AKSARA COMMUNITY

Journal of Engagement, Empowerment and Impact

MANUSCRIPT TEMPLATE

Community Engagement • Empowerment • Intervention • Impact

Purpose of this template

This template is designed specifically for scholarly community-engagement and community-empowerment manuscripts. It retains scientific rigor but does not force every article into a conventional biomedical IMRAD format. The core reporting logic is: Problem and Community Context → Engagement/Intervention → Evaluation → Outcomes and Impact → Sustainability and Transferability.

Double-anonymized peer review

Prepare two files: (1) a Title Page containing author identities and declarations, and (2) an Anonymized Main Manuscript without names, affiliations, institutional logos, acknowledgements, or other direct identifiers. Delete all instructional text in square brackets before submission.

PART A — TITLE PAGE (UPLOAD AS A SEPARATE FILE)

Article type	[Original Community Engagement Article / Community Intervention or Program Evaluation / Participatory or Community-Based Research / Applied Innovation or Appropriate Technology Report / Community-Based Case Study / Systematic Review / Scoping Review / Brief Report / Perspective or Commentary]
Full manuscript title	[Concise and informative; identify the intervention or community focus where useful]
Short title	[Approximately 50 characters or fewer]
Authors	[Full names in publication order]
Affiliations	[Department/unit, institution/organization, city, country]
Community or partner organizations	[List formal partner organizations where appropriate]
Corresponding author	[Name, postal address, email, telephone if required]
ORCID iDs	[Provide for authors where available]
Word count	[Main text excluding abstract, references, tables, and figure legends]
Tables / figures	[Number of tables / number of figures]
Funding / support	[Funding, in-kind support, partner contributions, or “No external funding”]
Competing interests	[Declare relevant interests or “The authors declare no competing interests”]
Data availability	[Repository/link, available on request, or justified restriction]
AI disclosure	[Describe substantive AI/AI-assisted use or state that none was used beyond routine spelling/grammar assistance]

PART B — ANONYMIZED MAIN MANUSCRIPT

[FULL MANUSCRIPT TITLE]

Abstract

[For an original community-engagement/intervention article, use a structured abstract of up to approximately 300 words: Background/Community Problem; Objective; Methods/Engagement; Results/Impact; Conclusion.]

Keywords

[3–6 keywords. Use specific terms for the community, intervention, empowerment approach, implementation, or outcome where relevant.]

1. Introduction

[Establish the community-relevant problem, summarize the most relevant evidence, identify the gap or unmet need, explain why intervention or engagement was necessary, and state the aim/objectives. Avoid turning the Introduction into a long general literature review.]

2. Community Context and Needs Assessment

[Describe the target community and setting, relevant demographic/social/economic/cultural context, baseline situation, and how the problem or need was identified. Explain whether needs were identified through surveys, routine data, interviews, focus groups, observation, stakeholder consultation, participatory appraisal, or other methods. Clearly distinguish evidence-based needs from assumptions made by the project team.]

2.1 Stakeholder and Community Involvement

[Describe who was involved in prioritizing the problem and planning the intervention: community members, local leaders, schools, health services, NGOs, local government, professional groups, or other partners. State the degree of participation/co-design where applicable.]

3. Methods

[Describe the scholarly design used to plan, deliver, and evaluate the community-engagement activity. The Methods section should be detailed enough to understand what was done, with whom, where, when, and how outcomes were assessed.]

3.1 Design, Setting and Timeline

[State the study/program design, location, implementation period, and relevant contextual conditions.]

3.2 Participants, Community or Stakeholders

[Define participant/community eligibility, recruitment or engagement approach, number invited/participating, and key characteristics. If the unit is an organization, school, village, cooperative, facility, or group, describe it clearly.]

3.3 Intervention or Engagement Strategy

[Describe the intervention sufficiently for replication: rationale, materials, procedures, who delivered it, mode of delivery, intensity/dose, duration, location, tailoring, and modifications. Use TIDieR, StaRI, SQUIRE, TREND, or other relevant reporting guidance when applicable.]

3.4 Evaluation Framework and Outcome Indicators

[Define process indicators, outputs, short-term outcomes, and longer-term/community impact where available. Avoid using attendance or participant satisfaction as the only evidence of effectiveness. Explain the theory of change, logic model, or evaluation framework when used.]

3.5 Data Collection and Instruments

[Describe questionnaires, interviews, focus groups, observations, laboratory tests, digital analytics, administrative data, rubrics, or other instruments. State validity/reliability information when relevant.]

3.6 Data Analysis

[Describe quantitative and/or qualitative analysis. For quantitative outcomes, report appropriate effect estimates and uncertainty where meaningful. For qualitative data, describe the analytic approach and how themes/categories were developed.]

3.7 Ethics, Consent and Safeguarding

[Report ethics committee approval when required, consent procedures, safeguarding of vulnerable populations, and consent for identifiable photographs/videos/quotations when applicable.]

4. Implementation and Community Engagement Process

[Describe what actually happened during implementation, not only what was planned. Report reach/participation, fidelity, adaptations, stakeholder roles, barriers, facilitators, resources, and deviations from the original plan. This section may be integrated with Results if the article is concise.]

5. Results and Community Impact

[Present findings in a logical sequence. Separate implementation/process findings from outcome or impact findings where useful. Report denominators and quantitative change, qualitative findings, unintended outcomes, equity effects, and community feedback where relevant.]

5.1 Outputs versus Outcomes

[Outputs describe what was delivered (e.g., sessions, participants, materials, tools). Outcomes describe what changed (e.g., knowledge, behavior, capacity, service quality, productivity, health, income, environmental performance, institutional practice). Wherever possible, emphasize outcomes rather than outputs alone.]

6. Discussion

[Interpret the principal findings, explain why the intervention may or may not have worked, compare findings with relevant literature, and discuss implications for community practice, policy, education, services, technology transfer, or local development. Avoid claims that exceed the evaluation design.]

6.1 Equity, Inclusion and Community Voice

[Where relevant, discuss who benefited, who may have been excluded, barriers to participation, cultural appropriateness, accessibility, and how community perspectives shaped interpretation.]

7. Sustainability, Transferability and Follow-up

[Explain whether the intervention can continue after the project period, who has ownership or responsibility, resources required for maintenance, potential for scale-up or adaptation elsewhere, and any follow-up plans. Describe cost/resource implications where known.]

8. Strengths and Limitations

[Discuss methodological strengths and limitations, including selection bias, absence of comparison groups, short follow-up, self-reported outcomes, small samples, contextual dependence, or limitations in measuring long-term impact.]

9. Conclusion

[Provide a concise conclusion supported by the evidence. State the practical/community implication without overstating effectiveness or generalizability.]

Minimum scientific expectation

Aksara Community does not consider “the activity was conducted successfully and participants were enthusiastic” to be sufficient evidence of impact. Authors should provide a transparent evaluation of change using appropriate quantitative, qualitative, mixed-method, implementation, or participatory evidence.

Declarations

Ethics Approval and Consent to Participate

[Required when applicable. State ethics committee/IRB and approval number.]

Consent for Publication

[Required for identifiable photographs, videos, quotations, personal stories, or case material where applicable.]

Funding and Material Support

[State all funding, in-kind support, institutional or partner support, or “No external funding”.]

Competing Interests

[Declare relevant financial and non-financial interests or state none.]

Author Contributions

[Describe individual contributions; CRediT taxonomy is encouraged where appropriate.]

Community/Stakeholder Contributions

[Describe meaningful contributions from community members, local facilitators, partner organizations, or other stakeholders who do not meet authorship criteria.]

Data Availability

[State where data/materials can be accessed or explain ethical, privacy, community-governance, or legal restrictions.]

AI-Assisted Technology Disclosure

[Disclose substantive use of generative AI/AI-assisted technologies in writing, coding, analysis, materials, visuals, or other tasks. AI tools cannot be authors.]

Acknowledgements

[Place acknowledgements on the Title Page during double-anonymized review and restore them to the final accepted manuscript.]

References

[Aksara Community recommends APA 7th edition reference style because the journal is multidisciplinary across education, health, social sciences, economics, technology, agriculture, and community development. Cite sources accurately and include DOI or stable URL where available. Authors are responsible for reference accuracy.]

Reference-style note

APA 7th edition is recommended for Aksara Community because it is more suitable for a broad multidisciplinary community-engagement journal than a biomedical-only numbered reference style. The journal should use one consistent style across all articles.

Tables and Figures

Table 1. Example Community Intervention Evaluation Matrix

Indicator	Baseline	Post-intervention / Follow-up	Measure of Change	Interpretation
Knowledge score	[value]	[value]	[difference / effect]	[brief interpretation]
Practice/behavior indicator	[value]	[value]	[difference / effect]	[brief interpretation]
Capacity/service indicator	[value]	[value]	[difference / effect]	[brief interpretation]

Figure 1. [Provide a self-contained figure legend. Photographs of identifiable people require appropriate consent. AI-generated visuals must not be presented as authentic field documentation.]

ARTICLE-SPECIFIC STRUCTURE GUIDE

Not every submission should use the same section sequence. Select the structure that best matches the scholarly question and article type while retaining transparent evaluation and community relevance.

Article Type	Recommended Structure	Reporting Guidance
Original Community Engagement Article	Introduction → Community Context/Needs → Methods → Implementation/Engagement → Results/Impact → Discussion → Sustainability/Transferability → Limitations → Conclusion	TIDieR / StaRI / TREND / SQUIRE / design-specific guideline as applicable
Community Intervention / Program Evaluation	Introduction → Context → Program/Intervention → Evaluation Methods → Implementation Findings → Outcome Findings → Discussion → Sustainability	StaRI / SQUIRE / TREND / TIDieR as applicable
Participatory / Community-Based Research	Introduction → Community Context → Participatory Approach → Co-design/Data Collection → Findings → Reflexivity/Community Interpretation → Discussion → Action/Impact	SRQR / COREQ plus participatory-method detail
Applied Innovation / Appropriate Technology	Introduction → User/Community Need → Design/Adaptation → Implementation → Usability/Performance Evaluation → Outcomes → Discussion → Maintenance/Scale-up	TIDieR / SQUIRE / engineering/usability guidance as applicable
Community-Based Case Study	Introduction → Context → Case/Program Description → Evidence/Data Sources → Analysis → Lessons Learned → Transferability → Conclusion	Case-study reporting principles; CARE only if it is a clinical case
Systematic Review / Meta-analysis	Introduction → Methods → Results → Discussion → Conclusion	PRISMA 2020 and relevant extensions
Scoping Review	Introduction → Methods → Results → Discussion → Conclusion	PRISMA-ScR
Brief Report	Concise Introduction → Methods/Intervention → Results → Discussion → Conclusion	Relevant design-specific guideline
Perspective / Commentary	Clear problem/position → evidence-informed argument → implications for community practice/policy → conclusion	No universal checklist; evidence and conflicts must be transparent

Recommended Article Limits

Article Type	Main Text	Abstract	Tables/Figures	References
Original Community Engagement Article	4,500 words	300 words	Up to 6 combined	Up to 50
Community Intervention / Program Evaluation	4,500 words	300 words	Up to 6 combined	Up to 50
Participatory / Community-Based Research	5,000 words	300 words	Up to 6 combined	Up to 60
Applied Innovation / Appropriate Technology	4,000 words	300 words	Up to 6 combined	Up to 50

Article Type	Main Text	Abstract	Tables/Figures	References
Community-Based Case Study	3,500 words	250 words	Up to 5 combined	Up to 40
Systematic Review / Meta-analysis	6,000 words	300 words	As needed	No fixed limit
Scoping Review	5,500 words	300 words	As needed	No fixed limit
Brief Report	2,000 words	200 words	Up to 3 combined	Up to 25
Perspective / Commentary	2,000 words	Optional ≤150	Up to 2 combined	Up to 25

Note: Recommended limits may be exceeded when scientifically justified. Prioritize clear reporting of context, intervention, evaluation, outcomes, impact, and sustainability.

SCIENTIFIC DESIGN PRINCIPLES FOR COMMUNITY-ENGAGEMENT ARTICLES

1. Define the problem before describing the activity

Explain how the community need was identified and supported by evidence.

2. Describe the intervention so others can understand or replicate it

Report what was delivered, by whom, to whom, how often, for how long, with what materials, and what adaptations occurred.

3. Evaluate change, not only activity completion

Attendance, number of leaflets, or satisfaction are process indicators. Whenever feasible, measure changes in knowledge, behavior, capacity, services, productivity, health, environment, organization, or other relevant outcomes.

4. Include community voice

Explain stakeholder participation and, where appropriate, incorporate qualitative evidence or community interpretation of outcomes.

5. Distinguish outputs, outcomes, and impact

Do not call every output an “impact”. Long-term impact usually requires stronger evidence and follow-up.

6. Report sustainability and transferability

Explain who will continue the intervention, required resources, ownership, scalability, and contextual conditions affecting replication elsewhere.

7. Be transparent about limitations

Community programs often lack randomization or long follow-up. Report these limitations rather than overclaiming effectiveness.

> **Reporting guidance underpinning this template**
>
> Use design-appropriate guidance rather than one checklist for every article. TIDieR supports replicable intervention descriptions; StaRI supports implementation reporting; SQUIRE supports improvement work; and TREND supports nonrandomized behavioral/public-health intervention evaluation.