Collaborative Governance in the "Masker Pelita" Program: Community Engagement for Disability Inclusion in Keera Village, Keera District, Wajo Regency

Aidil Dwi Ramadhan[1]✉, Andi Muhammad Rusli[2] & Andi Lukman Irwan[3]

[1]Magister Student of Government Departement, Faculty of Social and Political Sciences, Hasanuddin University
[2]Profesor of Government Departement, Faculty of Social and Political Sciences, Hasanuddin University
[3]Doktor of GOvernment Departement, Faculty of Social and Political Sciences, Universitas Hasanuddin

ABSTRACT

Introduction: Collaborative Governance is a form of cooperation between the government and third parties or with other governmental institutions that share common concerns. The MASKER PELITA program aims to empower persons with disabilities and increase public awareness of the rights and needs of people with disabilities through a collaborative approach involving village government, community organizations, and private sector actors.

Objective: To create an inclusive environment in which persons with disabilities are not merely recipients of assistance, but active participants in social and economic development in Keera Village, Keera Sub district, Wajo Regency.

Method: This study employs a qualitative method with a descriptive analytical approach. The researcher conducted in-depth interviews with key informants and carried out direct observations at the research site to obtain data that reflects actual field conditions, supported by relevant documentation.

Results: In terms of starting conditions, the study found an imbalance in existing resources. The program has implemented active engagement strategies. Influence and control are well executed through various mechanisms. Efforts to expand the program's process coverage have been made by involving multiple stakeholders. Regarding institutional design, the program benefits from clearly defined and consistent governance supported by transparent systems, sufficient documentation, routine reporting mechanisms, and clearly defined roles. Lastly, the collaborative process is characterized by face-to-face dialogue that serves to build trust, clarify shared goals, and address challenges. The program began effectively with socialization and discussions involving both government and community, as reflected in increased community participation and stakeholder enthusiasm.

Conclusion: The starting conditions show that Collaborative Governance functions as intended, with multi-sectoral engagement. Facilitative leadership is evident as each actor in the MASKER PELITA program carries out their duties in accordance with their respective roles. To further strengthen the institutional design and ensure the success of collaboration between stakeholders and the community, formal cooperation agreements are needed. Lastly, the collaborative process demonstrates that the commitment and mutual understanding among stakeholders contribute to the program's success. Although there are still challenges such as insufficient training for health workers, limitations in the database, budget, and facility access the collaborative efforts in this program indicate a positive achievement.

Keywords: *Collaborative Governance, Disability Inclusion, Community Participation, MASKER PELITA, Keera Village*

Introduction

Persons with disabilities are individuals who have limitations or impairments that affect their physical and social activities, often resulting in a lack of self-confidence in social interactions and challenges posed by their surrounding environment. These conditions can significantly reduce their ability to fully

participate in daily activities. Consequently, such limitations may lead to difficulties in performing normal social roles and contribute to societal perceptions that people with disabilities are unproductive or incapable of fulfilling responsibilities due to their physical constraints. This perception often fosters discriminatory attitudes (Muzaki, 2014).

In Indonesia, persons with disabilities are categorized as vulnerable, marginalized, and impoverished. This situation largely stems from the government's inadequate fulfillment of the rights of persons with disabilities. According to data from the 2018 National Socioeconomic Survey (Susenas), approximately 14.2% or 30.38 million people in Indonesia live with some form of disability. One of the recurring issues they face is the limited access to adequate public facilities, including healthcare, employment, transportation, and overall decent living conditions (Sholehah, 2017).

Persons with disabilities often face marginalization in economic, social, and health sectors. In addition, they frequently encounter barriers when accessing public services, often resulting in neglect and lack of empowerment. Yet, persons with disabilities are an integral part of society and are entitled to equal positions and roles, including access to education, a decent standard of living, and the ability to create and contribute (Andayani & Afandi, 2019; Baturangka, Kaawoan, & Singkoh, 2019). In reality, however, people with disabilities still encounter various welfare-related challenges. These challenges are particularly concerning in rural areas, where discriminatory stigma prevails and where many persons with disabilities live below the poverty line (Susilawati, 2016; Siregar & Purbantara, 2020).

The fulfillment of the needs of persons with disabilities is a right protected by law. The Government of Indonesia guarantees the right of persons with disabilities to receive equal opportunities and access to develop their potential across various sectors of society and national life, as stipulated in Law No. 8 of 2016. Furthermore, Law No. 19 of 2011 concerning the ratification of the Convention on the Rights of Persons with Disabilities ensures accessibility for individuals with physical, mental, intellectual, or sensory impairments. This legal framework plays a vital role in promoting the independence and participation of persons with disabilities in all aspects of life and supports the vision of inclusive village development.

The legal foundation for the program discussed in this study is derived from several key regulations, including Article 18, Paragraph (6) of the 1945 Constitution of the Republic of Indonesia, Presidential Decree No. 43 of 1999 concerning the Coordinating and Supervisory Agency for the Enhancement of the Social Welfare of Persons with Disabilities, and Wajo Regency Regional Regulation No. 13 of 2016 on the Protection and Fulfillment of the Rights of Persons with Disabilities.

In the era of globalization, human resources (HR) have become a key factor in achieving development success. Persons with disabilities should also be recognized as valuable human resources, particularly in the service sector (Waruwu, Ketut, & Adhi, 2019). Empowerment efforts for community groups must be tailored to their specific characteristics, types of enterprises, and economic activities (Widi & Handayani, 2014).

Empowerment strategies may include the provision of knowledge-sharing platforms, skills training, and motivation to remain economically active. The goal of such empowerment is to strengthen individuals either through their own capacity or with the support of capable actors who can offer assistance. These efforts may be undertaken by local governments or the private sector in collaboration to empower people with disabilities (Didin Putra Pradana, 2019).

Wajo Regency spans an area of 2,506.19 km², accounting for 4.01% of the total area of South Sulawesi Province. The region comprises 14 subdistricts, with Keera Subdistrict being the largest, covering 368.36 km². According to data from Keera Subdistrict, Keera Village is home to 1,435 residents and has the second-highest population growth rate in the area, recorded at 0.28%.

In 2019, the total number of persons with disabilities in Wajo Regency was recorded at 1,690 individuals, comprising those with physical, mental, sensory, and intellectual impairments. In Keera Subdistrict, there were 53 persons with disabilities, with 20 of them residing in Keera Village. Three individuals have since passed away due to illness, leaving 17 persons with disabilities currently living in the village. Among them, 8 have sensory disabilities, 6 have physical disabilities, and 5 have mental disabilities. This group includes 8 males and 9 females. Given the relatively high number of persons with disabilities in Wajo Regency, collaborative governance efforts are crucial in addressing the challenges faced by this vulnerable population.

According to Adrian Devine et al. (2011: 35), collaboration is a vital component in managing collaborative governance. It involves decision-making processes that unite various relevant stakeholders. Persons with disabilities are often underestimated by society, which results in difficulties accessing employment and proper healthcare due to the perception that they are unproductive. Field observations reveal many cases where persons with disabilities receive little to no attention from the community or even their own families. Some do not receive adequate care and are neglected or highly dependent on others. In extreme cases, individuals with mental disabilities have been shackled or chained by their own family members. These conditions significantly impact their independence, self-confidence, and psychological well-being.

In response to this issue, an initiative was launched in 2019 under the name *MASKER PELITA*, as part of an innovative public service program initiated by the Wajo Regency Government. *MASKER PELITA* stands for *Masyarakat Keera Peduli Disabilitas* (Keera Community Cares for Persons with Disabilities). This program was initiated by Keera Community Health Center (Puskesmas Keera) as a strategic effort to address the problems faced by persons with disabilities in Keera Village.

This innovation has proven effective in improving disability management outcomes, with treatment coverage increasing from 5% (1 person) to 100% (20 persons), and levels of independence rising from 0% in 2018 to 74% in 2022. Empowerment among persons with disabilities has also shown significant improvement from 0% in 2018 to 71.4% in 2022. Of the five individuals with severe mental disabilities who were previously neglected, three have become self-sufficient and are now working as a farmer, a seaweed laborer, and a carpenter. Three out of four persons with physical disabilities can now carry out daily activities independently, with two working as farmers. Among the eight individuals with sensory disabilities, six are now self-reliant and employed as technicians at PLN (the national electricity company) or as tailors.

Productive-age persons with disabilities have started generating income through independent ventures, earning between IDR 200,000 and IDR 1,000,000 to meet their daily needs. In addition, school-aged children with disabilities now have access to education at a Special Needs School (SLB). Collaboration with the village government has also been implemented to provide skill training programs tailored to the abilities of persons with disabilities, facilitate their involvement in village business units through the provision of capital support, and offer incentives to local cadres through the allocation of Village Fund Allocations (ADD). In addition, cooperation with the Department of Social Affairs has been established to provide assistive devices, organize training programs, and activate health insurance participation through the locally funded Beneficiary Contribution (PBI) scheme.

Partnerships have also been developed with Special Needs Schools (Sekolah Luar Biasa/SLB) to ensure adequate access to education for persons with disabilities. These efforts are supported by formal agreements through Memorandums of Understanding (MoUs) between relevant sectors. However, the implementation of the *MASKER PELITA* Program, initiated by the Keera Community Health Center, still faces several challenges. The first challenge lies in the limited scope of collaboration between the Wajo Regency Government and other stakeholders, which currently exists only at the MoU level, without further progress into binding cooperation agreements. This has resulted in unclear division of responsibilities, leading some stakeholders to perceive the *MASKER PELITA* program as less important and not fully engage in its implementation.

Furthermore, the Keera Subdistrict Government, despite being one of the involved parties, has yet to take an active role in organizing empowerment activities for persons with disabilities or in promoting the *MASKER PELITA* initiative. This study on collaborative governance in the context of an inclusive village pilot program seeks to examine the collaboration process and identify factors that hinder the implementation of the *MASKER PELITA* Program in Keera Village. Therefore, this research aims to understand and analyze how collaborative governance is practiced in the implementation of the *MASKER PELITA* Program in Keera Village, Keera Subdistrict, Wajo Regency.

Literrature review

The government does not solely rely on its internal capacity to implement policies or run programs. Due to limitations in capability, resources, and supporting networks, the government encourages collaboration among various parties including intergovernmental agencies, the private sector, and civil society to realize effective collaboration as a means to achieve policy or program goals (Febrian, 2016).

Philosophically, collaboration refers to efforts undertaken jointly by multiple parties to achieve shared goals. As Harley and Bisman explain, collaboration is a process of uniting various actors in pursuit of common objectives. Collaboration involves both individual and organizational actors working together to accomplish tasks that lead to the achievement of shared goals. Furthermore, several scholars argue that collaboration functions as a tool to overcome organizational and resource limitations (Widyaningsih, 2021).

Schrage, as cited in Aggranoff and McGuire, defines collaborative governance as a relationship designed to address problems by generating solutions, even under constrained conditions such as limited information, time, and space. This view aligns with Grey's argument in Fendt, which emphasizes that collaboration involves the conscious participation of diverse stakeholders who may have different understandings of a problem, yet work together to find solutions through mutual understanding (Arrozar, 2016).

Raharja (2015) elaborates that collaboration is essentially a form of cooperation between organizations to achieve shared goals that are difficult to accomplish individually. This definition highlights the necessity of engaging in partnerships when limitations prevent organizations from achieving desired outcomes independently.

In public administration, collaborative governance is essential to the realization of good governance. Fendt outlines several reasons why collaboration is necessary:

1. Organizations are often unable to complete tasks without external assistance.
2. Collaborative processes generate greater benefits for the participating organizations.
3. Collaboration can reduce production costs, thus enhancing the market competitiveness of public products or services (Dwimawanti, 2020).

Referring to these explanations, collaborative governance emerges as a vital strategy in public administration. Governments, constrained by time and other resources, must collaborate with external actors to address complex issues effectively. Collaborative governance offers a new model of public management wherein policymakers gather to reach consensus. It serves as a governance arrangement in which public institutions directly engage non-governmental actors in formal, consensus-oriented, collective decision-making processes to implement public policies and deliver programs effectively (Ayuni, 2019).

Research methodology

The research method used in this study is qualitative descriptive. According to Whitney (1960), this method aims to discover facts and provide accurate interpretations. Qualitative descriptive research is characterized by the presentation of data in the form of words and images rather than numbers, which distinguishes it from quantitative research. This method presents data as it is found in the field, without manipulation or specific treatment.

The purpose of this research is to provide a comprehensive depiction of a particular event or to clearly reveal a phenomenon through the description of various variables related to the problem being studied. Additionally, the objective is to interpret data related to the situations, attitudes, and perspectives that develop within the community.

This study presents two types of data: primary and secondary data.

1. Primary data: This refers to data obtained through interviews with key informants who provided information related to their knowledge of issues surrounding Collaborative Governance in the *Masyarakat Keera Peduli Disabilitas* (MASKER PELITA) program in Keera Village, Keera Subdistrict, Wajo Regency.

2. Secondary data: This consists of data derived from document reviews and the analysis of relevant reports related to Collaborative Governance.

Informant Selection Technique

This study employed a purposive sampling method, also referred to as judgment sampling (Etikan et al., 2015), to select informants. The researchers relied on qualitative reasoning, ensuring that selected individuals possessed deep insight into the topic under investigation. The selection process began with

the formulation of criteria aligned with the researcher's capacity to gather relevant and meaningful data (Merriam, 2002). Informants were chosen based on their level of involvement, willingness to participate, and openness in sharing information. Broadly, the informants included all individuals engaged in the MASKER PELITA program in Keera District, Wajo Regency.

Data Collection Method

Data was gathered through semi-structured interviews featuring open-ended questions. This method was deemed suitable as it allowed informants to freely express their personal views without feeling pressured. The flexible nature of semi-structured interviews also enabled researchers to explore responses in depth, promoting a relaxed interview environment (Adams, 2015).

Data Analysis Method

Data analysis followed the model proposed by Miles and Huberman (1994), which includes data reduction, data display, conclusion drawing, and verification. Initially, the data were categorized based on themes outlined in the interview guide. These summarized findings were then presented through interview excerpts that reflected the core issues of the study. Finally, conclusions were drawn from field findings and were aligned with relevant theories and existing concepts.

Results

Referring to the objectives of this program, several key activities are implemented within it. The MASKER PELITA program adopts a humanistic approach to service delivery for persons with disabilities. Each individual with a disability is accompanied by one community health cadre and one healthcare worker. Additionally, a visit card is issued and affixed to the homes of persons with disabilities, using color codes to indicate different types of disabilities.

The program also incorporates family education and public health counseling conducted during activities at the *Posbindu* (Integrated Service Post). Furthermore, the program includes the *Kelas Pelita* (Pelita Class), which comprises regular sessions of counseling, training, and mentoring. Participants in these activities include persons with disabilities and community cadres, and the sessions are attended by various stakeholders such as community health center doctors, representatives from the Social Affairs Office, members of the Family Welfare Empowerment (PKK), religious leaders, and others.

Table 4.5. Pelita Class Activities under the MASKER PELITA Program

No	Type of Activity	Date	Location	Participants
1	Training	05/12/2019	Keera Village Office	Persons with Disabilities, Cadres, Community, Health Workers, Local Government
2	Health Counseling	25/03/2020	A Resident's Home	Persons with Disabilities, Cadres, Community, Health Workers
3	Mentoring	25/06/2021	A Resident's Home	Specialist Doctors, Persons with Disabilities, Health Workers, Cadres
4	Health Counseling	25/09/2021	Keera Health Center	Persons with Disabilities, Cadres, Community, Health Workers
5	Training	25/12/2022	Keera Health Center	Persons with Disabilities, Cadres, Community, Health Workers
6	Health Counseling	25/03/2022	Keera Village Office	Persons with Disabilities, Cadres, Community, Health Workers, Local Government
7	Mentoring	25/06/2023	Keera Health Center	Specialist Doctors, Persons with Disabilities, Health Workers, Cadres

8	Training	25/09/2023	Keera Village Office	Persons with Disabilities, Cadres, Community, Health Workers, Local Government

The MASKER PELITA program involves cross-sectoral collaboration aimed at empowering persons with disabilities. The key partners include the Wajo District Health Office, the Social Affairs, Population Control, Family Planning, Women's Empowerment and Child Protection Office (P2KBP3A), the Keera Subdistrict Government, and Keera Community Health Center.

Although the government holds significant authority in policy-making, the primary goal of collaborative governance is to achieve consensus among stakeholders. This study applies the collaborative governance framework by Ansell and Gash (2007:550), which includes the following components:

1. Starting Conditions

To assess the resource conditions within the MASKER PELITA program, the researcher conducted in-depth interviews with stakeholders involved in the initiative.

Based on an in-depth interview with Mr. Warmansyah, S.Sos., M.Si., the Secretary of the Social Affairs, Population Control, Family Planning, Women's Empowerment and Child Protection Office (Dinsos P2KBP3A), the following insights regarding resource imbalances were obtained:

"Speaking about the imbalance of resources in the MASKER PELITA program, when referring to human resources, support has been provided, such as assigning one health worker to each person with a disability. However, there are still limitations in the effectiveness of this assistance. For instance, some health workers lack sufficient knowledge—such as sign language proficiency for individuals with speech impairments. Currently, there is no personnel who can efficiently interpret for them." *(Warmansyah, S.Sos., Interview, 12 August 2024)*

Further, an interview with Ms. Besse Ira, S.Kep., Ns., a healthcare staff member involved in the program, yielded the following:

"In terms of resources, they are in place. Health workers are actively involved in providing support. In fact, priority is given to selecting companions from the family members of persons with disabilities, as they are the ones who interact daily with them. Moreover, the one-on-one pairing of each health worker with one individual with a disability is implemented.
From my perspective, this is appropriate and aligns with our objectives. The healthcare workers involved are selected based on their areas of expertise—nurses, midwives, etc.—and they are capable of addressing diverse needs."
(Besse Ira, S.Kep., Ns., Interview, 09 August 2024)

An interview with Marlina, a community cadre and family member of a person with a disability, emphasized the following regarding human resources:

"Yes, many people come to visit and help Adel."
(Marlina, Interview, 14 August 2024)

Moreover, the Head of Keera Village, Mr. Syamsuridha, S.Sos., was interviewed regarding the available resources in the MASKER PELITA program. His response is as follows:

"In my view, the human resources for this program are already provided by the village. We collaborate with health workers and the families of persons with disabilities, who serve as companions. So, from the perspective of human resources, the needs are met. However, some individuals with disabilities still face knowledge gaps. Therefore, the village government has undertaken empowerment and mentoring efforts. We provide education to persons with disabilities and guide them toward independence so they can work and become productive.Additionally, we supervise the performance of community cadres to ensure their efforts are maximized." *(Syamsuridha, S.Sos., Interview, 09 August 2024)*

The MASKER PELITA (Masyarakat Keera Peduli Disabilitas) program in Keera Subdistrict, Wajo Regency, represents an implementation of collaborative governance aimed at empowering persons with disabilities. This initiative involves cooperation among the local government, healthcare workers, community cadres, and the broader local community. It was developed as a response to existing resource imbalances, particularly regarding the limitations of human resources and the level of knowledge required to provide adequate support for persons with disabilities.

2. Facilitative Leadership

Facilitative leadership within the framework of collaborative governance emphasizes the direct involvement of stakeholders in collaborative actions. To determine whether the *Masyarakat Keera Peduli Disabilitas* (MASKER PELITA) program has successfully promoted stakeholder participation, the researcher conducted interviews with several key informants.

An interview with **Mr. Warmansyah, S.Sos., M.Si**, Secretary of the Department of Social Affairs, Population Control, Family Planning, Women's Empowerment, and Child Protection (Dinsos P2KBP3A), revealed the following:

"Regarding the MASKER PELITA program, each party has promoted participation by organizing activities involving families or the local community. Alongside these activities, we also include guidance, training, and education for them." *(Warmansyah, S.Sos., Interview, 12 August 2024)*

An in-depth interview with Ms. Hj. Harjuna, S.Ag, the principal of the Mirah Foundation Special School (SLB), further supported the presence of active stakeholder promotion:

"As representatives of the foundation, we consistently mention the MASKER PELITA program during meetings, especially those related to disability. In addition, we participate in and help facilitate educational needs for school-aged individuals with disabilities." *(Hj. Harjuna, S.Ag., Interview, 13 August 2024)*

Additional insights were gathered from Mr. Ruslan, S.Kep., Ns., M.Kes, Head of the Keera Health Center:

"In implementing this program, as the initiators of the innovation, we developed standard operating procedures (SOPs) to guide cadres and health workers in serving persons with disabilities. We also conduct regular health education sessions in villages and continually promote active participation in the MASKER PELITA program during all ongoing activities." *(Ruslan, S.Kep., Ns., Interview, 08 August 2024)*

From the healthcare perspective, Ms. Besse Ira, S.Kep., Ns also expressed her views:

"In my opinion, the involvement from the upper-level parties has been fulfilled. They participate and engage actively in the program."
(Besse Ira, S.Kep., Ns., Interview, 09 August 2024)

Meanwhile**,** Mr. Andi Sumange Alam, S.KM., M.Kes, Head of the Disease Prevention and Control Division at the Wajo District Health Office, added:

"We issued a circular letter through the Regional Secretary and disseminated it to all community health centers (Puskesmas). Furthermore, we convened all health center heads and program managers to allow the program initiator to present the innovation to them. This effort aims to foster interest in adopting MASKER PELITA across centers and prevent potential conflict."
(Andi Sumange Alam, M.Kes., Interview, 12 August 2024)

Based on these interviews with stakeholders actively engaged in the MASKER PELITA program, it is evident that strategies to promote broad and active participation have been implemented. These efforts reflect the program's alignment with the principles of collaborative governance, especially in promoting inclusive stakeholder involvement and shared responsibility.

3. Institutional Design

One of the core dimensions in the theory of Institutional Design within collaborative governance is the *certainty of governance*, which includes clear delineation of actors involved, formalized roles, and regulatory frameworks that support the operationalization of collaboration. To assess the degree of governance clarity in the *Masyarakat Keera Peduli Disabilitas* (MASKER PELITA) program, a series of in-depth interviews were conducted with key stakeholders.

An interview with Mr. Warmansyah, S.Sos., M.Si**,** Secretary of the Department of Social Affairs, Population Control, Family Planning, Women's Empowerment, and Child Protection (Dinsos P2KBP3A), highlighted the following:

"To ensure clarity regarding the structure and members within the MASKER PELITA governance system, the government has employed several approaches, including the creation of formal documentation, the organization of socialization events, and the implementation of a reporting system that requires members to regularly share updates."
(Warmansyah, S.Sos., Interview, 12 August 2024)

Similarly, Mr. Andi Sumange Alam, S.KM., M.Kes, Head of the Disease Prevention and Control Division of the Wajo District Health Office, emphasized the importance of early stakeholder involvement:

"Governance clarity in the MASKER PELITA program was established from the outset through meetings that defined the roles and responsibilities of each stakeholder. All parties were involved in decision-making processes, ensuring that collaboration could proceed effectively."
(Andi Sumange Alam, M.Kes., Interview, 12 August 2024)

In line with this, Mr. Anhar, S.Sos., M.Si**,** Head of Keera Sub-District, further elaborated on the parameters used to assess governance certainty:

"Governance certainty here is measured through the accessibility of documents, clarity of information, transparency of processes, and the existence of a regulatory framework."
(Anhar, S.Sos., M.Si., Interview, 09 August 2024)

From a healthcare governance perspective, Mr. Ruslan, S.Kep., Ns., M.Kes**,** Head of Keera Health Center, explained:

"Each individual involved in the program's governance has defined roles and responsibilities, formalized through official decrees (SK) and documented duties. These are further detailed in the Standard Operating Procedures (SOPs), which outline the roles of institutions such as the Social Affairs Office in the Memorandum of Understanding (MoU)."
(Ruslan, S.Kep., Ns., M.Kes., Interview, 08 August 2024)

Based on these interviews, it is evident that stakeholders have implemented structured and transparent measures to ensure governance certainty in the MASKER PELITA program. The presence of formal documentation, clearly defined roles, participatory decision-making, and supportive regulatory instruments signifies adherence to the institutional design principles of collaborative governance. These efforts contribute to reducing ambiguity, enhancing accountability, and fostering a stable collaborative environment for the empowerment of persons with disabilities.

4. Collaborative Process

In collaborative governance theory, face-to-face dialogue is considered a foundational process that facilitates mutual understanding, trust-building, and consensus formation among stakeholders. It acts as a forum through which shared goals are articulated and joint strategies are negotiated. To investigate how this process is manifested within the *Masyarakat Keera Peduli Disabilitas* (MASKER PELITA) program in Keera Subdistrict, Wajo Regency, a series of interviews were conducted with key informants involved in program implementation.

Mr. Warmansyah, S.Sos., M.Si, Secretary of the Department of Social Affairs, Population Control, Family Planning, Women's Empowerment, and Child Protection (Dinsos P2KBP3A), emphasized the continuity and importance of face-to-face engagement:

"Face-to-face dialogue has indeed been conducted since the beginning of the program. Alhamdulillah, it remains consistent. We even conduct direct visits to health centers to coordinate issues or discuss upcoming innovations."
(Warmansyah, S.Sos., Interview, 12 August 2024)

Meanwhile, Mr. Andi Sumange Alam, S.KM., M.Kes, Head of the Division for Disease Prevention and Control, Wajo District Health Office, described both formal and informal practices of dialogic engagement:

"Face-to-face meetings are essential to the success of collaboration. We usually hold coordination meetings, both formal and informal. Informally, we often meet at local coffee shops, creating a relaxed atmosphere for discussion."
(Andi Sumange Alam, M.Kes., Interview, 12 August 2024)

From a primary care perspective, Mr. Ruslan, S.Kep., Ns., M.Kes**,** Head of Keera Health Center, emphasized that these interactions are directly linked to field-based operational guidance:

"Face-to-face dialogue is a routine part of our operations. It typically involves giving direct instructions to healthcare workers in the field to align their practices with the program's vision and mission, ensuring proper service delivery to the community."
(Ruslan, S.Kep., Ns., M.Kes., Interview, 08 August 2024)

These testimonies underscore the essential role of continuous and structured interpersonal communication in facilitating collaboration. Dialogue is not limited to formal bureaucratic meetings

but also extends into informal, everyday interactions that foster a culture of open exchange. In accordance with the theoretical framework of collaborative governance, such dialogic engagement serves as a critical platform where stakeholder alignment, joint problem-solving, and adaptive learning take place.

Thus, based on the evidence gathered through interviews, it can be concluded that face-to-face dialogue within the MASKER PELITA program functions as a key collaborative mechanism**.** It enhances coordination, enables real-time responsiveness, and cultivates relational trust—factors that are instrumental in ensuring the program's effectiveness and sustainability.

Discussion

The preliminary outcomes of collaborative governance within the *Masker Pelita* Program in Keera District, Wajo Regency, indicate that the collaboration among multiple stakeholders primarily aims to improve public service delivery. Additionally, each stakeholder involved in the collaboration possesses their own specific objectives aligned with the overarching goals of the program.

According to Ansell and Gash (2008), preliminary outcomes can be conceptualized as *intermediate outcomes*, which include small wins, strategic planning, and joint fact-finding. Small wins refer to initial minor achievements that serve as milestones toward larger, long-term goals. In the context of the *Masker Pelita* Program, these small wins represent interim objectives achieved through collaborative efforts before reaching the program's ultimate goal—delivering effective services to persons with disabilities.

The collaborative process within the *Masker Pelita* Program has led to several notable small wins, such as an increase in the number of persons with disabilities who have engaged with the program, as well as improvements in infrastructure and service delivery—despite remaining challenges. These outcomes suggest measurable benefits, including a reduction in unemployment among persons with disabilities.

Specifically, the program has achieved the following:

- Disability Case Handling: The number of persons with disabilities receiving services increased from 5% (1 individual) to 100% (17 individuals).
- Independence Rate: The independence rate among participants rose from 0% to 71.4% in 2022.
- Social and Economic Empowerment:
  - Among five individuals with mental disorders (ODGJ) who were previously neglected, three are now self-employed as farmers, carpenters, or seaweed workers.
  - Of six individuals with physical disabilities, five have gained independence, with two working as farmers.
  - Among eight individuals with sensory disabilities, six have achieved self-reliance, working in occupations such as electrical technicians (PLN) and tailoring.
- Economic Productivity: Productive-age participants now earn independently between IDR 200,000 and IDR 1,000,000, supporting their livelihoods.
- Educational Access: School-age participants with disabilities have been enrolled in special education institutions (SLB).

These findings demonstrate that since the implementation of the *Masker Pelita* Program, many individuals with disabilities in Keera have gained the capacity to perform daily activities independently and engage in productive work.

In conclusion, the preliminary outcomes of collaboration in the *Masker Pelita* Program suggest that the initiative is yielding positive results. If sustained and continuously improved, the program holds significant potential to achieve its long-term goals of inclusive and effective service delivery for people with disabilities.

Conclusion

Based on the research findings and analysis conducted by the author, the implementation of collaborative governance within the *Keera Community Disability Care Program* (*Masker Pelita*) in Keera Village, Keera District, Wajo Regency can be considered quite successful.

This is evidenced by the significant preliminary outcomes achieved through the collaborative governance approach in the *Masker Pelita* program. The results demonstrate considerable progress,

marked by a growing number of persons with disabilities in the community who have shown interest in the program. This increasing participation has contributed to improvements in infrastructure and facilities, as well as a noticeable reduction in unemployment rates among persons with disabilities. These findings indicate that the collaborative governance process has been effectively implemented and aligns well with the theoretical framework and practical conditions observed in the field.

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