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INCLUSIVE COMMUNITY DEVELOPMENT IN ACTION: THE ROLE OF COMMUNITY-BASED REHABILITATION AND EMPOWERMENT STRATEGIES

Neni Anggraeni, Sri Nurhayati, Gumpanat Boriboon

IKIP Siliwangi
IKIP Siliwangi
Srinakharinwirot University
srinurhayati@ikipsiliwangi.ac.id

Abstrak

Studi ini menginvestigasi tantangan berkelanjutan dalam memajukan inklusi disabilitas yang berkelanjutan di wilayah pedesaan Indonesia dengan menelaah secara kritis pendekatan berbasis partisipatif dan komunitas melalui metode studi kasus kualitatif. Penelitian ini bertujuan untuk memperjelas bagaimana metodologi yang terintegrasi secara lokal—khususnya participatory rural appraisal, perencanaan bottom-up, dan kolaborasi lintas pemangku kepentingan—dapat mengatasi hambatan struktural dan budaya yang selama ini meminggirkan anak-anak penyandang disabilitas beserta keluarganya. Dengan menerapkan desain studi kasus interpretatif, pengumpulan data dilakukan melalui wawancara mendalam, diskusi kelompok terfokus, dan analisis dokumen, sehingga menghasilkan pemahaman yang mendalam mengenai pengalaman hidup serta proses kolaboratif antara penerima manfaat, praktisi, dan pembuat kebijakan lokal dalam pelaksanaan program disabilitas berbasis masyarakat. Hasil penelitian ini menegaskan bahwa integrasi metodologi partisipatif dalam kemitraan multi-level merupakan fondasi utama dalam mendorong perubahan sikap sosial, menurunkan tingkat stigma, serta melembagakan praktik-praktik inklusif ke dalam kebijakan dan tata kelola lokal.

Kata kunci: *inklusi disabilitas, Penilaian pedesaan partisipatif, pemberdayaan masyarakat, inklusi sosial.*

Abstract

This study investigates the persistent challenge of advancing sustainable disability inclusion in rural Indonesia by critically examining participatory, community-based approaches through a qualitative case study method. The research aims to elucidate how locally embedded methodologies—specifically participatory rural appraisal, bottom-up planning, and cross-sectoral stakeholder engagement—can address the structural and cultural barriers that marginalize children with disabilities and their families. Employing an interpretive case study design, data were collected via in-depth interviews, focus group discussions, and documentary analysis to generate a nuanced understanding of the lived experiences and collaborative processes among beneficiaries, practitioners, and local policymakers engaged in community-based disability programs. The findings demonstrate that the integration of participatory methodologies within multi-level partnerships is fundamental to shifting social attitudes, reducing stigma, and embedding inclusive practices within local policy and governance.

Keywords: *disability inclusion, participatory rural appraisal, community empowerment, social inclusion.*

Introduction

The imperative to advance social inclusion for children with disabilities has become central to contemporary global development discourse, intersecting with broader commitments to human rights and the Sustainable Development Goals. Current estimates indicate that approximately 93 million children globally experience some form of disability, positioning them as one of the most systematically excluded demographics, particularly within low- and middle-income countries (LMICs) where structural impediments, pervasive stigma, and chronic inadequacies in services undermine their active engagement in community life (Khan et al., 2017). Both the World Health Organization (WHO) and the United Nations emphasize that realizing the rights of children with disabilities is foundational to equitable development. The ratification of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) throughout Southeast Asia represents a paradigm shift in national and regional policy frameworks, casting children with disabilities as subjects of rights—entitled to inclusion, agency, and meaningful participation in all facets of society (Elekanachi et al., 2023). Article 19 of the CRPD, in particular, mandates state parties to provide requisite support enabling children and adults with disabilities to exercise autonomy and access essential services (Gupta et al., 2022). This new policy architecture fosters a reconceptualization of disability as a dimension of diversity and potential innovation rather than a deficit or social burden (Nether & Dorf, 2021).

In Indonesia, the landscape of disability inclusion has undergone substantial transformation over the last decade, reflecting a shift from paternalistic to rights-based orientations. Following the CRPD's ratification in 2011, the enactment of Law No. 8/2016 on Persons with Disabilities marked a formal commitment to international human rights standards (Nurhayati et al., 2025; Tsaputra & Giuntoli, 2024). Despite these legislative milestones, empirical evidence of progress in enhancing quality of life, social participation, and the dignity of children with disabilities is limited. Implementation deficits—manifested in inconsistent policy execution, resource scarcity, public ignorance, and regulatory incoherence—persistently undermine policy aspirations (Haris et al., 2023; Tsaputra & Giuntoli, 2024). Such implementation dilemmas are not unique to Indonesia; they echo across Southeast Asia, as illustrated by the Philippine and Indian contexts, where sophisticated legal frameworks fail to consistently overcome deep-rooted socio-structural barriers (Shah, 2022).

These challenges are further exacerbated by rapid demographic shifts, weak civil society coordination, and persistent cultural logics that perpetuate marginalization (Grech et al., 2023; Sharma et al., 2019).

The core research issue addressed in this study is the entrenched exclusion of children with disabilities from community participation, an exclusion produced and perpetuated by the interlocking effects of social, cultural, and institutional dynamics. At the social level, these children face sustained stigma and discrimination from peers, educators, and community members, leading to isolation and limited life opportunities (Saran et al., 2023; Sondari et al., 2018). Culturally, traditional beliefs, stereotypes, and misinformation intensify marginalization and affect both community and parental attitudes (Kwok & Kwok Lai Yuk Ching, 2022). On the institutional front, policy inadequacies, poorly trained personnel, and fragmented service delivery mechanisms result in systemic inaccessibility to education and health services (Banks et al., 2022; Laksana et al., 2025). The cumulative effect of these barriers is a persistent disjunction between legislative commitment and the practical realization of inclusion in the lives of children and families.

Empirically, there is strong evidence for the efficacy of interventions that are anchored in participatory methodologies and grounded in the lived contexts of children, families, and communities. Theoretical paradigms such as the social model of disability, social capital theory, the ecological model, and the capability approach collectively highlight that inclusion is a function of not only individual capacities but also the transformation of social structures and relational networks(Meys et al., 2021). These frameworks underscore the centrality of empowerment, autonomy, and agency—outcomes that must be intentionally cultivated through collaborative, cross-sectoral action involving families, grassroots leaders, and formal service systems (Ballas et al., 2022; Rimmer et al., 2023).

Community-Based Rehabilitation (CBR) has emerged as a paradigmatic intervention in LMICs, conceived to transcend the limitations of institution-centric approaches by leveraging endogenous assets and participatory mechanisms (Bush & Botwey, 2005; Finkenflügel, 2009). CBR programs are distinguished by their emphasis on mobilizing local resources, engaging families and non-specialist actors, and fostering the co-production of contextually relevant solutions. Global comparative research demonstrates the adaptability and effectiveness of CBR, whether through social enterprise models in Bangladesh (Al Imam et al., 2022), technology-mediated outreach in India (Brien et al., 2023), or private-public collaborations in Nepal (Banskota et al., 2025). Systematic evidence supports that CBR, particularly when embedded in rights-based, participatory frameworks, yields improvements in child well-being, service utilization, and community integration (Kim et al., 2021; Tofani et al., 2021).

Notwithstanding these positive outcomes, CBR initiatives routinely encounter challenges relating to resource constraints, limited accessibility, deficits in professional capacity, insufficient funding, and the enduring salience of stigma (Greenwood et al., 2020; Kar et al., 2020). The effectiveness and sustainability of CBR are profoundly influenced by the calibre of local leadership, the inclusivity and flexibility of evaluation mechanisms, and the capacity for ongoing adaptation (Butura et al., 2024; Hasanah et al., n.d.; Sagun et al., 2024). Evidence from Indonesia and comparable LMICs further indicates that, despite demonstrable gains in access, there remains an acute need for robust monitoring, evaluation, and adaptation of models to reach the most marginalized (Mousavi, 2015; Tofani et al., 2021).

Recent research in Indonesia evidences an expanding scholarly engagement with disability inclusion; however, persistent lacunae in empirical data and implementation persist. There is a marked paucity of high-quality studies systematically evaluating the inclusivity and effectiveness of social protection, health, and education programs for persons with disabilities, with particular underrepresentation of those with complex communication needs (Jagoe et al., 2021). Policy implementation deficits are manifest in programs such as the national health insurance (JKN), which inadequately addresses disability-specific needs, and in the continued scarcity of accessible infrastructure in urban settings (Abdillah et al., 2025; Wibowo, 2024). In educational and employment domains, inclusive institutions and equitable opportunities remain the exception, with persistent disparities and discrimination (Amnesti et al., 2023). The monitoring and evaluation of CBR and related programs is further hindered by stigma, resource insufficiency, and an absence of standardized assessment frameworks (Butura et al., 2024).

Within this empirical and conceptual context, the present study interrogates how community-based rehabilitation (CBR) in West Bandung Regency, Indonesia, advances the social inclusion of children with disabilities through participatory, rights-based, and culturally responsive modalities. The research is structured to address the following core questions: (1) How are CBR programs for children with disabilities initiated, institutionalized, and sustained within a community development paradigm? (2) In what ways do diverse stakeholders—children, caregivers, community leaders, NGOs, and state actors—converge to co-create, navigate challenges, and catalyze attitudinal and systemic change? (3) What are the observable and latent impacts of RBM on both individual beneficiaries and the wider community in promoting the rights and well-being of children with disabilities? The study's scholarly innovation derives from its inductive and empirically grounded analysis of participatory mechanisms, power-sharing arrangements, and stakeholder agency, extending beyond output-focused evaluations to elucidate the relational and processual dimensions underpinning durable inclusion.

The scope of this investigation encompasses both empirical and conceptual domains, with a focal case study of RBM initiatives in West Bandung serving as a representative and pioneering instance of community-driven disability inclusion in Indonesia. The research aims to generate rich, contextually situated knowledge that can inform academic discourse, policy, and practice. By integrating global theoretical frameworks with nuanced local analysis, this study seeks to articulate new directions for policy innovation, research, and the advancement of sustainable, inclusive development for children with disabilities in Indonesia and analogous LMIC contexts.

Method

This study employed a qualitative single-case study design to investigate the participatory mechanisms, stakeholder collaboration, and social outcomes associated with the implementation of community-based rehabilitation (CBR) for children with disabilities in West Bandung Regency, Indonesia. The case study approach was selected for its capacity to provide in-depth, contextualized insights into the complex interplay of sociocultural, institutional, and programmatic factors shaping inclusive community development (Iswahyudi et al., 2023). The choice of a case study aligns directly with the study's central research questions, which interrogate the processes of program initiation, stakeholder engagement, attitudinal change, and sustainable outcomes in a specific socio-geographical setting. Furthermore, a case study allows for a holistic analysis of both observable practices and the underlying social meanings ascribed by diverse stakeholders, which is critical for advancing empirical and theoretical understanding of CBR as a driver of social inclusion(Yin, 2018).

The participants were selected from three principal stakeholder groups: (1) representatives from Save the Children Indonesia and partner NGOs involved in the facilitation of the RBM program; (2) members of RBM committees at both village and regency levels, encompassing community leaders, local government officials, and volunteer activists; and (3) beneficiary families, specifically parents or caregivers of children with disabilities who had participated in RBM activities. To ensure both breadth and depth of perspective, a minimum of five informants were recruited from each stakeholder group, with additional participants identified through snowball sampling based on recommendations from initial interviewees. Criteria for participant inclusion included demonstrated involvement in RBM program activities within the West Bandung Regency between 2021 and 2024, and willingness to provide informed consent. Diversity in gender, age, and village of origin was prioritized to mitigate the risk of selection bias and to reflect the heterogeneous character of community participation.

Data collection was conducted between December 2024 and February 2025, utilizing a multi-method qualitative approach. The primary data collection method consisted of semi-structured, in-depth interviews tailored to each stakeholder group. Interview guides were developed based on a comprehensive review of relevant CBR and disability inclusion literature, as well as the ecological and capability theoretical frameworks outlined by Meys et al. (2021) and Higashida (2018). These guides included questions on the genesis and evolution of RBM, stakeholder roles, mechanisms of participation, perceptions of disability and stigma, barriers to inclusion, enabling factors, and perceived program outcomes.

Interviews were conducted in Bahasa Indonesia by a team of trained qualitative researchers with experience in disability and community development research. Each interview lasted between 45 and 90 minutes and was audio-recorded with the participant's consent. Interviews were transcribed verbatim, with all personally identifiable information removed during transcription to preserve confidentiality.

Thematic analysis was employed as the principal analytical technique, guided by the interactive model of Miles, Huberman (1994). This approach involves iterative cycles of data reduction (coding and condensation), data display (visual mapping and matrices), and conclusion drawing/verification. Coding and analysis were done manually. The team regularly reviewed analytical decisions in collaborative debriefings to strengthen inter-coder reliability and minimize interpretive bias. Analytical memos documented the evolution of conceptual categories, allowing for the transparent tracking of interpretive processes. The development of thematic matrices and visual maps enabled the identification of relationships between stakeholder experiences, organizational practices, and program outcomes. Divergent perspectives and negative cases were deliberately sought out to enhance analytic rigor and provide a nuanced, critical account of the RBM implementation process.

Ensuring the credibility, dependability, and transferability of the study was a priority throughout the research process. Multiple strategies were employed to establish methodological rigor, consistent with best practices in qualitative research (Creswell, 2018). First, data triangulation was achieved by integrating evidence from interviews, field notes, and documentary sources. Member checking was conducted with a subset of participants, who were invited to review and comment on the accuracy and resonance of preliminary findings. Regular team debriefings promoted reflexivity and minimized individual bias, while the use of analytical memos and audit trails supported confirmability and transparency. Prolonged engagement in the field and thick descriptions of both context and process enhanced transferability. Attention was also paid to the limitations of the study, including potential recall bias and the context-specificity of findings. These were addressed by maximizing the diversity of participants and by explicitly documenting the analytical rationale behind interpretive claims.

Results and Discussions

This section presents a detailed account of the empirical findings related to the processes, challenges, and impacts of advancing social inclusion for children with disabilities through community-based rehabilitation (CBR/RBM) in the context of community development in West Bandung Regency. Drawing on extensive interviews with representatives from Save the Children Indonesia, RBM committee members, and beneficiary families, the analysis is structured to illuminate the lived realities, stakeholder dynamics, and evolving social attitudes underlying the success and complexity of the RBM model.

The initiation of RBM in West Bandung cannot be separated from the vision and mission of Save the Children Indonesia, which, in collaboration with the IKEA Foundation and key local government actors, sought to address the longstanding marginalization of children with disabilities. The empirical data underscore how the initial phases of the project were marked by intense groundwork and coalition-building efforts. According to the project officer, the program was first introduced through systematic socialization at multiple administrative levels—starting from the regency, moving to sub-districts, and then to the village level. Early engagement with local authorities, including village heads and influential community figures, was instrumental in laying the foundation for a participatory process that would later shape the entire trajectory of the RBM initiative. The participatory rural appraisal (PRA) technique, repeatedly emphasized by the NGO and RBM committee members, functioned as both a research and empowerment tool, enabling communities to collectively map out the presence of children with disabilities, identify specific challenges confronting families, and inventory local resources that could be mobilized for inclusive programming. As one NGO informant described, “From the beginning, we brought everyone together—government, religious leaders, family representatives—to openly discuss disability, map out problems and resources, and plan concrete actions. This built trust and shifted mindsets.”

What emerges from the interview data is a process that moved far beyond token participation or consultation. The participatory mechanisms were institutionalized through serial community discussions, focused group discussions, and joint workshops, which not only democratized decision-making but also built community capacity to own and drive the process. The formation of village-based RBM groups was not a top-down imposition, but the result of repeated cycles of dialogue, consensus-building, and collective action planning. Over time, this model enabled the formation of a district-level RBM communication forum, designed to aggregate village-level advocacy and increase the bargaining power of disability groups in negotiations with higher-level policymakers. The story of one RBM committee member illustrates this organic evolution: “After being trained by Save the Children, we saw the need for a forum that could connect the experiences and struggles of RBM groups across villages. This led us to organize a district-wide meeting, which not only gave us recognition from the authorities but also allowed us to speak with a unified voice.”

Stakeholder involvement in RBM was marked by remarkable breadth and depth. At the regency level, the program brought together the Regent, heads of social, education, and health agencies, as well as local women’s organizations such as the PKK. These actors were not only involved in the ceremonial launch of the program but also in substantive planning and periodic review meetings. At the village level, the diversity of actors expanded further to include sub-district heads, village heads, representatives of village councils, and a cross-section of local leaders—ranging from religious and economic figures to those with lived experience of disability. The empirical accounts indicate that participation was not merely formal but substantive, with each actor encouraged to articulate perspectives, propose solutions, and commit to action points. The committee member explained, “I worked closely with the head of the village, the head of the PKK, and even with religious leaders to collect accurate data on children with disabilities. This made it easier to get buy-in from the community and helped families feel less alone.”

A significant finding from the interviews is the intentional and continuous involvement of vulnerable groups—including women, children with disabilities, and their families—in every stage of the process. For children, this meant direct consultations for activities that impacted them, ensuring their perspectives and preferences were reflected in program design. The program also adopted proactive outreach strategies such as home visits, aimed at reaching families who were often isolated due to stigma or who hesitated to come forward. As articulated by the project officer, “We made sure to meet families where they were, both literally and figuratively. Home visits were essential in making parents feel seen and supported, especially when they were reluctant to participate in public meetings due to embarrassment or fear of community judgment.” This nuance is echoed in the testimony of a beneficiary parent who admitted, “At first, I was hesitant. But after meeting the RBM team at home and seeing other parents share their stories, I began to feel more comfortable and willing to get involved.”

The data further highlight the critical role of Save the Children and its partners as facilitators, capacity builders, and advocates. Their approach was not limited to technical assistance but extended to the creation of enabling environments for sustained social inclusion. The training programs, for instance, were comprehensive, covering not only disability awareness and advocacy but also practical skills in therapy, parenting, and community organizing. The NGO also facilitated linkages between the RBM and other local and national organizations, expanding the resource base and introducing best practices from broader disability movements. The committee member recounted, “Through our partnerships, we were able to provide not only training but also material support like assistive devices and access to government health programs. This helped parents see that they were not alone and that practical help was available.”

However, the journey towards social inclusion was fraught with considerable obstacles. Stigma and negative labeling remained deeply embedded in local cultural narratives, often framing disability as a source of shame, misfortune, or charity. Both the NGO and committee members described the initial skepticism or resistance encountered, especially from segments of the community accustomed to hierarchical, directive models of program delivery. The participatory approach, while ultimately empowering, was sometimes perceived as inefficient or burdensome. One challenge consistently mentioned was the need to continually explain and demonstrate the value of community-driven processes to both community members and government officials. A project staff member explained, “People were used to being told what to do by outsiders, not being asked for their opinions. Changing that dynamic required patience and persistence.”

To address these challenges, program implementers adopted a variety of adaptive and creative strategies. Community socialization was conducted using interactive and culturally resonant methods, such as participatory games (e.g., the “disability rope entanglement” game) that enabled participants to openly discuss the problems faced by children with disabilities and identify the root causes from both family and policy perspectives. This approach helped shift the discourse from charity to rights and from pity to partnership. In addition, informal relationship-building—such as house visits, coffee shop discussions, and the involvement of key local champions—proved indispensable for building trust and overcoming initial skepticism. The program’s flexibility in combining formal mechanisms (e.g., signed MoUs, formal planning forums) with informal social networks is credited as a major factor in its ability to foster sustainable community engagement.

The impact of the RBM model is evident in the experiences and reflections of both committee members and beneficiaries. Over time, significant improvements were noted in access to services for children with disabilities. Families reported that their children now had more consistent access to basic therapies, health insurance (BPJS), and inclusive educational opportunities, both in mainstream schools and through targeted skill-building activities. Institutional changes followed as well: RBM was formally recognized in village and regency administrative structures through official decrees, enabling it to receive government budget allocations and to secure its role as an official community institution. The shift in community attitudes was equally noteworthy. Where once families were reluctant to acknowledge or discuss disability, there is now a visible movement towards acceptance, openness, and active participation. As described by one parent, “I am no longer ashamed to bring my child to public events. He plays with other children and people treat us with more respect. I see other parents gaining confidence too.” Such qualitative changes, supported by ongoing monitoring and baseline-impact comparisons, attest to the transformative potential of the RBM model in reducing stigma and increasing social capital.

Monitoring and evaluation have become routine and integral to the RBM’s operations, involving regular progress meetings, problem-solving sessions, and formal impact surveys. The committee frequently compares conditions before and after program implementation to measure progress and identify gaps. These practices have not only contributed to organizational learning and accountability but have also served as platforms for collective reflection and further advocacy. Lessons learned emphasize the irreplaceable value of participatory approaches, the need to target influential community leaders in advocacy campaigns, and the importance of embedding disability programs in official policy frameworks and budgets for sustainability.

Finally, both implementers and beneficiaries point to the need for ongoing innovation and networking. Recommendations emerging from the field highlight the importance of improving baseline survey instruments, expanding outreach to include a broader array of stakeholders, strengthening the role of parent support groups, and leveraging digital media for wider advocacy and engagement. Beneficiary families expressed a strong desire for regular group meetings, increased activity frequency, and sustained government support, illustrating the evolving nature of community needs and aspirations. The RBM experience in West Bandung demonstrates that when community members—including those most marginalized—are given the tools, support, and voice to co-create solutions, the path towards social inclusion for children with disabilities becomes both achievable and sustainable.

This study offers a nuanced analysis of the mechanisms and outcomes associated with participatory, community-driven approaches to disability inclusion in rural Indonesia. The empirical data reveal the transformative capacity of Participatory Rural Appraisal (PRA) and bottom-up planning, particularly when these are coupled with active, multi-level stakeholder engagement. The findings not only affirm but also extend the international evidence base that stresses the centrality of locally embedded, contextually responsive strategies for achieving sustainable social inclusion (Abedi & Khodamoradi, 2011; S et al., 2025).

The present analysis demonstrates that participatory methodologies such as PRA operate beyond technical exercises; they function as catalysts for mobilizing community agency and enhancing local capacity. Initial implementation required rigorous socialization across governmental and community hierarchies, with coalition-building efforts spanning NGOs, local government, and community leaders. PRA proved instrumental in enabling the systematic identification of children with disabilities, the mapping of local resources, and the conduct of collective problem analysis—each of which fostered substantive community ownership. These empirical patterns resonate with established literature highlighting PRA's dual role as a research methodology and a driver of community empowerment (Abedi & Khodamoradi, 2011). Nonetheless, the data also reinforce internationally recognized challenges: the indispensability of highly skilled facilitation, and the persistent risk that PRA may devolve into procedural formalism without deep inclusion of the most marginalized groups (Robinson et al., 2014).

The critical role of multi-level stakeholder engagement is further substantiated by the results. The inclusion of actors from regency, sub-district, and village levels—including authorities, women's organizations, religious leaders, and parents—facilitated a deliberative process characterized by shared accountability and collaborative decision-making. This model is directly aligned with best practices articulated in the global literature, which underscores the value of diverse, cross-sectoral collaborations for optimizing resource allocation, policy influence, and program sustainability(Abera et al., 2025; Beneševičiūtė, 2021; Khayatzadeh-Mahani et al., 2020). The empirical data, however, also surface persistent challenges—namely, entrenched power asymmetries, episodes of tokenism, and the continuing necessity for sustained capacity development and communication infrastructure (Nyadenga & Davis, 2023).

A salient transformation observed in the study concerns the evolution of local attitudes and the mitigation of disability-related stigma. Through culturally attuned interventions—including community education, participatory outreach, informal relationship-building, and the strategic use of local champions—the RBM initiative effected a substantive shift from entrenched stigmatization to an emergent discourse of rights and inclusion. Testimonies from parents and community leaders reveal growing confidence, the normalization of disability in public spaces, and a measurable decline in social isolation. Such findings closely mirror global research, which identifies culturally sensitive, participatory approaches and robust family engagement as critical for sustained stigma reduction (Banks et al., 2019; Hartog et al., 2020). The progression, however, was nonlinear and fraught with setbacks, reflecting the deeply rooted nature of negative cultural narratives and the necessity for adaptive, iterative strategies.

Institutionalization of the RBM model within local policy and fiscal systems represents a further significant outcome, underlining the study's contribution to the literature on program sustainability. The empirical evidence demonstrates that formal recognition via policy decrees and dedicated budget allocations not only conferred legitimacy but also facilitated the scale-up of services—including therapy, assistive devices, and inclusive education. This finding substantiates claims in the international literature that the integration of community-based rehabilitation (CBR) programs into formal policy and funding architectures is essential for their long-term viability (Aldersey et al., 2019; Geberemichael et al., 2019). Nevertheless, ongoing constraints such as resource scarcity, insufficient professional infrastructure, and vulnerability to shifts in governmental priorities post-donor engagement echo persistent barriers reported elsewhere (Blose et al., 2024).

An additional contribution of this research lies in its granular depiction of child and family empowerment, both as a processual mechanism and as a programmatic outcome. The data underscore the vital roles of mothers and caregivers—not only in grassroots advocacy and peer support networks, but also in sustaining collective momentum and engaging in the co-design of programmatic activities. The involvement of children with disabilities in planning and implementation processes was repeatedly cited as enhancing the relevance and social integrative impact of interventions, echoing findings from global studies that advocate for direct beneficiary engagement to optimize developmental and inclusion outcomes (Edwards et al., 2022; Uria-Olaizola et al., 2025). Nonetheless, the emotional and relational labor demanded by such engagement, coupled with persistent intra-familial and community-level stigma, suggests that empowerment must be conceptualized as an ongoing, context-contingent endeavor necessitating structured support.

The limitations of the present study should be candidly acknowledged. The qualitative case study design and purposive sampling restrict the generalizability of findings, though they allow for a depth of contextual insight seldom achieved by quantitative approaches. Social desirability bias in stakeholder and beneficiary reports may have influenced the data. Additionally, the absence of robust quantitative impact metrics precludes precise benchmarking across sites or temporal dimensions, reflecting a broader methodological challenge in the evaluation of CBR programs globally (Grandisson et al., 2014).

These results have direct implications for policy, practice, and future research. They reaffirm the necessity of participatory, contextually adaptive, and multi-sectoral models for effective disability inclusion programming. The institutional embedding of such models within local governance and fiscal frameworks is crucial for sustainability. Moreover, investments in capacity building, continuous community education, and inclusive monitoring and evaluation systems are indispensable for overcoming persistent barriers related to stigma, power differentials, and resource limitations. Future studies should prioritize comparative, longitudinal, and mixed-methods research designs—incorporating participatory evaluation frameworks—to further elucidate mechanisms and to support transferability to other resource-constrained contexts. This research demonstrates that participatory, locally grounded disability inclusion initiatives—rooted in strong multi-level partnerships and formalized policy frameworks—can generate substantive advances in social attitudes, service provision, and community empowerment. Despite enduring challenges, the evidence from rural Indonesia enriches the international discourse by exemplifying how contextually informed, stakeholder-driven strategies can facilitate enduring social inclusion and agency for children with disabilities and their families.

Conclusion

This study addressed the complex challenge of advancing sustainable disability inclusion in rural Indonesia, focusing on the role of participatory, community-driven strategies. By critically examining the integration of Participatory Rural Appraisal (PRA), bottom-up planning, and multi-level stakeholder engagement, the research illuminated pathways for overcoming entrenched sociocultural and structural barriers that perpetuate the marginalization of children with disabilities. The findings substantiate the argument that embedding PRA and participatory methodologies within cross-sectoral collaborations enables communities to transcend tokenistic involvement, fostering genuine agency, co-ownership, and the redistribution of power to marginalized actors. Empirical evidence from the field demonstrated significant shifts in social attitudes, reductions in stigma, and the formal adoption of inclusive practices into local governance structures. Notably, the substantive participation of families—especially mothers and children with disabilities—emerged as both an essential mechanism and outcome of empowerment, reinforcing and extending prevailing international literature. The significance of these findings is twofold. First, they confirm that context-sensitive, participatory models are indispensable for the realization and sustainability of disability inclusion. Second, the study highlights enduring challenges: power asymmetries, chronic resource deficits, and persistent stigma, all of which call for adaptive governance and culturally nuanced interventions. The implications for practice and policy are clear: ongoing investment in participatory planning, iterative evaluation, and coalition-building across sectors is vital. Institutionalization of inclusive approaches—through integration in policy and budgetary frameworks—remains critical for scalability and sustained impact. For future research, longitudinal and comparative studies are needed to deepen understanding of the mechanisms that underpin transformative inclusion. This study advances the field by demonstrating that community-anchored, stakeholder-driven interventions can catalyze durable change in disability inclusion. The empowerment of marginalized groups through participatory and contextually grounded approaches is central to achieving equitable, lasting social transformation.

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