficiaries PKSA and conduct needs assessments as well as mentoring. Most ADK PKSADK participants have not received any assistance from the government, so this program is the first help to the family ADK. They were very thankful and grateful to the Ministry of Social Affairs who has been paying attention. Some companion convey ADK family situation is very alarming, mostly among ADK has a house unfit for habitation and family income is erratic.

The type of disability ADK can be seen in the following table:

<table>
<thead>
<tr>
<th>Number</th>
<th>Type Of Disability</th>
<th>Number Of ADK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tuna Netra</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Tuna Rungu Wicara</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Tuna Grahita</td>
<td>21</td>
</tr>
<tr>
<td>4</td>
<td>Tuna Daksa</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>Cacat Ganda</td>
<td>44</td>
</tr>
<tr>
<td>6</td>
<td>Autis</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>Lain-lain</td>
<td>19</td>
</tr>
</tbody>
</table>

**TABLE 1: Number and Types of Disability.**

The number of beneficiaries from children with disability welfare program (PKSADK) in the Aceh Besar Regency:

<table>
<thead>
<tr>
<th>Number</th>
<th>District</th>
<th>Village</th>
<th>Number Of Children With Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mesjid Raya</td>
<td>Lamnga</td>
<td>4 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Neuheun 20 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meunasah Mon 4 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ruyung 1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Baroe 1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Durung 6 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ladong 3 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Beurandeh 5 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lamreh 2 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Meunasah Keude 4 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ie Seu Um 2 Children</td>
</tr>
</tbody>
</table>

**TABLE 2: Number of Beneficiaries from Children With Disability Welfare Program (PKSADK) In The Aceh Besar Regency.**
<table>
<thead>
<tr>
<th>Number</th>
<th>District</th>
<th>Village</th>
<th>Number Of Children With Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Kuta Cot Glie</td>
<td>Leupung Baleu</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lampakuk</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lambeugak</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cot Bayu</td>
<td>3 Children</td>
</tr>
<tr>
<td>3</td>
<td>Kuta Malaka</td>
<td>Leupung Bruek</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lam Ara Cut</td>
<td>3 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lamsiteh Cot</td>
<td>2 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Leupung Riwat</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reuleung Geulumpang</td>
<td>1 Children</td>
</tr>
<tr>
<td>4</td>
<td>Baitussalam</td>
<td>Klieng Cot Aron</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Klieng Cot Meria</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Kajhu</td>
<td>2 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lambada Lhok</td>
<td>1 Children</td>
</tr>
<tr>
<td>5</td>
<td>Montasik</td>
<td>Piyeung</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bira Cot</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cot Lhok</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mata Ie</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Piyeung Datu</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bak Cirih</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bueng Baroh</td>
<td>1 Children</td>
</tr>
<tr>
<td>6</td>
<td>Blang Bintang</td>
<td>Cot Geundreut</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cot Monraya</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bueng Sidom</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cot Malem</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cot Nambak</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lamne</td>
<td>1 Children</td>
</tr>
<tr>
<td>7</td>
<td>Seulimeum</td>
<td>Bayu</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lampisang Dayah</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lampisang Teungoh</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Seunebok</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blang Tingkeum</td>
<td>3 Children</td>
</tr>
<tr>
<td>8</td>
<td>Kota Jantho</td>
<td>Weu</td>
<td>2 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bung</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Buket Meusara</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jantho Baro</td>
<td>2 Children</td>
</tr>
<tr>
<td>9</td>
<td>Ingin Jaya</td>
<td>Lamteungoh</td>
<td>2 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lamcot</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bakoy</td>
<td>1 Children</td>
</tr>
<tr>
<td>Number</td>
<td>District</td>
<td>Village</td>
<td>Number Of Children With Disability</td>
</tr>
<tr>
<td>--------</td>
<td>--------------</td>
<td>-----------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>10</td>
<td>Darul Imarah</td>
<td>Tingkeum</td>
<td>2 Children</td>
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<tr>
<td>11</td>
<td>Sukamakmur</td>
<td>Lamgeu Baro</td>
<td>1 Children</td>
</tr>
<tr>
<td>12</td>
<td>Darul Kamal</td>
<td>Neusok</td>
<td>1 Children</td>
</tr>
<tr>
<td>13</td>
<td>Kr. Barona Jaya</td>
<td>Meunasah Papeun</td>
<td>2 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rumpet</td>
<td>3 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meunasah Bak Trieng</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lueng Ie</td>
<td>1 Children</td>
</tr>
<tr>
<td>14</td>
<td>Kuta Baro</td>
<td>Leupung Mesjid</td>
<td>1 Children</td>
</tr>
<tr>
<td>15</td>
<td>Peukan Bada</td>
<td>Lamgeu Eu</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lamlumpu</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gurah Lambiheu Siem</td>
<td>4 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Li-Eu</td>
<td>1 Children</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total</strong></td>
<td><strong>131 Children</strong></td>
</tr>
</tbody>
</table>

4.2. Therapy services in FKKADK

Therapy services is a form of action is given to individuals who have disturbances in motor coordination, communication, sensory, motor, and social adjustment. The form of therapy services for children disabilities to help its development is a physiotherapy treatment services. Through the process of therapy by the therapist in physiotherapy clinics, will assist in the growth and development of children with special needs. To support the fulfillment of the ADK means of therapy for the majority come from poor families and can not afford to do therapy at the clinic Clinical physiotherapy, FKKADK also provides a means of therapy to help every child Aceh region besat disabilities can be treated by a therapist who served in FKKADK Aceh Besar.

As for some type of disability as a child suffering from Down syndrome, cerebral palsy, mental retardation, autism and so can be trained to maximize existing nerve function. This exercise is obtained through a series of therapy assisted by the therapist on the recommendation of a pediatrician (growth, nervous children and medical rehabilitation) who served in FKKADK. To do therapy in children with disabilities, the necessary means of therapy to assist in the exercise or therapy is carried out as a tool...
standing frame to train the child standing, gym ball to improve balance and strength of the neck, as well as other tools that aim to help children maximize nerve function motor.

Based on data collected by FKKADK Aceh Besar district in 2013, there were 285 ADK spread over 23 districts in Aceh Besar. Most types of disability suffered is multiple disabilities of children who experience more than one type of disability, such as children who can not walk, could not talk and so on. The scarcity of health centers fisiotherapis in further worsen the situation of children. In Aceh Besar, not all health centers providing treatment services (fisiopedi) development of the child. However, some families ADK can access health care in government hospitals such as Zainal Abidin General Hospital and the Maternal and Child Hospital in Banda Aceh. Distance away from Aceh Besar district to Banda Aceh cause not all ADK to access services such therapy. In addition Clinic fisiotherapy managed by private / public is not yet available in the region of Aceh Besar, and is only available in Banda Aceh with tariffs that was difficult to reach by family ADK average come from poor families (the average fare between Rp. 60,000 sd Rp. 100,000 / hour) and does not include the cost of transportation to the clinic. In early 2015, FKKADK Aceh Besar with the assistance of the Ministry of Social Affairs has had a therapy room that can be accessed by families of children with disabilities.

Through therapeutic tool available, now families who have children in the region of Aceh Besar disabilities can perform routine therapy. They are categorized depth needy communities, should consider the issue now is not the usual therapies funds spent sizable. Although this type of therapy services is still limited, and some tools also therapy is still relatively limited, but it is very helpful to the families who have children with disabilities in the region of Aceh Besar in order to meet the basic needs of children.

4.3. Parenting knowledge activity in FKKADK

4.3.1. Knowledge through parenting support group

Forming a support group (support group) in five districts in Aceh Besar. Expected support group can be a means for parents of children with disabilities to share how to overcome various problems and challenges faced by families in the care of children with disabilities. Besides the formation of special purpose support group include:
• From a support group of parents of children with disabilities gain new ways to address the challenges, facing changes, and maintain a positive behavior that has been owned in the care and treatment of children with disabilities.

• Improve the understanding that parents of children with disabilities have equal rights with other children and does not discriminate.

• Improve the understanding of parents about the rights of persons with disabilities (CRPD).

• Parents admit children with disabilities by ensuring all children have an identity with the birth certificate.

Activity begins with the establishment of training for facilitators on October 10 and October 24, 2015. Then the formation of a support group that carried out since 7 to 15 November 2015 in the 5th District of the District Ingin Jaya, Krueng Barona Jaya subdistrict, district of Kuta Baro, District and Sub-district Montasik Mesjid Raya (2 groups). At the meeting, the parents share their hopes for the support group and agreed to form the Association of Families of Children With Kedisabilitasan (IKADK) in each of these districts and elect their respective. FKKADK also build agreement on regular monthly meetings and build social commitment.

4.3.2. Knowledge of care through parenting skills

Parenting Skills Training Communication Forum Family Children With Disability (FKKAD) Aceh Besar facilitated by the Coordinator of the Foundation Restored Aceh, Taufik Riswan. This activity was attended by Parents Children with Disabilities Se Mesjid Raya sub-district, Aceh Besar district. Participants in kenalin on the Rights of the Child, in pengantarya Riswan Taufik said “not all children are born with a complete physical and functioning properly. Her body no different from other children. Such children are born with poorly functioning members of his body, incomplete or no disturbance to the cells of the body.

Alternatively, the child has an accident or natural disaster, so that the body or their ability to change. to carry out his daily life, children need different tools and facilities from other children because of the space and their different abilities and children as mentioned the penyadang disabilities or children defabel different meaning his abilities. eg limited sight but sensitivity smells and sounds were sharp or ability to smell and hear them higher. Parenting Skill or ability to be a parent is one of the processes enhancing the parents to be more resilient and ready to take care of children with
disabilitas. Karena ability of children with disabilities can be developed optimally so that children can accomplish, expertise, and specific skills useful train independence’.

Training is hosted in Gampong Neuhen, District Mesjid Raya, Aceh Besar Regency which occurred during the second day of the 4th s/d March 5, 2015 with the approach and the atmosphere of training highly Santai meaning that the participants were not in conditioning your like classroom training in general and participants in the facility provide enough learning space can relax while sitting or sleeping. The trainees were very enthusiastic learning process and is visible from the curiosity of the participants related to the Rights of the Child and recognize signs of violence on children with disabilities.

Habitus is a set of practices and a tendency to produce social perception, containing past experiences that influence them ready for showing in the present so that habitus become the driving source of the actions, thoughts, and representasi. Individu with habitusnya each relate to other individuals and various social realities, it this will result in actions that correspond to domains and capital owned by each individual in the social space [8].

Based on the description, it can be said to be an action and behavior of someone in a social environment, is based on the habitus which is believed and trusted by every individual. Habitus in everyone can be obtained through the environment, education, culture, even religion professed by each individual. So it is with parents who have children with disabilities in the region of Aceh Besar. Through parenting skills and support group, every parent will experience the habituation process that will affect the actions in terms of handling children with special needs. Through the process of habituation each parent will receive a new, more positive knowledge, to later change the way or previous care practices. The process of giving knowledge to then encourage a change of mind of parents in the care of child disability is called by Bourdieu as the habituation process.

No doubt that all parents wish to have children are perfectly healthy and normal life in the society. But not all parents have the opportunity of it. Some of them blessed with children who have limitations both with physical limitations, mental as well as physical and mental limitations. Most of these children in living their daily life is very dependent on the help of others. In children disabilities form social support is dependent on how the social system that exist in the community see where the child with the kedisabilitas. Children including child disability is part of the family and society, therefore children should not be left disabled or removed just like that. Child disability
as individual beings are in interaction with various systems in its environment, one of which is the family system.

Family is the best way to foster a healthy child. In this case the family can be seen as messo system, which will affect the micro system that is child’s disability in the family. As is the case in systems theory, elements or parts of the system with other systems will interact so that the whole system can function. In families of children disabilities and family including mother’s father is a micro systems that depend on each other in terms pemenuhanan social function as social beings. Therefore, in the family system, the family who do not work on systems that are inside are the result of family subsystem itself. So if this happens, needed capacity improvement or repair the role of each member of which is expected to have a positive impact and encourage to change the system to achieve homeostasis.

The family is the primary education for every child, if each parent in the family understand about the role of the family should be. Each micro and macro structure will remain there as long as he has a function. In the structural-functional theory, every society consists of various elements are structured in relative terms, steady, and stable. Each individual can be seen as an element in society, as well as other individuals is also an element in society. Network connection between one individual with another individual patterned element structure will reflect relatively steady and stable. The structure in which the elements are relatively steady and stable then shows a structure that is well integrated. That is, the elements that form the structure has links and alliances that are mutually supportive and have a dependency between one and the other. So in the structure of the family, each child dependent and in need of parents.

4.4. Positive impact of presence FKKADK Aceh Besar

Government of Aceh Besar district very welcoming FKKADK program and thank the Ministry of Social Affairs who have provided assistance to the ADK in Aceh Besar. It is delivered exclusively in Aceh Besar Regent greeting which was read by Assistant Public Welfare Aceh Besar district on the delivery of social assistance of children symbolically held on Saturday December 27, 2013. In addition to the symbolic handover ceremony was also conducted socialization to family PKSADK ADK beneficiaries, PKSADK a program that aims to help realize the social welfare of children with disabilities. This objective can be achieved as measured through the program’s impact is felt by ADK and immediate family, including:
1. Family ADK be more attentive to the needs of their children’s growth, which previously seemed ‘surrender’ but when there are others who come and show concern for their children who have disabilities, some parents are thrilled and touched and motivated to try to develop the potential and the existing talent in their children.

2. PKSADK brought together families who have ADK where they share information and experience about their parenting respectively. For example, in the District of Krueng Barona Jaya, family gatherings ADK provides tremendous benefits, namely, diperolehnya information resource center that can be accessed by ADK are hearing impaired speech and how to obtain assistance from government disability aids.

3. ADK beneficiaries get a lot of changes after following PKSADK, including the availability and transportation to a public hospital for treatment following the routine has given a change in the child as an example in Kuta Cot Glie, ADK in therapy at the hospital has been able to wear their own clothes and out using the actual shirt. Giving vitamin and regular milk that has improved the health and nutrition of children.

4. The Government of the District to the district level is very appreciated PKSADK implemented by FKKADK Aceh Besar in collaboration with the Ministry of Social Affairs is designed to ADK needs.

5. Conclusion

Social support is the degree that meets the basic needs of individuals such as love, compassion, the blessing, a sense of belonging and a sense of security that arise from other people or society disekitas individual social environment. By karenya social support is a very important component for humans by nature as social beings and can not be separated from other humans. In the case of Children with disabilities, social support from family, the environment, as well as both government agencies and private sector, is a very important component in supporting and encouraging growth. Child disability with all the inability to carry out normal social activities such as children in general menutut all elements of society to sensitize and assist them in achieving a better life. In order to achieve social support for children’s disabilities, it is necessary to boost awareness and concern is high both in the family and the surrounding environment, understanding and knowledge, and skills that support.
6. Policy Implications

Implementation of the program can not be separated from some of the constraints faced by, among others: Aceh Besar FKKADK first time carry out PKSADK and implemented at the end of the year so that the board and co-implement the system PKSADK learning by doing or learning by doing. For technical matters, FKKADK Aceh Besar coordination and intense communication with the MCC ADK powerful social worker and administrator FKKADK Banda Aceh and administrators PUSPELKESSOS Mesjid Raya sub-district which since 2011 has been implementing this program. In addition, the ADK family backgrounds who live in rural and educational backgrounds were varied causes their understanding of different also in the implementation of the program. Some families have not been able to meet the rules of the program so that a companion should explain in more detail and repeatedly told the family about PKSADK.

Then, in terms of the amount of aid they have yet to meet the basic needs of ADK. As some ADK require access to health such as fisiotherapy that are not available in FKKADK treatment facilities, community health centers around the residence and other disability aids. Currently there are still many who have not entered ADK as beneficiaries, as well as some districts have not received the MCC program so that the future would PKSADK ADK can be continued to help ADK in Aceh Besar. The amount of aid, may be increased so as to meet the basic needs of ADK. The need for a powerful social worker urgently to assist the process of assistance in accordance with the objectives of the program. Given the wide reach territory of residence of beneficiaries MCC ADK (16 districts) and the number of beneficiaries (131 ADK), Ministry of Social Affairs would be assigned two to three magic FKKADK social worker to be placed in the Aceh Besar district.

References


