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Research Article

Strengthening Inter-Agency Collaboration Through an Integrated Implementation Model in the Social Rehabilitation Program for People with Physical Disabilities at UPT Bina Daksa Pasuruan

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Abstract: This research examines the strengthening of inter-agency collaboration through an integrated implementation model in the social rehabilitation program for people with physical disabilities at UPT Bina Daksa Pasuruan, East Java, Indonesia. The social rehabilitation program for persons with disabilities faces significant challenges in coordination, resource allocation, and service integration among multiple stakeholders, including government agencies, non-governmental organisations, and community groups. This study employs a qualitative case study design, using in-depth interviews, focus group discussions, and document analysis to collect data from program implementers, beneficiaries, and related stakeholders. The findings reveal that effective inter-agency collaboration requires five key elements: shared vision and goals, clear communication channels, adequate mechanisms for resource sharing, strong leadership commitment, and continuous monitoring and evaluation systems. The integrated implementation model developed in this study emphasises horizontal and vertical coordination, participatory planning, capacity building initiatives, and community empowerment strategies. The results demonstrate that strengthening inter-agency collaboration through this integrated model significantly improves program effectiveness, service quality, and beneficiary satisfaction. This research contributes to the theoretical understanding of collaborative governance in disability services and provides practical recommendations for policymakers and practitioners in developing countries.

Keywords: Collaborative Governance; Integrated Implementation Model; Inter-Agency Collaboration; Physical Disabilities; Social Rehabilitation.

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1. Introduction

The social rehabilitation of persons with physical disabilities represents a critical challenge in contemporary public administration, particularly in developing countries where resources are limited, and coordination among multiple agencies remains fragmented. According to the World Health Organisation (2011), approximately 15% of the world's population lives with some form of disability, with higher prevalence rates in developing countries due to inadequate healthcare, occupational hazards, and limited access to rehabilitation services. In Indonesia, the National Socioeconomic Survey (2020) indicates that there are approximately 22.5 million persons with disabilities, representing about 8.56% of the

total population, with physical disabilities accounting for a significant proportion of this demographic.

The Indonesian government has demonstrated commitment to disability rights through the ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2011 and the enactment of Law No. 8/2016 on Persons with Disabilities, which mandates comprehensive social rehabilitation services (Maftuhin, 2016). Despite these legislative frameworks, implementation challenges persist, particularly in achieving effective inter-agency collaboration necessary for delivering integrated rehabilitation services. The fragmentation of services across multiple governmental and non-governmental entities creates gaps in service delivery, inefficient resource utilisation, and suboptimal outcomes for beneficiaries (Irwanto et al., 2010).

UPT Bina Daksa Pasuruan, as a technical implementation unit under the East Java Provincial Social Services Agency, is a crucial institution that provides social rehabilitation services for persons with physical disabilities. Established to deliver comprehensive rehabilitation programs, including physical therapy, vocational training, psychosocial support, and community reintegration services, the unit faces persistent challenges coordinating with various stakeholders, such as health departments, education offices, labour agencies, and community organisations. These coordination difficulties result in service duplication, communication breakdowns, and inefficient resource allocation, ultimately affecting program effectiveness and beneficiary outcomes (Tarsidi, 2011).

Previous studies have highlighted the importance of collaborative governance in public service delivery, particularly in complex policy domains requiring multi-stakeholder engagement (Ansell & Gash, 2008; Emerson et al., 2012). In the context of disability services, scholars emphasise that effective inter-agency collaboration enhances service integration, improves resource efficiency, and produces better outcomes for persons with disabilities (Bigby & Frawley, 2010; Carnaby, 2002). However, research specifically examining integrated implementation models for strengthening inter-agency collaboration in Indonesian disability rehabilitation programs remains limited, creating a knowledge gap that this study seeks to address.

The theoretical framework of this research draws upon collaborative governance theory (Ansell & Gash, 2008), network governance approaches (Provan & Kenis, 2008), and integrated service delivery models (Kodner & Spreeuwenberg, 2002). Collaborative governance provides insights into the processes, structures, and conditions facilitating effective collaboration among multiple autonomous stakeholders. Network governance theory offers an understanding of organisational arrangements and coordination mechanisms in inter-organisational relationships. Integrated service delivery models inform the design of comprehensive, person-centred approaches that coordinate multiple services across organisational boundaries.

This research addresses three primary objectives: first, to analyse the current state of inter-agency collaboration in the social rehabilitation program at UPT Bina Daksa Pasuruan; second, to develop an integrated implementation model that strengthens inter-agency cooperation; and third, to evaluate the effectiveness of the proposed model in improving program outcomes. The study employs a qualitative methodology with a case study design, utilising multiple data collection methods, including in-depth interviews, focus group

discussions, participant observation, and document analysis. This methodological approach enables a comprehensive understanding of collaboration dynamics, implementation challenges, and success factors from multiple stakeholder perspectives.

The significance of this research lies in its contribution to both theoretical development and practical application in public administration and disability policy. Theoretically, it extends collaborative governance literature by examining how integrated implementation models can strengthen inter-agency collaboration in resource-constrained settings characteristic of developing countries. Practically, it provides actionable recommendations for policymakers, program managers, and practitioners seeking to improve coordination and service integration in disability rehabilitation programs. The findings have broader implications for collaborative governance in other social service sectors requiring multi-stakeholder engagement and integrated service delivery.

2. Literature Review

Collaborative Governance in Public Administration

Collaborative governance has emerged as a dominant paradigm in contemporary public administration, representing a departure from traditional hierarchical governance models toward more inclusive, participatory approaches involving multiple stakeholders (Ansell & Gash, 2008; Emerson et al., 2012). Ansell and Gash (2008) define collaborative governance as "a governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented, and deliberative, and that aims to make or implement public policy or manage public programs or assets." The collaborative governance framework developed by Ansell and Gash (2008) identifies four critical variables influencing collaborative success: starting conditions, institutional design, facilitative leadership, and collaborative process. Starting conditions include power-resource-knowledge asymmetries among stakeholders, incentives for participation, and the prehistory of cooperation or conflict, while institutional design encompasses the basic protocol and ground rules, transparency in the process, and the exclusiveness versus inclusiveness of participation.

Emerson et al. (2012) expanded this framework through their integrative framework for collaborative governance, emphasising the nested nature of collaboration within broader system contexts. Their framework identifies three dimensions of collaborative dynamics: principled engagement, shared motivation, and capacity for joint action. Principled engagement involves discovery, definition, deliberation, and determination processes, while shared motivation encompasses mutual trust, mutual understanding, internal legitimacy, and shared commitment (Emerson et al., 2012). These dimensions interact dynamically and are influenced by system context factors, including resource conditions, policy and legal frameworks, prior failure to address issues, political dynamics and power relations, network connectedness, and socio-economic and cultural conditions (Emerson et al., 2012).

Network Governance and Inter-Organisational Collaboration

Network governance theory provides complementary insights into inter-organisational collaboration by examining how networks of organisations coordinate their activities to achieve collective goals (Provan & Kenis, 2008; Klijn & Koppenjan, 2016). Provan and Kenis (2008) identify three basic forms of network governance: shared governance (participant-governed networks), lead-organisation governance, and network-administrative organisation governance. In shared governance networks, coordination occurs through member-to-member interactions without a separate governance entity, working well in networks with few participants, high trust density, and strong goal consensus. Lead organisation governance involves a single highly centralised and formalised organisational entity coordinating network activities, which is efficient when one organisation has the legitimacy, resources, and expertise to lead. In contrast, network administrative organisation governance employs a separate administrative entity specifically created to govern and coordinate network activities, suitable for complex networks with many participants requiring specialised network management capabilities (Provan & Kenis, 2008).

Klijn and Koppenjan (2016) emphasise the importance of network management strategies in facilitating effective collaboration within network governance arrangements. They identify four key management strategies essential for successful network coordination: activation strategies to bring actors together and engage them in the network; framing strategies to create shared problem definitions and goals; mobilisation strategies to secure commitment and resources; and arranging strategies to establish and maintain institutional arrangements that facilitate collaboration. These strategies must be adapted to network characteristics and the specific policy context in which collaboration occurs (Klijn & Koppenjan, 2016). The integration of these management strategies enables networks to overcome coordination challenges and achieve collective outcomes effectively.

Integrated Service Delivery in Disability Rehabilitation

Integrated service delivery is a fundamental principle in contemporary disability rehabilitation, recognising that persons with disabilities require coordinated services across multiple domains, including health, education, employment, and social participation (Kodner & Spreeuwenberg, 2002; Gröne & Garcia-Barbero, 2001). The World Health Organisation (2001) defines integrated care as "a concept bringing together inputs, delivery, management and organisation of services related to diagnosis, treatment, care, rehabilitation and health promotion." Kodner and Spreeuwenberg (2002) propose that integrated care requires attention to five key dimensions: funding arrangements (pooled or coordinated budgets), administrative arrangements (joint planning and commissioning), organizational arrangements (single entry point, case management), service delivery arrangements (multidisciplinary teams, shared care protocols), and clinical arrangements (care pathways, shared clinical records). Achieving integration across these dimensions requires overcoming significant barriers, including professional boundaries, organisational cultures, information system incompatibilities, and conflicting financial incentives (Kodner & Spreeuwenberg, 2002).

In the disability rehabilitation context, several studies demonstrate the benefits of integrated service delivery for persons with disabilities. Fisher et al. (2007) found that integrated community-based rehabilitation programs produced better functional outcomes and greater satisfaction among persons with disabilities than fragmented services. Simplican

et al. (2015) emphasised that integrated approaches facilitate community inclusion by coordinating supports across life domains. However, implementing integrated service delivery faces persistent challenges in developing countries, including limited resources, weak coordination mechanisms, and insufficient capacity for interprofessional collaboration (Hartley et al., 2009; MacLachlan et al., 2012).

Disability Policy and Rehabilitation Services in Indonesia

Indonesia's disability policy framework has evolved significantly over the past two decades, marked by the ratification of the UNCRPD in 2011 and the enactment of Law No. 8/2016 on Persons with Disabilities, which replaced the previous Law No. 4/1997, shifting from a charity-based approach to a rights-based approach emphasizing dignity, autonomy, and full participation of persons with disabilities (Maftuhin, 2016; Rohwerder, 2018). Despite progressive legal frameworks, implementation challenges persist across Indonesia, including limited awareness of disability rights, inadequate budget allocations, insufficient numbers of trained personnel, poor physical accessibility, and weak coordination among government agencies (Irwanto et al., 2010). Tarsidi (2011) emphasised that rehabilitation services remain concentrated in urban areas, with rural populations having limited access to quality services. The fragmentation of services across multiple ministries and agencies, including the Ministry of Social Affairs, the Ministry of Health, the Ministry of Manpower, and the Ministry of Education, creates coordination difficulties with limited integration among separate programs.

At the provincial level, East Java has demonstrated leadership in disability service provision by establishing multiple rehabilitation centres, including UPT Bina Daksa Pasuruan. However, research by Suharto (2009) and Raharjo (2013) indicates that even in provinces with relatively strong institutional capacity, inter-agency collaboration remains weak, with service duplication, communication gaps, and resource inefficiencies being common. Beneficiaries often navigate complex bureaucratic structures independently, without coordinated case management or integrated service planning. These implementation challenges highlight the gap between progressive policy frameworks and actual service delivery for persons with disabilities in Indonesia.

Research Gap and Conceptual Framework

While existing literature provides valuable insights into collaborative governance, network management, and integrated service delivery, significant gaps remain in understanding how these concepts can be operationalised in resource-constrained settings characteristic of developing countries. Most collaborative governance research focuses on developed country contexts with established institutional capacities and adequate resources. Limited research examines the specific challenges and success factors for strengthening inter-agency collaboration in disability rehabilitation programs in developing countries like Indonesia.

This research addresses this gap by developing and evaluating an integrated implementation model specifically designed for the Indonesian context. The conceptual framework integrates collaborative governance theory, network governance approaches, and integrated service delivery principles, adapted to the specific institutional, cultural, and resource context of East Java. The model emphasises practical mechanisms for strengthening

collaboration, including shared planning processes, coordinated service-delivery protocols, joint resource mobilisation, capacity-building initiatives, and continuous monitoring and evaluation systems.

3. Method

This research employs a qualitative approach with a case study design to examine inter-agency collaboration in the social rehabilitation program at UPT Bina Daksa Pasuruan, as case study methodology is appropriate for investigating complex social phenomena in their real-world context, particularly when the boundaries between the phenomenon and its context are not clearly evident (Yin, 2014). The study follows an exploratory-descriptive case study design: first, exploring the current state of collaboration; second, describing the implementation of an integrated model; and finally, evaluating its effectiveness. The research was conducted from January 2023 to December 2023 at UPT Bina Daksa Pasuruan, a provincial-level technical implementation unit under the East Java Social Services Agency that provides comprehensive rehabilitation services, including physical therapy, occupational therapy, speech therapy, psychosocial counselling, vocational training, and community reintegration support for persons with physical disabilities. The unit serves approximately 200 beneficiaries annually and collaborates with multiple stakeholders, including district health offices, education offices, labour agencies, vocational training centres, community health centres, disability organisations, and local communities.

Data collection employed multiple methods to ensure triangulation and enhance validity, including in-depth interviews with 35 informants selected through purposive sampling, four focus group discussions (FGDs) with different stakeholder groups, participant observation throughout the research period, and document analysis of relevant policy documents and program reports. Data analysis followed the thematic analysis procedures outlined by Braun and Clarke (2006), involving six phases: familiarisation with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. Analysis was conducted using NVivo 12 qualitative data analysis software. Initial coding identified 127 preliminary codes related to collaboration processes, organised into 18 sub-themes and subsequently grouped into five major themes: shared vision and goals, communication and information sharing, resource coordination and sharing, leadership and governance structures, and monitoring and evaluation systems. Theme development was informed by both the theoretical framework and inductive analysis of empirical data, allowing for identification of context-specific factors not anticipated in the initial conceptual framework.

Multiple strategies were employed to enhance the trustworthiness of the findings, including triangulation across various data sources and informant perspectives, member checking to verify accuracy, peer debriefing sessions with academic colleagues, thick description of the context and processes, and an audit trail documenting research decisions and procedures. The research received ethical approval from the institutional review board of Universitas Brawijaya, and all participants provided written informed consent after receiving information about the research purposes, procedures, potential risks and benefits, and their rights to withdraw at any time. Confidentiality was maintained through the use of pseudonyms and secure data storage, with special attention to ensuring that research participation did not

interfere with rehabilitation services or impose a burden on beneficiaries. Participants with disabilities were provided with necessary accommodations to facilitate full participation in interviews and FGDs.

4. Results and Discussion

Current State of Inter-Agency Collaboration

Analysis of the current state of inter-agency collaboration at UPT Bina Daksa Pasuruan reveals a fragmented system characterised by limited coordination, communication gaps, and inefficient resource utilisation. While formal coordination mechanisms exist, including quarterly coordination meetings and memoranda of understanding with partner agencies, these structures remain largely ceremonial and do not translate into effective day-to-day collaboration. Interview data indicate that collaboration tends to be episodic and reactive rather than systematic and proactive, occurring primarily when crises emerge or when external requirements mandate coordination.

Several structural barriers impede effective collaboration. First, fragmented institutional arrangements across multiple government agencies create coordination challenges. Health services fall under district health offices, vocational training under labour agencies, education under education offices, and social services under the social affairs agency. Each agency operates with its own planning processes, budgets, and performance indicators, which limit incentives for collaboration. Second, power asymmetries exist among collaborating agencies, with some agencies possessing greater resources, authority, and influence than others. These asymmetries create tensions and limit the potential for genuinely participatory collaboration.

Third, information systems remain incompatible across agencies, preventing efficient information sharing about beneficiaries. Each agency maintains separate client records, resulting in duplication and gaps in service provision. Beneficiaries often must provide the same information to multiple agencies, creating frustration and inefficiency. Fourth, limited financial resources constrain collaboration efforts. Agencies operate with tight budgets focused on their core mandates, leaving little funding available for joint activities or collaborative initiatives. These structural barriers align with findings from other developing country contexts documented by MacLachlan et al. (2012) and Hartley et al. (2009).

The Integrated Implementation Model

Based on the analysis of existing collaboration challenges and informed by collaborative governance theory and integrated service delivery principles, this research developed an integrated implementation model designed to strengthen inter-agency collaboration, consisting of five interconnected components: shared planning and goal setting, integrated communication systems, coordinated service delivery protocols, joint resource mobilisation mechanisms, and continuous monitoring and evaluation frameworks. The first component, shared planning and goal setting, establishes mechanisms for collaborative planning involving all stakeholder agencies through biannual strategic planning workshops, bringing together representatives from all collaborating agencies to develop shared goals, identify complementary contributions, and agree on coordination mechanisms. The planning process employs participatory methods, ensuring that all stakeholders, including beneficiary

representatives, have a voice in goal setting. Shared goals create common purpose and mutual accountability, addressing the fragmentation of separate agency objectives.

The second component, integrated communication systems, establishes regular communication channels that facilitate information sharing among agencies, including monthly coordination meetings at the operational level, a shared digital platform for information exchange, designated liaison persons in each agency, and standardised referral protocols. The third component, coordinated service delivery protocols, establishes standardised procedures for joint service delivery and case management with key elements including a single entry point for beneficiaries, coordinated assessment procedures using shared instruments, development of individualised rehabilitation plans involving multiple agencies, assignment of case managers to coordinate services, and regular case conferences reviewing progress. These protocols ensure that beneficiaries receive seamless, coordinated services rather than having to navigate multiple agencies independently. The fourth component, joint resource mobilisation mechanisms, creates innovative approaches to pooling and sharing resources among agencies, including the establishment of a joint fund for collaborative activities, the sharing of facilities and equipment, joint training programs to build staff capacity, and collaborative fundraising efforts targeting external donors.

The fifth component, continuous monitoring and evaluation frameworks, establishes systematic mechanisms for assessing collaboration effectiveness and program outcomes through the development of shared indicators measuring both collaboration processes and beneficiary outcomes, quarterly review meetings analysing performance data, beneficiary satisfaction surveys, and annual collaborative evaluations involving external experts. Monitoring and evaluation provide feedback that enables continuous improvement and demonstrates the value of collaboration to participating agencies. Each component addresses specific barriers identified in the current system while building on existing strengths and resources, creating a comprehensive framework for effective inter-agency collaboration in disability rehabilitation services.

Implementation Process and Outcomes

Implementation of the integrated model occurred in three phases over nine months from April to December 2023, beginning with stakeholder engagement and commitment building (April-May 2023) that involved individual meetings with agency leadership, facilitated workshops bringing stakeholders together to discuss collaboration benefits, and development of a formal collaboration agreement signed by all participating agencies. The second phase (June-August 2023) focused on establishing operational structures and procedures, including the establishment of a joint steering committee with representatives from all agencies, the development of detailed operational protocols for communication and service coordination, the training of staff in collaborative practices, and the piloting of coordinated service delivery with a small group of beneficiaries. The third phase (September-December 2023) involved full-scale implementation and initial evaluation, with all new beneficiaries entering the program receiving services through the integrated model, monthly coordination meetings held with strong attendance, and resource sharing beginning to materialise, with agencies contributing to the joint fund and sharing facilities for joint training activities.

Preliminary evaluation results demonstrate promising outcomes across multiple dimensions, with process indicators showing significant improvement in collaboration quality: meeting attendance rates increased from 45% to 87% among invited agency representatives, information-sharing frequency increased from episodic to regular, and the digital platform recorded an average of 156 information exchanges per month. Resource sharing expanded with the joint fund accumulating contributions totalling IDR 85 million. Service delivery outcomes also improved substantially, with 94% of beneficiaries in the integrated model receiving coordinated services from at least three agencies compared to 38% in the previous system, time from initial assessment to service initiation decreasing from an average of 47 days to 18 days, and beneficiary satisfaction scores increasing from 6.2 to 8.7 on a 10-point scale. Service duplication decreased through the elimination of redundant assessments using shared assessment protocols.

Functional outcomes for beneficiaries demonstrated positive trends, with preliminary data indicating that beneficiaries in the integrated model showed greater improvement in activities of daily living, with average functional independence measure scores increasing by 24 points over six months, compared to 15 points in the previous system. Employment outcomes improved significantly, with 42% of beneficiaries obtaining employment or starting income-generating activities within 6 months, up from 28% previously. Community participation indicators also improved, with beneficiaries reporting increased engagement in community activities and stronger social relationships. However, longer-term follow-up is needed for definitive conclusions about the sustained impact of the integrated model on beneficiary outcomes.

Critical Success Factors

Analysis of implementation experience identified several critical success factors for strengthening inter-agency collaboration through the integrated model, with strong leadership commitment from agency heads proving essential. Active endorsement and resource allocation by leaders encouraged middle managers and frontline staff to follow suit, helping overcome bureaucratic resistance and institutional inertia. Facilitative coordination proved crucial, as the appointment of a dedicated coordinator within UPT Bina Daksa to organise meetings, maintain communication channels, follow up on commitments, and mediate conflicts significantly enhanced implementation success, aligning with the importance of facilitative leadership emphasised in collaborative governance literature (Ansell & Gash, 2008). Early wins and visible successes built momentum for collaboration, with tangible benefits observed during the pilot phase increasing stakeholder enthusiasm and commitment, supporting research emphasising the importance of early successes in building collaborative momentum (Bryson et al., 2006). Successful cases were documented and shared widely, demonstrating the value of integrated approaches to all participating agencies.

Capacity-building investments paid significant dividends, as joint training sessions not only built technical skills but also fostered relationships and mutual understanding among staff from different agencies, creating opportunities for informal networking and relationship-building that extended beyond formal coordination structures. This investment in staff capacity aligns with recommendations from integrated service delivery literature (Kodner & Spreeuwenberg, 2002). Flexibility and adaptation proved necessary for successful

implementation, as while the integrated model provided structure and guidance, adaptation to local context and emerging challenges was required. The research team worked collaboratively with implementing agencies to adjust protocols and procedures based on implementation experience, demonstrating an adaptive management approach that aligns with principles of adaptive governance, emphasising learning and adjustment (Folke et al., 2005).

Implementation challenges also emerged, requiring attention and problem-solving throughout the process. Differences in organisational cultures, administrative procedures, and work rhythms among agencies sometimes created friction requiring careful mediation and accommodation. Resource constraints, particularly the time availability of busy agency staff, necessitated creative scheduling and efficient meeting management. However, the commitment of participating agencies and the demonstrated benefits of collaboration enabled these challenges to be addressed constructively, allowing the integrated model to achieve meaningful improvements in collaboration quality and service delivery outcomes.

Persistent Challenges and Limitations

Despite encouraging results, several challenges and limitations remain that require continued attention and investment. Sustainability concerns persist, as the integrated model requires ongoing commitment of time and resources from participating agencies, and collaboration may weaken when competing priorities emerge or leadership changes occur. Power asymmetries among agencies continue to influence collaboration dynamics, with more resourceful and authoritative agencies tending to dominate decision-making, potentially marginalising smaller agencies and community organisations. Technical infrastructure limitations constrain the full realisation of integrated systems, as the shared digital platform faces challenges including limited internet connectivity in some locations, varying levels of digital literacy among staff, and compatibility issues with existing agency information systems.

The research timeline limited evaluation to short-term outcomes, with longer-term impacts on beneficiary outcomes, sustainability of collaborative practices, and system-level effects requiring extended follow-up. The current findings should be interpreted as preliminary evidence requiring confirmation through longitudinal research. Additionally, the case study design limits generalizability to other contexts, though the detailed description enables assessment of transferability to similar settings. Addressing these limitations requires continued investment in infrastructure and capacity building, institutionalisation of collaborative practices through formal agreements and budget allocations, and conscious efforts to ensure inclusive participation and decision-making processes that give voice to all stakeholders.

5. Conclusion

This research demonstrates that strengthening inter-agency collaboration through an integrated implementation model significantly improves the effectiveness of social rehabilitation programs for persons with physical disabilities, with the integrated model incorporating five key components of shared planning, integrated communication, coordinated service delivery, joint resource mobilisation, and continuous monitoring to address fragmentation and coordination challenges. The findings contribute to collaborative

governance theory by demonstrating how theoretical principles can be operationalised in resource-constrained developing country contexts. The research identifies critical success factors, including strong leadership commitment, facilitative coordination, early, visible successes, capacity-building investments, and adaptive implementation approaches. These factors provide practical guidance for policymakers and practitioners seeking to enhance inter-agency collaboration in disability services and other social policy domains requiring multi-stakeholder engagement.

The integrated implementation model developed through this research offers a practical framework applicable to other rehabilitation centres and social service programs in Indonesia and similar developing country contexts, with its emphasis on working within existing institutional structures while gradually building collaborative capacity, making it feasible to implement without requiring extensive institutional reforms or substantial new resources. Implementation results show significant improvements in collaboration processes, service coordination, and beneficiary outcomes across multiple dimensions. However, sustained success requires ongoing commitment from participating agencies, continued investment in capacity building, and institutionalisation of collaborative practices through formal agreements and resource allocations. The model's adaptability and demonstrated effectiveness provide a foundation for scaling integrated disability rehabilitation services across Indonesia.

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