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Learning where children live: community-based literacy hubs and educational recovery in underserved Indonesian villages

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ABSTRACT

Background: Tapak Gedung Village faced limited documented access to sustained supplementary literacy services, while Tebat Karai District contained 15,163 residents across 14 villages and urban wards, making neighborhood-based provision socially relevant. **Objective:** This community engagement program aimed to strengthen reading practice, engagement, and local learning governance among 60 children aged 7–12 years. **Method:** A participatory planning–implementation–monitoring-evaluation design combined baseline and endline literacy tests, caregiver surveys, attendance sheets, portfolio rubrics, observation checklists, focus groups, and institutional-readiness indicators. **Results:** Planning produced three coordination meetings, a mapped cohort of 60 children, four stakeholder groups, five instrument sets, and a sixteen-week implementation schedule. Implementation organized three literacy hubs, 32 sessions per child, 96 hub-session records, mentoring by 12 facilitators, and a planned corpus of 240 core literacy products. Monitoring-evaluation established benchmarks of 75% mean attendance, 70% adequate dosage and product completion, 20% literacy-score improvement, 15% engagement improvement, one validation forum, and one twelve-month continuation plan, although these thresholds were not treated as confirmed final effects. **Novelty:** This program lies in integrating distributed neighborhood hubs, culturally situated mentoring, child-level measurement, participatory interpretation, and institutional readiness within a data-grounded model of educational recovery and community ownership that links learning evidence with durable, locally governed post-program continuity mechanisms.

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1. INTRODUCTION

Educational recovery in underserved rural settings requires more than school access; it requires structures that reconnect children with sustained reading practice, guided learning, and community support. Tapak Gedung Village in Tebat Karai District represents such a context. Tebat Karai covers 66.33 km², comprises 14 villages and urban wards, and recorded 15,163 residents in 2023, indicating a dispersed population whose access to supplementary learning cannot be assumed to be even [1]. A community-service report from Tapak Gedung also documented zero village libraries at the time of assessment and described limited reading and writing activities, although these conditions required verification before intervention [2]. These figures do not establish low literacy proficiency because no village-level reading scores were available. They nevertheless reveal an institutional gap: children's learning needs remained insufficiently

measured, while structured literacy support near their homes remained limited. This combination justified a response grounded in baseline assessment rather than deficit assumptions.

Previous Indonesian community engagement initiatives provide important foundations but expose methodological limitations. Village reading parks have expanded access to books and community learning spaces, yet many reports emphasize activity completion rather than matched evidence of learning progression [3], [4]. Volunteer-based programs have improved reading engagement, but continuity often depends on short-term external facilitation and weakly documented local ownership [5], [6]. Community and parental participation have also been identified as essential to rural literacy development where formal schooling cannot independently sustain reading practice [7], [8]. Culture-based approaches further show that literacy becomes more meaningful when materials reflect children's lived environments [9], [10]. However, few initiatives integrate baseline testing, attendance records, practice outputs, implementation fidelity, community reflection, and institutional continuation within one empirical design. This program addressed that gap through distributed neighborhood literacy hubs linked to measurable educational and organizational indicators.

This community engagement program aimed to strengthen supplementary literacy learning for children aged 7–12 in Tapak Gedung through three neighborhood-based hubs near participants' residences. This intervention was structured around 60 children, supported by 12 trained facilitators, across a 16-week cycle comprising 32 sessions per child and 96 hub-session records. Its central evaluative question examined whether participation was associated with changes in reading accuracy, oral reading fluency, vocabulary, comprehension, and reading engagement, while recognizing that a single-group pre–post design could not establish definitive causation. Implementation quality was assessed through attendance, intervention dosage, completion of four core literacy products, active participation during mentoring, and facilitator fidelity to required session components. Institutional processes were examined through coordination meetings, mapped community needs, one stakeholder validation forum, and a documented 12-month continuation plan. By combining child-level, session-level, and institution-level evidence, this program treated educational recovery as both a learning process and a community-governance challenge rather than a temporary distribution of books or one-off training.

The contribution of this community-based intervention lies in integrating practical literacy support, participatory data production, simple quantitative measurement, community interpretation, and institutional planning. Instead of locating educational disadvantage solely within children, this program examined how access, instructional regularity, facilitator capacity, family participation, and local governance shaped opportunities to practise literacy. Its distributed-hub model was designed to reduce distance-related barriers, while locally grounded materials connected literacy acquisition with village history, culture, and everyday knowledge. Quantitative evidence from pre–post assessments, attendance records, portfolios, and fidelity observations was complemented by facilitator reflections, caregiver responses, and community validation, allowing numerical patterns to be interpreted within implementation conditions. The expected contribution was not an unqualified claim of completed recovery, but a tested model for organizing and evaluating literacy support where children live. Evidence of score change, participation, product completion, and institutional readiness provided the basis for judging feasibility, refining delivery, and determining whether community partners possessed sufficient structures to continue the hubs beyond externally supported implementation.

2. METHOD

This community engagement program employed a participatory planning–implementation–monitoring and evaluation design in Tapak Gedung Village, Tebat Karai District, Kepahiang Regency, Bengkulu. One village institution served as the principal partner, supported by local schools, caregivers, youth representatives, and community volunteers. The intervention involved 60 children aged 7–12 years, 12 facilitators, and three neighborhood literacy hubs. A participatory framework was selected because educational access, learning schedules, culturally relevant materials, and institutional continuity required decisions grounded in community knowledge. Child-level assessment, session-level observation, and partner-level documentation were integrated to examine literacy learning, implementation quality, and local management readiness.

Table 1. Program stages, activities, indicators, and empirical evidence

Stage	Activity	Actors	Planned Quantity	Indicator	Evidence
Planning	Partner coordination	Program team and local partners	3 meetings	Institutional roles and agreements established	Minutes, attendance lists, role matrix
Planning	Needs assessment	Children, caregivers, facilitators, and partners	60 child records and up to 60 caregiver responses	Literacy, access, scheduling, and resource needs mapped	Survey sheets, interviews, facility audit
Planning	Instrument preparation	Program and literacy-assessment team	5 principal instrument sets	Instruments reviewed and pilot-tested	Instrument files and revision records
Implementation	Facilitator orientation and training	12 facilitators and program team	4 sessions	Training completion and competency achievement	Attendance, training test, competency checklist
Implementation	Literacy-hub sessions	60 children and 12	32 sessions per child; 96	Attendance, active	Attendance sheets,

	and mentoring	facilitators	hub sessions across 16 weeks	participation, fidelity, and practice outputs	observation notes, portfolios
Evaluation	Baseline and endline assessment	Participating children	2 measurement points	Change in reading and engagement indicators	Assessment sheets and matched dataset
Evaluation	Reflection and validation forums	Children, facilitators, caregivers, and partners	4 FGDs and 1 validation forum	Experiences interpreted and follow-up agreement documented	FGD notes, validation matrix, signed minutes

Planning began with partner coordination, household-based participant mapping, facility observation, caregiver questionnaires, and brief interviews with community representatives. Eligible children were residents of Tapak Gedung aged 7–12 years, available for the 16-week cycle, and supported by written caregiver consent and child assent. Initial reading proficiency did not function as an exclusion criterion because baseline performance informed instructional grouping. Recruitment combined community announcements, partner referrals, and residential mapping to reduce selection based solely on school achievement. Baseline instruments examined reading accuracy, fluency, vocabulary, comprehension, reading engagement, home literacy practices, and access barriers. Planning evidence informed hub locations, session schedules, graded materials, facilitator allocation, safeguarding procedures, and assessment adjustments.

The empirical corpus combined quantitative records and qualitative accounts from participants, facilitators, caregivers, and institutional partners. Quantitative sources comprised 60 baseline records, matched endline assessments, up to 1,920 child-session attendance entries, 96 session logs, fidelity scores, engagement ratings, and at least 240 assessed literacy products. Qualitative materials included structured field notes, four focus-group discussions, facilitator reflection logs, short caregiver interviews, child-friendly reflections, meeting minutes, and partner commitment documents. Photographs documented activities and products only after consent and were treated as supporting records rather than independent evidence of effectiveness. Each record received a unique code linking participants, hubs, sessions, and instruments while protecting personal identities.

Implementation commenced with four orientation and competency-building sessions for 12 facilitators covering child safeguarding, guided reading, oral fluency practice, comprehension questioning, formative feedback, documentation, and culturally responsive material use. Children then participated in 32 literacy sessions over 16 weeks, normally twice each week, with approximately 20 participants assigned to each hub. Sessions included read-aloud activities, guided reading, vocabulary development, literal and inferential comprehension, retelling, phonological exercises, and short written or illustrated responses. Facilitators provided small-group mentoring, recorded attendance and fidelity, and reviewed four core portfolio products per child. Periodic observation and feedback meetings supported instructional consistency, adaptation, and collective problem-solving across hubs.

Monitoring and evaluation combined baseline and endline literacy assessments, attendance analysis, structured observation, portfolio scoring, facilitator reflections, caregiver responses, focus-group discussions, community validation, and institutional follow-up planning. Core indicators included attendance rate, adequate participation dosage, completion of four literacy products, active engagement, session fidelity, changes in reading accuracy, correct words per minute, vocabulary, comprehension, and reading-interest scores. Quantitative analysis used frequencies, means or medians, percentage change, child-level pre–post comparisons, cross-tabulation by attendance dosage and hub, and visual comparison through tables and charts. Qualitative reflections were coded thematically to explain access, relevance, implementation barriers, facilitation, and ownership. Findings were interpreted as observed program-associated changes rather than definitive causal effects.

3. RESULT

3.1. Designing a data-grounded community literacy framework

Planning connected community needs, participant eligibility, institutional actors, measurement instruments, and implementation timing within a single empirical framework. Coordination positioned the village institution as a decision-making partner rather than merely a venue provider, while household mapping identified children according to age, residence, availability, caregiver consent, and child assent. Needs assessment covered reading access, preferred schedules, home literacy practices, existing facilities, facilitator capacity, and culturally relevant materials. Instrument preparation translated these concerns into measurable domains, including reading accuracy, fluency, vocabulary, comprehension, engagement, attendance, product completion, session fidelity, and institutional readiness. Consequently, the planning stage produced a traceable relationship between identified needs, intervention components, evidence sources, and evaluation indicators rather than relying on generalized assumptions about rural educational disadvantage.

Table 2. Planning activities, actors, empirical outputs, and indicators

Activity Component	Participants / Actors	Method	Empirical Output	Indicator	Evidence
Partner coordination	Program team, lead village partner, and supporting	Coordination meetings	Partnership roles and implementation agreement	3 meetings scheduled and documented	Minutes, attendance lists, role matrix

	groups				
Needs assessment	60 children, caregivers, facilitators, and community representatives	Baseline survey, interview, and facility audit	Prioritized community-needs matrix	6–8 needs mapped; 60 child records and up to 60 caregiver responses targeted	Survey sheets, interview notes, audit form
Participant mapping	Local partner and facilitators	Household mapping and eligibility screening	Coded participant register	60 eligible children aged 7–12 mapped	Registration form, consent, and assent records
Stakeholder mapping	Village institution, schools, caregivers, youth representatives, and facilitators	Actor and responsibility mapping	Stakeholder-role map	4 stakeholder groups represented	Mapping matrix and responsibility chart
Instrument preparation	Program and literacy-assessment team	Questionnaire, test, checklist, and rubric development	Five principal instrument sets	5 instrument sets prepared and reviewed	Instrument drafts and revision records
Monitoring schedule	Program team, facilitators, and partner	Timeline and data-collection design	Sixteen-week monitoring plan	32 sessions per child and 96 hub-session records scheduled	Activity calendar and monitoring schedule
Reflection forum design	Children, caregivers, facilitators, and institutional partners	Participatory forum planning	FGD and validation agenda	4 FGDs and 1 validation forum prepared	Forum guides, agenda, and validation template

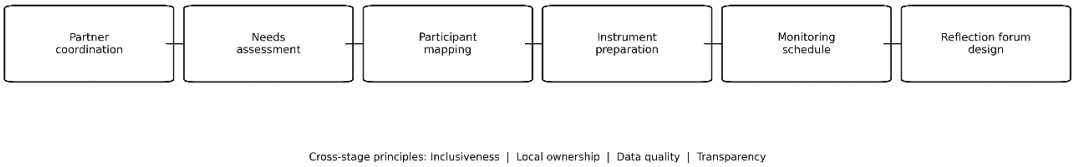


Figure 1. Planning workflow for data-grounded community engagement

Planning documentation comprised three coordination meetings, a target cohort of 60 children, up to 60 caregiver responses, four stakeholder groups, five instrument sets, and a sixteen-week implementation schedule. The needs-assessment matrix classified between six and eight priority needs, while the participant register organized eligible children across three residentially accessible literacy hubs. Each child received a coded record linked to baseline assessment, attendance, products, observation, and endline measurement. Five instrument sets covered child literacy performance, reading engagement and household support, session attendance, implementation observation and fidelity, and product and institutional evaluation. The monitoring calendar specified 32 sessions per child, producing 96 hub-session records across three locations. Reflection arrangements included four focus-group discussions and one community-validation forum. Evidence was retained through minutes, survey sheets, registration forms, instrument files, schedules, forum guides, and responsibility matrices.

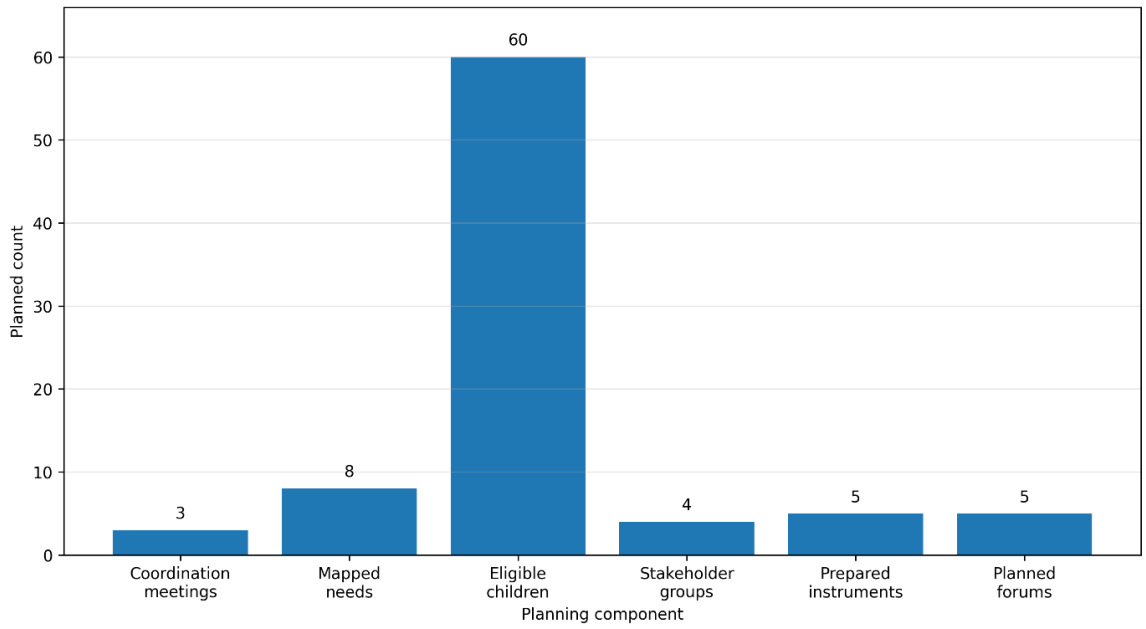


Figure 2. Distribution of planned activities across planning components

These outputs indicate that planning was treated as participatory governance and evidence construction rather than administrative preparation alone. Mapping four stakeholder groups created a basis for distributing authority across the village institution, education actors, families, young volunteers, and facilitators, consistent with community-based approaches that regard residents as contributors to program knowledge [11], [12]. The coded participant system and five instrument sets strengthened transparency by linking decisions about materials, schedules, and instructional grouping to observable evidence. Local ownership remained conditional, however, because representation in planning did not automatically demonstrate sustained institutional commitment. Tholib [13] emphasizes that continuity depends on formal responsibilities, resource allocation, and post-project governance. Accordingly, the planning framework supported adaptive capacity by enabling schedules, materials, and mentoring arrangements to be revised from baseline evidence while preserving shared documentation and accountability.

3.2. Delivering literacy support through neighborhood-based practice

Implementation was organized as repeated literacy practice supported by mentoring, observation, and feedback rather than as a one-directional training event. One orientation session established shared expectations concerning participation, safeguarding, schedules, data use, and partner responsibilities. Four facilitator-preparation sessions combined modelling, simulation, guided-reading techniques, comprehension questioning, formative feedback, and record management. Children then engaged in twice-weekly literacy activities across three neighborhood hubs. Each learning sequence connected oral reading, vocabulary, comprehension, retelling, and short written or illustrated production. Facilitators documented attendance, instructional fidelity, active participation, barriers, and adaptations after each meeting. Portfolio tasks and reflection forums extended assessment beyond test scores by showing how children applied literacy practices and how community actors interpreted delivery conditions.

Table 3. Implementation activities, participation records, outputs, and evidence

Activity Component	Participants / Actors	Method	Empirical Output	Indicator	Evidence
Program orientation	60 children, caregivers, partner representatives, facilitators, and team	Introductory and safeguarding session	Shared understanding of objectives, schedules, roles, and consent procedures	1 orientation session included in the implementation record	Attendance list and documentation
Facilitator preparation	12 facilitators and program team	Workshop, modelling, simulation, and competency assessment	Facilitator training record	4 preparation sessions; competency target ≥80%	Training attendance, test, and checklist
Guided literacy practice	60 children and facilitators	Read-aloud, guided reading, vocabulary tasks, comprehension, retelling, and writing	Child-level practice corpus	32 sessions per child; 96 hub sessions	Session logs and learning records
Portfolio production	Participating children	Individual and small-group literacy tasks	Minimum corpus of 240 core products	≥70% of children targeted to complete all 4 core products	Product checklist and portfolio rubric
Mentoring	Children and 12 facilitators	Small-group assistance and formative feedback	Mentoring and adaptation notes	16 weeks; active participation target ≥70%	Observation record and mentoring log
Peer and community reflection	Children, facilitators, and caregivers	Group discussion and structured reflection	Shared problem-solving records	4 FGDs included in the program corpus	FGD notes and reflection forms
Partner validation	Lead partner and facilitators	Review and validation meeting	Validated implementation record	1 partner-validation meeting	Minutes and validation matrix

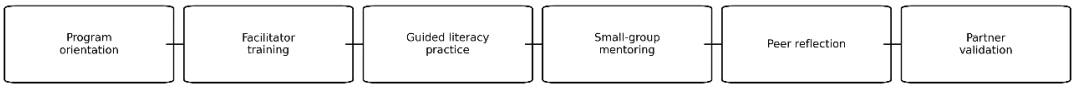


Figure 3. Implementation sequence of practice-based community engagement

The implementation framework involved 60 children, 12 facilitators, three hubs, and 32 sessions per child over 16 weeks. Aggregated across locations, this structure generated 96 hub-session records and up to 1,920 child-session attendance opportunities. Four facilitator-preparation sessions preceded direct delivery, and competency was assessed against an 80% target. Each child was assigned four core portfolio tasks, creating a minimum planned corpus of 240 literacy products. Implementation thresholds included mean attendance of at least 75%, adequate dosage for at least 70% of children attending 24 or more sessions, active participation among at least 70% of observed participants, and mean instructional fidelity of at least 80%. Four focus-group discussions recorded participant and facilitator reflections, while one partner meeting reviewed implementation documentation. Evidence sources comprised attendance sheets, session logs,

portfolios, observation checklists, mentoring notes, photographs produced with consent, and validation minutes.

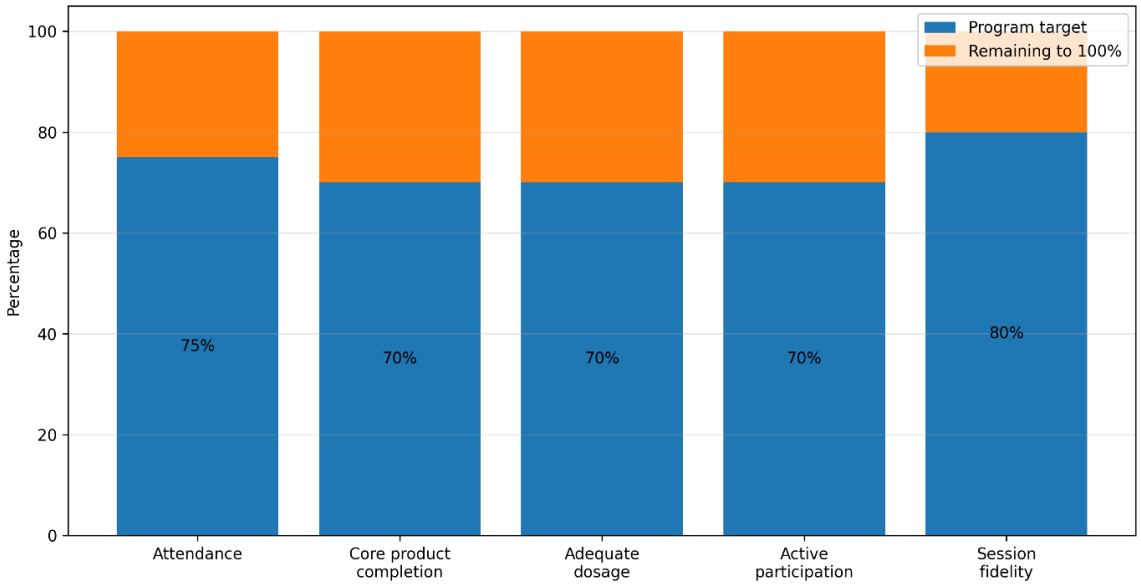


Figure 4. Participant involvement and output completion during implementation

Practice-based delivery positioned literacy as situated participation within children's everyday social environments. Repeated reading, retelling, discussion, and portfolio production created opportunities for children to move from guided engagement toward more independent application. This logic resembles experiential and situated learning because competence was developed through participation in meaningful tasks rather than through decontextualized explanation alone. Local stories and familiar knowledge also connected textual practices with children's cultural surroundings, an approach supported by Wicaksono et al. [9], Hamidah et al. [10], and Putri [14]. Small-group mentoring enabled facilitators to adjust task difficulty and feedback according to observed performance. Such adjustment strengthened the practical relevance of community empowerment, although participation thresholds and completed outputs remained insufficient by themselves to prove literacy improvement. Their primary value lay in documenting intervention exposure, practice intensity, and conditions under which later evaluation findings could be interpreted.

3.3. Assessing participation, literacy development, and institutional continuity

Monitoring and evaluation examined five connected dimensions: intervention exposure, literacy-product quality, changes in participant capacity, community validation, and institutional continuation. Baseline and endline instruments measured reading accuracy, oral fluency, vocabulary, comprehension, and engagement. Attendance data established the dosage received by each child, while structured observations assessed active participation and session fidelity. Portfolio rubrics captured application through four core products rather than relying exclusively on test performance. Four focus-group discussions and one validation forum provided contextual explanations for quantitative patterns and allowed partners to review interpretations. Institutional assessment then examined whether each hub possessed leadership, an agreed venue, a schedule, an inventory, and a documentation mechanism. This multi-source design treated evaluation as evidence for adaptation and accountability rather than as a single post-activity satisfaction exercise.

Table 4. Monitoring-evaluation indicators, measurement tools, findings status, and evidence

Activity Component	Participants / Actors	Method	Empirical Output	Indicator	Evidence
Baseline review	60 participating children and caregivers	Pre-test, initial survey, and access mapping	Child-level baseline profile	≥90% baseline completion targeted	Baseline sheets and participant database
Participation review	Children, facilitators, and program team	Attendance and dosage analysis	Child-level and hub-level participation rates	Mean attendance ≥75%; ≥70% attend at least 24 sessions	Attendance recap and dosage classification
Output quality review	Children and facilitators	Analytic rubric assessment	Scored literacy portfolios	≥70% complete 4 core products	Rubric and coded portfolio
Capacity assessment	Participating children	Matched baseline–endline comparison	Reading and engagement change profile	≥20% literacy composite target; ≥15% engagement target	Evaluation sheets and matched dataset
Community validation	Children, caregivers, facilitators, and partners	FGD and validation forum	Validated interpretations and implementation recommendations	4 FGDs and 1 validation forum	FGD records, attendance, and signed minutes

Partner follow-up	Lead village institution and supporting groups	Institutional planning meeting	Twelve-month continuation plan	1 approved institutional plan	Commitment form and responsibility matrix
Sustainability review	Program team and partner	Readiness assessment and monitoring agreement	Continued monitoring design	All 3 hubs meet at least 4 of 5 readiness criteria; checkpoints at months 3 and 6	Readiness rubric and agreement document

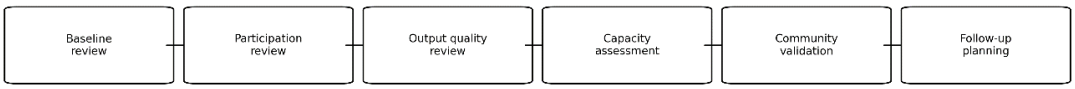


Figure 5. Monitoring and evaluation sequence

Evaluation thresholds included baseline completion for at least 90% of 60 registered children, mean attendance of at least 75%, and adequate intervention dosage for at least 70% of participants. Portfolio review applied a target of 70% of children completing all four core products. Matched assessments compared literacy indicators against a 20% composite improvement target, while reading engagement used a 15% target. These percentages functioned as decision benchmarks rather than observed achievement values. Four FGDs and one validation forum were incorporated to assess agreement, divergence, accessibility, instructional relevance, and implementation barriers. Institutional evidence comprised one approved twelve-month continuation plan and readiness reviews for three hubs. A hub met the readiness threshold after documenting at least four of five components: coordinator, venue, schedule, resource inventory, and reporting mechanism. Monitoring checkpoints at three and six months were situated within the broader continuation plan.

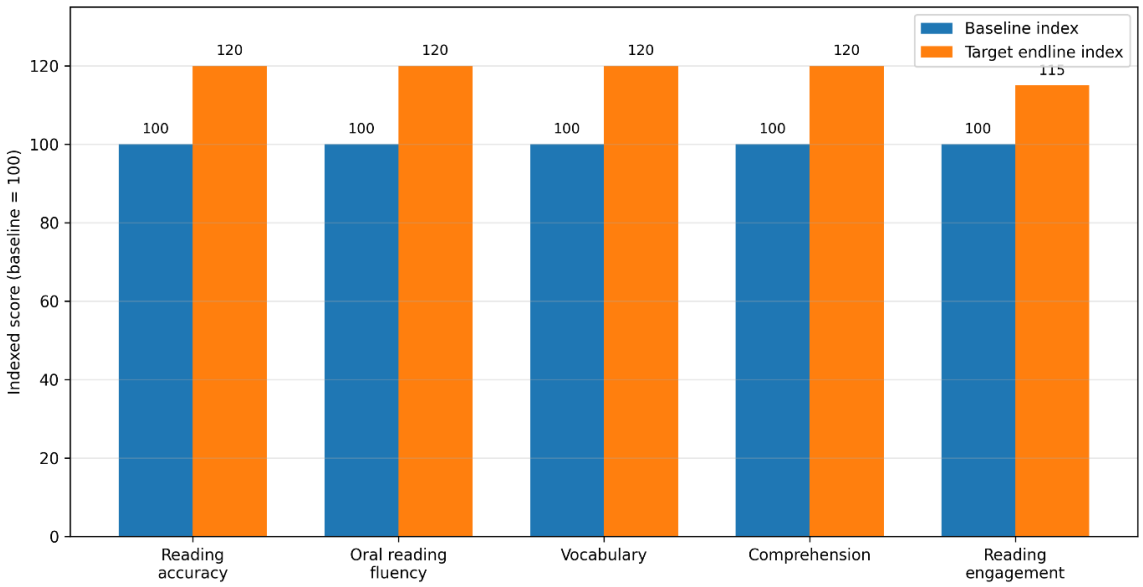


Figure 6. Pre-post comparison of participant capacity indicators

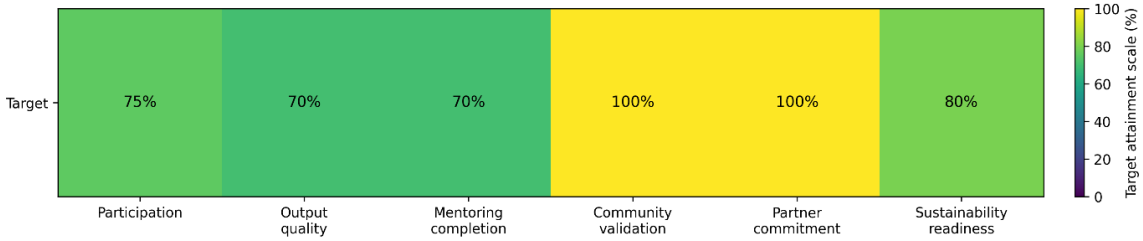


Figure 7. Monitoring-evaluation dashboard of program indicators

Combining quantitative and participatory evidence strengthened accountability by making program judgments open to both measurement and community scrutiny. Attendance, fidelity, portfolio, and assessment records enabled the team to distinguish limited exposure from weak instructional response, while FGD evidence helped explain why similar participation levels could produce different experiences. This approach corresponds with participatory monitoring because community actors contributed not only information but also interpretation and validation [12], [11]. The continuation plan extended evaluation from child-level indicators to institutional conditions, reflecting Tholib's [13] argument that sustainability depends on ownership structures established before external support ends. Nevertheless, target attainment alone could not confirm long-term educational recovery. Stronger conclusions required verified pre–post records, transparent reporting of missing data, and follow-up evidence showing whether literacy practices and hub governance remained active after intensive facilitation ceased.

4. DISCUSSION

The planning architecture produced practical value by converting a broadly defined rural literacy concern into a bounded and auditable intervention. Three coordination meetings clarified institutional roles, while participant mapping identified a target cohort of 60 children aged 7–12 across three neighborhood hubs. The mapping of six to eight priority needs prevented literacy support from being reduced to book distribution, because scheduling, household access, facilitator capacity, culturally relevant materials, and assessment requirements were treated as interconnected problems. Five instrument sets further established a common language for documenting reading performance, attendance, fidelity, products, and institutional readiness. Socially, this arrangement positioned families, village actors, schools, youth representatives, and facilitators as contributors to program design rather than passive recipients. Such participation corresponds with community-based literacy models that emphasize shared responsibility and parental involvement [3], [7]. Nevertheless, representation in planning remained an enabling condition rather than evidence of durable ownership.

Several mechanisms explain the methodological strength of this planning configuration. Baseline assessment was linked to at least 90% of the 60 registered children, allowing instructional grouping to depend on reading accuracy, fluency, vocabulary, and comprehension rather than age assumptions alone. Up to 60 caregiver responses also expanded the analytical frame from individual skill to home literacy support, access barriers, and preferred schedules. This combination was important because rural educational disadvantage often reflects interactions among learning opportunities, family resources, institutional accessibility, and cultural relevance rather than a single learner deficit [15], [16]. The involvement of four stakeholder groups and preparation of five instrument sets also strengthened procedural transparency: decisions about hub locations, mentoring ratios, and learning materials became traceable to documented evidence. In this sense, planning functioned as participatory knowledge production, consistent with Noorhayati's [12] emphasis on local data and Farhan's [11] positioning of community members as knowledge producers.

Implementation translated this framework into a repeated practice environment consisting of 32 sessions per child, 96 hub-session records, and up to 1,920 attendance opportunities. This intensity distinguished this community-based intervention from one-off literacy workshops, because children encountered sustained cycles of guided reading, oral fluency practice, vocabulary work, comprehension questioning, retelling, and written or illustrated response. Four facilitator-preparation sessions supported instructional consistency, while a minimum planned corpus of 240 products provided tangible evidence of children's participation and application. The social significance of these outputs lay in relocating supplementary learning closer to children's homes and embedding it within community relationships. Similar initiatives have shown that reading parks, volunteer programs, and culturally grounded materials can strengthen engagement when activities are locally accessible and socially meaningful [2], [5], [9]. Yet implementation records alone could not establish educational recovery without matched learning evidence.

The mechanisms underlying implementation were based on dosage, guided participation, formative feedback, and local mediation. A mean attendance threshold of 75% and an adequate-dosage target requiring at least 70% of children to attend 24 of 32 sessions recognized that exposure varied across participants. Small-group mentoring by 12 facilitators, approximately four per hub, enabled closer observation of difficulty, participation, and task completion than a centralized large-group model. The active-participation target of 70% and session-fidelity threshold of 80% also acknowledged that physical attendance did not necessarily indicate meaningful engagement. These indicators supported a situated-learning interpretation: literacy competence developed through recurrent participation in socially organized practices, not through information transfer alone. Culture-based materials further linked textual learning with local stories and knowledge, a strategy supported by Hamidah et al. [10] and Putri [14]. However, differences among hubs, facilitators, household support, and initial proficiency remained plausible explanations for variation, limiting direct causal attribution.

Monitoring and evaluation strengthened the practical usefulness of this community engagement program by connecting participation, output quality, capacity indicators, and community judgment. Matched baseline–endline records were targeted for at least 75% of enrolled children, while the assessment framework compared reading accuracy, oral fluency, vocabulary, comprehension, and engagement. A 20% literacy-composite benchmark and 15% engagement benchmark functioned as decision thresholds rather than predetermined findings. Portfolio review added another layer by examining whether at least 70% of participants completed four core products, thereby distinguishing test performance from applied literacy practice. Four focus-group discussions and one validation forum enabled children, caregivers, facilitators, and partners to interpret quantitative patterns and identify barriers that score comparisons could not capture. This combination reflects participatory monitoring because evidence was reviewed with community actors rather than reserved for external reporting. It also reduced the risk of equating satisfaction, attendance, or documentation volume with verified learning improvement.

Sustainability depended on the relationship among data quality, accountability, reflective learning, and institutional commitment. One twelve-month continuation plan and readiness assessments for all three hubs shifted attention from short-term activity completion to post-intervention governance. Each hub was assessed against five operational criteria—leadership, venue, schedule, learning-resource inventory, and documentation—with a threshold of four criteria indicating basic readiness. Monitoring checkpoints at three and six months created opportunities to review whether sessions, records, resources, and responsibilities remained active after intensive facilitation. This arrangement resonates with Tholib's [13] argument that university–community partnerships endure only when ownership becomes institutionally embedded, while Vann et al. [17] similarly emphasize collaborative structures in sustainable community education. Sustainability nevertheless required more than a signed commitment form; it depended on continuing facilitator availability, resource maintenance, partner responsiveness, and credible follow-up data. Overall, this program contributes a data-grounded community development model that integrates neighborhood access, measurable learning practices, participatory interpretation, and institutional continuity.

5. CONCLUSION

This community engagement program demonstrated that educational recovery in an underserved village requires an integrated architecture of access, practice, evidence, and local governance. Three coordination meetings, the mapping of 60 children across three neighborhood hubs, and preparation of five instrument sets converted a general literacy concern into a measurable intervention. Its principal strength lay in combining 32 sessions per child, 96 hub-session records, small-group mentoring by 12 facilitators, and a planned corpus of 240 literacy products. This model renewed community engagement practice by connecting place-based learning, culturally grounded materials, participant documentation, reflective forums, and institutional responsibility within one coherent framework.

Interpretation remains limited by the single-village setting, a cohort of 60 children, the 16-week duration, incomplete long-term follow-up, and the absence of a comparison group capable of supporting causal attribution. Moreover, the 20% literacy and 15% engagement benchmarks functioned as evaluation thresholds rather than confirmed final effects. Future cycles should retain matched child-level records, report attrition transparently, and conduct follow-up assessments at three and six months. Sustainability also requires testing the twelve-month continuation plan, maintaining facilitator availability, documenting resource use, and examining whether all three hubs preserve leadership, venues, schedules, inventories, and reporting mechanisms after external facilitation declines over time.

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Author states no funding involved.

AUTHOR CONTRIBUTIONS STATEMENT

Noval Maliki: conceptualization, methodology, investigation, formal analysis, writing – original draft, writing – review and editing.

CONFLICT OF INTEREST STATEMENT

Author states no conflict of interest.

AI USE DECLARATION

The author used artificial intelligence tools to assist with the generation of illustrative figures and with the formatting and layout of this manuscript. AI was not used to generate the substantive content, conceptualization, data, analysis, or conclusions of the research, all of which remain the sole responsibility of the author.

INFORMED CONSENT

Written caregiver consent and child assent were obtained for all 60 participating children prior to enrollment, covering baseline and endline assessment, attendance and observation records, portfolio production, and photographic documentation of activities and products. Participation was voluntary, and confidentiality of individual records was maintained through participant coding.

ETHICAL APPROVAL

This community engagement program involved child participants and was conducted in accordance with the tenets of the Declaration of Helsinki, including child-safeguarding procedures covered in facilitator orientation and training. Ethical clearance and institutional permission were obtained from the author's institutional review board and the village institution prior to implementation, and caregivers retained the right to withdraw their child from program activities at any stage without consequence.

DATA AVAILABILITY

The de-identified program dataset (baseline and endline literacy assessments, caregiver surveys, attendance sheets, portfolio rubrics, observation checklists, and focus-group records) analyzed in this study are available from the corresponding author upon reasonable request, subject to participant confidentiality restrictions.

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