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RESEARCH

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The Role of BAZNAS in Improving Access to Healthcare Services for Mustahik in Banten, Indonesia

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Abstract

Background: The National Board of Zakat is Indonesia's official body responsible for managing zakat. As such, it supports the efforts of the Indonesian government to improve access to healthcare for disadvantaged groups. **Objective:** Investigate how BAZNAS enhances healthcare access in Banten Province via zakat-based health programs. **Method:** The study employed a qualitative approach, utilising in-depth interviews with BAZNAS administrators, Zakat Collection Units (UPZ), the Department of Health, community health centres (Puskesmas), community health workers, and zakat recipients. Data analysis was conducted thematically using the Donabedian Model, which encompasses the dimensions of input, process, and output. **Result:** The findings revealed that the input dimension was strengthened through collaborative governance involving BAZNAS, UPZ, Puskesmas, village authorities, and community health volunteers. In addition to providing additional health care funding through its complementary social financing mechanism, Zakat provided family-centered health care. It funded patient care and family support for the purpose of maintaining continuity of care. In addition to enhancing access to health care, Zakat created positive psychosocial outcomes for mustahik. Examples include improved perceptions of social support, dignity and overall well-being. However, there are two major implementation challenges; these include limited financial resources and the absence of standardized monitoring and evaluation methods that assess the impact of Zakat programs. **Conclusion:** Increased funding, cross-sector collaboration, and outcomes-based evaluation are needed to optimize the contribution of zakat to strengthening community-based health systems.

Keywords: Healthcare access, BAZNAS; Public health; Zakat.

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1. INTRODUCTION

As the most populous nation of Muslims globally, Indonesia has great capacity to utilize Islamic philanthropic funds for social development. According to the Pew Research Center, there are around 240 million Muslims living in Indonesia which represents approximately 12 percent of the world's total Muslim population (Hackett et al., 2025). Therefore, this indicates how vast the potential for Islamic philanthropy through zakat, infaq and sadaqah can be used to help provide social development and community welfare. To facilitate this use of Islamic philanthropic funds, the Government of Indonesia created the National Zakat Agency (BAZNAS) as the primary organization that is authorized to manage the collection and distribution of zakat (Presiden Republik Indonesia, 2011).

Zakat should be distributed to mustahik in accordance with Islamic law. People who are eligible to receive zakat are called mustahik. Mustahik can use zakat for productive ventures aimed at assisting the poor and improving the quality of life for the Muslim community. These productive ventures are those capable of increasing the community's income, standard of living, and well-being. Meanwhile, improving the quality of the Muslim community refers to the development of human resources. The development of human resources must prioritise the fulfilment of the mustahik's basic needs, which include food, clothing, housing, education, and health care (Presiden Republik Indonesia, 2011).

In the management of zakat, infaq, and sadaqah, their distribution must be carried out based on a scale of priority, taking into account the principles of equity, justice, and regional considerations (Presiden Republik Indonesia, 2011). Low-income and underdeveloped regions are a top priority because communities in these areas generally face various barriers to accessing basic services, including health care. Poor socioeconomic conditions, limited infrastructure, and a shortage of health facilities and personnel make it increasingly difficult for vulnerable groups to receive adequate health care. Therefore, optimising the use of zakat, infaq, and sadaqah funds through community-based health programs is essential as an effort to improve community well-being and expand access to health care for the poor and vulnerable. Primary health care serves as the first point of contact for people in need of health care, with the aim of ensuring the highest attainable level of health and well-being. Access to primary health care remains a challenge in many regions of Indonesia, particularly in remote and underdeveloped areas.

Geographical barriers, the quality and availability of infrastructure and health facilities, as well as shortages and uneven distribution of health workers, continue to widen the gap in access to health care, even as the coverage of the National Health Insurance Program (JKN) continues to expand. Recent evidence indicates disparities in the utilization of primary healthcare services in eastern Indonesia and areas outside Java, limited readiness of primary healthcare posts and networks, and an uneven distribution of health human resources across regions. These conditions contribute to low initial contact with healthcare services, delayed referrals, and increased financial burdens among vulnerable households (Cheng et al., 2025; Setiaasih et al., 2025; Wulandari et al., 2025).

At the community level, mustahik (zakat beneficiaries) often face multiple and interconnected barriers to healthcare access, including multidimensional poverty, limited health literacy, and physical difficulties in accessing healthcare facilities. Studies conducted in rural areas of Indonesia have confirmed that poor households and those living farther from healthcare facilities tend to have lower utilization of primary healthcare services. Local findings from Serang Regency have also highlighted persistent maternal and child health and nutritional challenges in Pontang Subdistrict, particularly in Domas Village, which are associated with limited healthcare infrastructure and suboptimal health interventions. These challenges highlight the potential role of faith-based philanthropic institutions, such as BAZNAS, in addressing barriers to healthcare access through community-based health programs, such as

Rumah Sehat BAZNAS, and through closer collaboration with government healthcare networks and communities (Jamilullah et al., 2023; Masturoh et al., 2023; Wenang et al., 2021).

Previous studies have demonstrated the positive contribution of BAZNAS health programs to improving access to healthcare services. A Study in West Kalimantan reported that the effective distribution of zakat funds generated measurable improvements in the welfare of mustahik, particularly regarding health outcomes thereby underscoring the importance of efficient zakat management in enhancing access to healthcare services (Putri et al., 2024).

Another study also found that free healthcare services supported by BAZNAS enabled disadvantaged populations to obtain healthcare that would otherwise have been financially inaccessible, thereby reducing economic barriers to healthcare utilization (Rusdi et al., 2024). Furthermore, research by Kurniawan et al. (2023) on the BAZNAS Zakat Community Development (ZCD) program demonstrated that community empowerment through zakat extended beyond improving health conditions by simultaneously strengthening household economic resilience, which subsequently contributed to better health outcomes (Kurniawan et al., 2023).

Despite growing evidence supporting BAZNAS's role in improving access to healthcare services, significant information gaps remain. Existing studies have not sufficiently highlighted how BAZNAS expands healthcare services in geographically isolated areas-particularly among coastal communities characterized by distinct socio-economic and public health vulnerabilities. Furthermore, there is also a lack of research that comprehensively examines BAZNAS's health programs from start to finish, including the direct experiences of beneficiaries in utilizing health services.

This study aims to provide an overview of the role of BAZNAS Serang Regency in improving access to health services for mustahik in Domas Village, Pontang Subdistrict, Serang Regency, Banten Province, Indonesia. The findings of this study can serve as a basis for evaluating and reflecting on the distribution of zakat, infaq, and sadaqah organized by BAZNAS in the health sector and for promoting equitable access to health services for mustahik living in underdeveloped areas.

2. RESEARCH METHOD

This study employed a descriptive qualitative research design to analyze the BAZNAS's role in improving healthcare access for mustahik. The study was conducted in March-April 2026 in Domas Village, Pontang Subdistrict, Serang Regency, Banten Province, Indonesia. Participants were selected using purposive sampling, whereby informants were recruited based on predefined inclusion criteria aligned with the study objectives. This approach allowed the researchers to obtain detailed, relevant and meaningful information from people directly involved in the implementation or use of BAZNAS health programs. The ten informants selected were the Head of the Zakat Distribution Division of BAZNAS Serang Regency, a staff member from the Health Office Zakat Collection Unit (UPZ), two staff members from the Pontang Subdistrict UPZ, the Secretary of Domas Village, the Head of Pontang Primary Healthcare Center (Puskesmas), one healthcare staff member from the Puskesmas, one community health volunteer (kader), and two mustahiks who had received health-related zakat assistance.

Data were collected through in-depth interviews with individuals using a semi-structured interview guide. This guide was developed using the Donabedian Model for Quality of Care which considers quality of healthcare in terms of input, process and output components (Donabedian, 2005). The input domain described the resources supporting the distribution of zakat, including the human resources involved, the distribution mechanisms, and the availability and allocation of financial resources for health programs. The process domain

examines how zakat distribution is carried out, covering aspects such as coordination, service provision, monitoring, and program evaluation. Meanwhile, the output domain assesses program outcomes, particularly regarding the ease of access to healthcare services for mustahik satisfaction with the health assistance provided through BAZNAS programs.

The entire research team was involved in the transcription of the interviews by listening directly to the audio recordings. The interview data was then analyzed using thematic analysis based on the Donabedian framework. Once all interviews were transcribed, the principal investigator read the transcripts repeatedly until he had a thorough understanding of the data. Significant and pertinent statements and quotes were identified, categorized and grouped according to the three domains identified in the analytical framework: input, process and output. While the three domains were established according to the study's conceptual framework, more specific categories and subcategories were created inductively from the information arising from the interview data.

The authors conducted a re-examination of each area of analysis. The team held discussions regarding sections where there were differences of opinion and reviewed interview transcripts to verify the quotes provided by participants. This process was carried out to ensure consistency among the various interpretations developed from the empirical data collected in the field. Ultimately, the research team reached a consensus on a single interpretation of the research findings.

The authors did not utilize specialized qualitative research software. The processes of coding, categorization, and data organization were conducted manually using Microsoft Word and Microsoft Excel. To strengthen the credibility of the findings, source triangulation was employed by comparing information obtained from different groups of participants.

This study received ethical approval from the Health Research Ethics Committee of the Faculty of Public Health, Universitas Muhammadiyah Jakarta (Approval No. 10.121.B/KEPK-FKMUMJ/XII/2025). The study was funded by the BAZNAS Research Scholarship 2025, BAZNAS RI, under Decree No. B/9241/DPPD-DPDS/KETUA/KD.02.18/XI/2025. The research team was eligible to receive this research support under the Fii Sabilillah category. The authors declare a potential conflict of interest because BAZNAS RI, as the funding institution, was also the institution whose health program was evaluated in this study. However, BAZNAS RI had no involvement in the research process. However, BAZNAS RI was not involved in conducting the research or during the process of data analysis. The research team independently designed the research proposal, collected the data, conducted the data analysis, interpreted the results, and prepared the manuscript.

3. RESULTS AND DISCUSSION

a. Input

The findings revealed that zakat distribution for healthcare purposes in Domas Village involved multiple stakeholders, including BAZNAS Serang Regency, the Health Office Zakat Collection Unit (UPZ), the Pontang Subdistrict UPZ, the primary healthcare center (Puskesmas), and the village authorities. In practice, health-related assistance is primarily coordinated through the Health Office UPZ and the Head of the Community Health Center; this is because they possess roles and networks closely linked to healthcare services and enjoy extensive access to health facilities, particularly primary healthcare services within Serang Regency. A staff member from BAZNAS Serang Regency explained that healthcare assistance mainly consisted of programs addressing stunting, malnutrition, and people with mental disorders (Orang Dengan Gangguan Jiwa [ODGJ]), which were implemented through the Puskesmas under the coordination of the Health Office UPZ. The following quotation illustrates this finding:

"For health assistance through the Health Office UPZ, the Puskesmas are also involved. There was also assistance for stunting and malnutrition that was provided directly through the Puskesmas, and the Puskesmas then managed the distribution of the assistance." (SBS)

The study also found that zakat distribution for healthcare purposes was implemented through a flexible approach tailored to the specific needs of the mustahik. Healthcare assistance was provided in various forms, including cash assistance, food packages, medicine, hospital referral assistance, and financial support for patients' caregivers. For stunting and malnutrition programs, BAZNAS allocated zakat funds to the Puskesmas, which then determined and implemented the most appropriate health interventions based on local community needs.

According to informants, zakat funds received from BAZNAS were primarily used to support stunting reduction initiatives through community health education and counseling. In contrast, assistance for other beneficiaries, such as high-risk pregnant women, patients with tuberculosis (TB), and people with mental disorders (ODGJ), was mainly directed toward facilitating hospital referrals, supporting medical treatment, and providing social assistance to patients' families.

"We were invited by BAZNAS and given funding to help reduce stunting. If we used the money to provide food, it would not be enough, so we decided to provide health education instead. For pregnant women and people with mental health conditions, the support is often in the form of referrals. Some patients need to be referred to Grogol Hospital, which requires money for transportation and other expenses. So, our role is mainly to help with patient referrals and BPJS activation." (KPP)

"There was once a resident who had a lung disease and had to be separated from his family. Because the patient was highly motivated to recover and followed the advice of the doctor and the Puskesmas, he eventually received food assistance and financial support from BAZNAS" (SDD)

The study found that the financial resources allocated to healthcare programs at the Puskesmas were relatively limited. Overall, less than 10% of the annual budget allocated in the BAZNAS Serang Regency Annual Work and Budget Plan (RKAT) was dedicated to healthcare programs. The Head of the Pontang Puskesmas reported that the zakat funds received totaled approximately IDR 5 million and were allocated to support stunting reduction initiatives. Due to these financial constraints, the interventions primarily focused on health education and counseling rather than the direct provision of supplementary food.

"The health budget accounts for less than 10% of the RKAT and covers all 31 Puskesmas across 29 subdistricts in Serang Regency." (SBS)

"We received 5 million rupiah. I thought it was mainly used to support the stunting program. If the funding had been used for other types of assistance, it probably would not have been enough. So, we used it for health education activities. We provided transportation allowances and payment for the speakers." (KPP)

Financial limitations do not prevent zakat from being used to fund public health initiatives. This finding demonstrates the potential for zakat as an additional financing tool for providing healthcare services to low income/vulnerable populations. One of the main challenges with respect to zakat management within the health sector is the lack of available zakat funds to support healthcare services. As such, there must be a way to improve the governance of zakat and develop a structured approach to distributing zakat to increase access to healthcare services (Alias et al., 2024).

The findings suggest that the success of the zakat-based health program implemented by BAZNAS was determined not only by the availability of financial resources but also by the capacity for collaboration among stakeholders within the health service system. The involvement of BAZNAS, the Health Office Zakat Collection Unit (UPZ), community health centers (Puskesmas), village governments, community health volunteers, and zakat

beneficiaries reflects a pattern of collaborative governance in managing health zakat programs. From the perspective of the Donabedian Model, such cross-sectoral collaboration represents an essential component of the structural dimension, encompassing organizational capacity, human resources, institutional networks, and supporting mechanisms that enable effective service delivery (Donabedian, 2005).

The implementation of collaborative governance at BAZNAS Banten echoes findings from Herianingrum et al. (2026), who highlighted limited program focus and difficult access in remote regions as the main challenges in healthcare zakat management. By actively engaging UPZs, Puskesmas, village administrations, and health cadres, BAZNAS Banten operationalizes the strategic partnerships recommended for effective service delivery (Herianingrum et al., 2026).

The findings align with Wibowo et al. (2025), who argue that utilizing zakat to expand access to healthcare services requires the involvement of the community and institutions situated close to the community. Such involvement helps ensure health programs are better aligned with local needs and supports the sustainability of their implementation (Wibowo et al., 2025).

Similarly, Widyaningrum et al. (2026) noted that faith-based organizations can strengthen social accountability by collaborating with healthcare providers and other community stakeholders. This collaboration can expand access to healthcare services, particularly for communities that still face barriers to care (Widyaningrum et al., 2026). Furthermore, the integration of community health workers into this collaborative governance model is consistent with finding by Anna Kowalska et al. (2024), highlighting their pivotal bridging role in overcoming healthcare accessibility barriers among vulnerable groups (Anna Kowalska et al., 2024).

This study also found that zakat funds function as a form of complementary social financing that helps address gaps in the coverage of formal healthcare services. Within the Donabedian Model, financing constitutes an element of the structural dimension, as the availability of financial resources is linked to the health system's capacity to provide and sustain health interventions (Donabedian, 2005).

The findings indicate that zakat does not substitute for government healthcare financing; rather, it serves a gap-filling role by addressing health-related needs that are not fully covered by formal financing mechanisms. Assistance provided through the BAZNAS health program supported a range of essential needs, including expenses for family caregivers accompanying patients, transportation costs, household social support, and other expenditures that facilitate treatment adherence and continuity of care. Evidence from Labuhanbatu reveals that zakat is strategically channeled into core areas, including healthcare, economics, and education, rather than being distributed solely for consumption, thereby serving as a framework for social protection (Ramadani & Nasution, 2025).

In this context, zakat can provide supplementary support to individuals facing socio-economic barriers in accessing healthcare services. Consistent with this finding, Mashuri et al. (2024) reported that the utilization of zakat funds for healthcare services represents an alternative community empowerment strategy by improving the availability and accessibility of health services for disadvantaged populations (Mashuri et al., 2024).

Furthermore, Sulistiyaningsih et al. (2026) argued that integrating zakat into the national health financing system offers substantial potential to expand health protection for low-income populations. However, implementation challenges remain, particularly regarding inter-institutional coordination and program execution mechanisms (Sulistiyaningsih et al., 2026).

Taken together, zakat should be viewed as a community-based social financing mechanism that complements, rather than replaces, government responsibility for ensuring equitable access to healthcare. By filling financing gaps that are often overlooked by formal

health insurance schemes, zakat can enhance financial protection and contribute to a more inclusive and resilient health system.

b. Process

The process of distributing zakat for the health program was carried out through coordination among BAZNAS, the Health Office Zakat Collection Unit (UPZ), Puskesmas, and village authorities. Zakat is designated for asnaf (the eligible category defined under Islamic law). The health program mainly focused on the weak community, such as patients with TB, mental disorder (ODGJ), stunting children, and poor families. The findings revealed that healthcare assistance was directed not only to patients but also to family members who accompanied and cared for them throughout the treatment and referral process.

“The health assistance was distributed through district-level Puskesmas, particularly for stunting and cases of severe malnutrition. Some health assistance programs were also implemented through the Health Office UPZ, which coordinated with Puskesmas across the regency. In addition, assistance was provided to families of mustahik who were ill and required referral or hospitalization. Rather than being given directly to the patients, the assistance was provided to support their families in managing the costs and needs associated with the patients’ treatment.” (SBS)

“The zakat funds were provided to eligible asnaf. Our programs were implemented according to priority needs, including stunting, severe malnutrition, BPJS enrollment assistance, support for people with mental health conditions, referrals for pregnant women for childbirth, and tuberculosis (TB). We also supported referrals to hospital, including transportation for patients. For people with mental health conditions, we collaborated with hospitals, while the UPZ provided support for the basic needs of family members who stayed with the patients during treatment. After patients with mental health conditions returned home, we also provided empowerment support.” (UDK)

This approach demonstrates that the healthcare zakat program was implemented in a family-centered, needs-based manner. By extending assistance to patients' caregivers, the program provided essential social support, facilitating continuity of care. It helped ensure that mustahik could complete the treatment and referral process with reduced financial and social burdens.

Monitoring and evaluation of the health zakat program mainly took place via informal channels between BAZNAS, UPZ Dinkes, and Puskesmas. There were no monitoring and evaluation mechanisms and no performance indicators to measure the impact of the health program on the wellbeing of beneficiaries. The district-level BAZNAS only got accountability reports as implementation of health programs was left to Puskesmas. Likewise, at the Health Office UPZ, Puskesmas, and program beneficiaries submitted accountability reports to the UPZ as part of the program's administrative reporting process.

“For monitoring, we essentially left it to the Puskesmas. We simply received their reports, such as photos of the activities.” (SBS)

“For monitoring and evaluation, we required accountability reports, along with copies of identification cards (KTP) and photographic evidence of the activities or assistance provided.” (UDK)

The findings indicate that the health zakat program targeted individuals with tuberculosis (TB), people with severe mental illness, stunted children, and low-income households. This aligns with government regulations on zakat management, which stipulate that zakat may be allocated to the healthcare sector, encompassing patient treatment and supporting the basic needs of patients' families, such as adequate food supply and access to or referrals for healthcare services (Presiden Republik Indonesia, 2011). Furthermore, this targeting is consistent with the principles outlined in BAZNAS Regulation No. 3 of 2018, which stipulates that zakat should

be distributed to the eight categories of eligible beneficiaries (asnaf) under Islamic law, namely the faqir (the destitute), miskin (the poor), muallaf (new converts to Islam), riqab (those seeking liberation from bondage), gharimin (individuals burdened by debt), fi sabilillah (those striving in the cause of Allah), amil (zakat administrators) and ibnu sabil (stranded travelers). Individuals or group of people who are entitled to receive zakat are often termed as mustahik. Within the scope of this research, the beneficiaries who include TB patients, people suffering from serious mental illnesses, and malnourished children may be categorized as faqir and miskin because of their socioeconomic weakness as a result of health problems. Households that incur large medical expenses or referrals may fall into the gharimin category. Practices in terms of the distribution process in this research are quite congruent with the eligibility criteria set out by the regulation (BAZNAS RI, 2018).

In this study, the distribution model that was identified corresponds to the results of a study on BAZNAS in Banjar and Kendal Regency. In Banjar, the active model involves giving health services and assistance to pregnant women and poor communities as well as giving out nutrition packs where the selection of beneficiaries is carried out using survey in cooperation with Puskesmas while the passive model involves giving hospital referral assistance and BPJS premium assistance to voluntary applicants who are looking for health assistance (El Wafa et al., 2023). In Kendal, BAZNAS similarly implements programs that support the healthcare sector, such as medical treatment and ambulance services (Solekhan, 2024).

From the perspective of the Donabedian Model, this finding reflects the process dimension of healthcare quality, which emphasizes how services are delivered and the extent to which they address beneficiaries' needs comprehensively (Donabedian, 2005). These findings are also consistent with the principles of community-based and family-centered healthcare, which recognize the family as an essential partner in the care process. Previous studies on zakat-funded health programs and interventions addressing public health challenges, such as stunting, have similarly demonstrated that family-based interventions are critical because individual health is closely linked to household socioeconomic conditions and caregiving capacity (Humairah & Syam, 2026; Purnamasari et al., 2024).

c. Output

The findings suggest that the health zakat has contributed to increased access to healthcare for mustahik in Domas village. Those affected with TB and mental illnesses were supported to be taken to hospitals for treatment, hence minimizing barriers to continuity of treatment. In addition to providing healthcare support, the health zakat also provided assistance in the form of food, money, and financial assistance to families accompanying the sick. These forms of support addressed both medical and non-medical needs, helping to alleviate the financial burden associated with prolonged illness and facilitating access to comprehensive care.

"Last year, he was taken to Grogol Hospital, accompanied by the village head. He also received food assistance once." (KPS)

"I received medication from the Puskesmas and received financial assistance every month throughout the treatment period, which lasted around nine to eleven months." (PS)

"When he was sick, he mostly stayed in his room. A doctor came to see him, and he was given food assistance." (K)

According to the mustahik, the assistance they received provided both economic and psychological benefits. In addition to alleviating the financial burden related to medical treatment and daily living expenses, the zakat assistance made beneficiaries feel cared for, valued, and supported by their surrounding community.

"Alhamdulillah, I received food to my family needs, because when I was sick I could not work." (PS)

"Alhamdulillah, people were very kind and provided assistance." (KPS)

These findings indicate that BAZNAS's health programs provide not only financial assistance but also emotional and social support, thereby helping to strengthen the overall social well-being of the beneficiaries and their families. This aligns with Rodhiyana et al. (2025), who conceptualized zakat as a dual psychosocial and spiritual mechanism that fosters emotional resilience and psychological stability (Rodhiyana et al., 2025). Direct financial aid to vulnerable groups greatly helps access to healthcare services and cover the necessities of everyday living (Rab et al., 2025).

Moreover, the empirical evidence from the 'Jambi Sehat' project further supports these findings by showing that health zakat money has a great positive influence on the quality of life of mustahik. As the R-square coefficient shows that the zakat funding explains 78.5% of the change in mustahik quality of life, it is clear that health assistance plays a transformational role in improving their well-being (Ulimaz, 2023).

The research shows that the effect of the health zakat program was not limited to material benefits for mustahik and included meaningful psychosocial benefits for the recipients. After receiving health assistance, mustahik felt loved, respected and socially supported by BAZNAS. In terms of the Donabedian Model, these effects can be considered as part of the outcome dimension of healthcare quality that includes the effects of healthcare interventions on the beneficiaries after the delivery of the service (Donabedian, 2005). In this perspective, service quality should be assessed not only through clinical indicators but also through patient experience, perceived well-being, and broader quality-of-life outcomes.

This evidence supports the perception that Islamic charity creates social welfare through means other than economic distribution. Aside from reducing financial problems, zakat can lead to the creation of social capital, increased community cohesion, and better psychological well-being, which in turn creates more social benefit for the impoverished (Fahmi, 2025; Hasbiah, 2023).

Limitation of the study

This study has several limitations. First, the study was conducted in a single village, Domas Village, which limits the generalizability of the findings to other communities or BAZNAS health programs with different characteristics. Second, only two mustahik were included as informants in this study. These two mustahik were identified based on information provided by the village government/authorities. Future studies could involve a larger, more diverse group of mustahik to gain a broader understanding of their experiences and perceptions. Third, the study may have been subject to social desirability bias because it evaluated a program implemented by the same institution that funded the research. The researchers attempted to enhance data validity through source triangulation. However, future studies could complement this approach with method triangulation by incorporating additional evidence from program documents and direct observations.

4. CONCLUSION

In the input dimension, the BAZNAS health program was supported by collaboration among BAZNAS, UPZ, Puskesmas, village authorities, and community health volunteers. Despite its scarcity of finances, the Zakat-based health program was regarded as one of the complementary financing systems for meeting the healthcare needs of the community.

In the process aspect, the program took on a family-centered healthcare delivery system and cross-sectoral collaboration in order to ensure continuous provision of healthcare services to mustahik. The healthcare workers, CHVs, and village officials showed their responsiveness in helping mustahik access healthcare services.

In the output dimension, the program contributed to improved healthcare access and psychosocial benefits for mustahik. Strengthening monitoring, impact-based evaluation, and

outcome indicators is needed to optimize zakat's contribution to equitable and sustainable community health systems.

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REFERENCES

- Alias, M. S. M., Zakaria, N. S., Khair-UnNizam, F. L., Sahira, N. A., Shahri, N., Ramli, P. S. M., & Sani, A. I. A. (2024). Zakat distribution in healthcare services: Proposed model for zakat beneficiaries (Asnaf) in Malaysia. *Information Management and Business Review*, 16(4), 280-287. [https://doi.org/10.22610/imbr.v16i4\(S\)I.4336](https://doi.org/10.22610/imbr.v16i4(S)I.4336)
- Anna Kowalska, Marcin Nowak, & Katarzyna Zielinska. (2024). The Role Of Community Health Workers in Enhancing Healthcare Access For Vulnerable Populations. *International Journal of Health and Medicine*, 1(1), 23–27. <https://doi.org/10.62951/ijhm.v1i1.135>
- Cheng, Q., Fattah, R. A., Susilo, D., Satrya, A., Haemmerli, M., Kosen, S., Novitasari, D., Puteri, G. C., Adawiyah, E., Hayen, A., Mills, A., Tangcharoensathien, V., Jan, S., Thabrany, H., Asante, A., & Wiseman, V. (2025). Determinants of healthcare utilization under the Indonesian national health insurance system - a cross-sectional study. *BMC health services research*, 25(1), 48. <https://doi.org/10.1186/s12913-024-11951-8>
- Donabedian, A. (2005). Evaluating the quality of medical care. *Milbank Quarterly*, 83(4), 691–729. <https://doi.org/10.1111/j.1468-0009.2005.00397.x>
- El Wafa, F., Saputri, R. A., & Asyabri, Y. (2023). Analysis of the Effectiveness of the Distribution of Zakat Funds through the Banjar Sehat Program at the Banjar Regency National Zakat Agency (BAZNAS). *EKSISBANK (Ekonomi Syariah dan Bisnis Perbankan)*, 7(2), 224-232. <https://doi.org/10.37726/ee.v7i2.869>
- Fahmi, R. A. (2025). Leveraging Zakat and Waqf for Public Health Improvement: Islamic Philanthropy's Role in Addressing Stunting in Indonesia. *Jurnal Al-Hakim: Jurnal Ilmiah Mahasiswa, Studi Syariah, Hukum Dan Filantropi*, 173-194. <https://doi.org/https://doi.org/10.22515/jurnalalhakim.v7i02.12890>
- Hackett, C., Stonawski, M., Tong, Y., Kramer, S., Shi, A. F., & Fahmy, D. (2025). How the Global Religious Landscape Changed From 2010 to 2020. *Pew Research Center*, 52–58. <https://doi.org/10.58094/fj71-ny11.1>
- Hasbiah. (2023). Distribusi Dana Zakat Terhadap Pelayanan Kesehatan Mustahik Dalam Tinjauan Syariah (Studi Kasus Badan Amil Zakat Nasional Kabupaten Pangkajene Dan Kepulauan). *Akuntansi*, 2(3), 45–56. <https://doi.org/10.55606/akuntansi.v2i3.324>
- Herianingrum, S., Hapsari, M. I., Ratnasari, R. T., Shofawati, A., Febriyanti, A. R., Muzakki, L. A., & Hassan, S. A. (2026). The model of zakat management in the health sector for the welfare of mustahik in Indonesia. *Journal of Islamic Accounting and Business Research*, 1–18. <https://doi.org/10.1108/JIABR-01-2024-0038>
- Humairah, F., & Syam, S. (2026). The Use of Zakat Funds to Support the Government's Stunting Eradication Program from a Maslahah Mursalah Perspective. *Al-Kharaj: Journal of Islamic Economic and Business*, 8(1). <https://doi.org/10.24256/kharaj.v8i1.9506>
- Jamilullah, W. H. T., E. A., E. I., & Andayani, D. R. (2023). An Evaluation of Rumah Sehat Baznas Program in Indonesia using Sustainable Livelihood Impact Assessment Method. "Evaluasi Program Rumah Sehat Baznas Seluruh Indonesia Menggunakan Metode

- Sustainable Livelihood Impact Assessment (SLIA)." *Jurnal Pena Islam*, 3(2), 21–28. Retrieved <http://jurnal.staiq.ac.id/index.php/penaislam/article/download/63/31>
- Kurniawan, B., Habibah, G. A., & Handayani, S. (2023). The Role of Baznas' Zakat Community Development (ZCD) in Efforts to Improve the Welfare of the Lubuk Bangkar Village Community, Jambi. *ILTIZAM Journal of Shariah Economics Research*, 7(2), 210-224. <https://doi.org/10.30631/iltizam.v7i2.2088>
- Mashuri, E., Wiyono, A., & Sujianto, A. E. (2024). Pendayagunaan Dana Zakat , Infaq , dan Shodaqoh Melalui Pemberdayaan Program Layanan Kesehatan: Studi Kasus Padalembaga Kesehatan Madani Rumah Sehat Madani Yayasan Dompot Sosial Madani Provinsi Bali. 5(5), 3389–3402.
- Masturoh, S., Veithzal Rivai Zainal, & Aziz Hakim. (2023). Analysis Of Satisfaction Mustahik Rumah Sehat Baznas Jakarta. *Dinasti International Journal of Management Science*, 4(4), 689–695. <https://doi.org/10.31933/dijms.v4i4.1757>
- Presiden Republik Indonesia. (2011). Undang-Undang Republik Indonesia Nomor 23 Tahun 2011 tentang Pengelolaan Zakat.
- Purnamasari, Y., Lestari, S., Hafidzoh, & Hasanah, U. (2024). The role of zakat institutions in accelerating stunting reduction in Indonesia: lessons learned from the Dompot Dhuafa Nutrition Post Program. *Journal of Islamic Philanthropy & Social Finance*, 6(2), 8–16. https://doi.org/10.24191/JIPSF/v6n22024_8-16
- Putri, H., & Mubaraq, A. (2024). *Analysis of the effectiveness of the zakat fund distribution program by baznas west kalimantan (2019-2023)* (No. hal-05100976). <https://doi.org/10.9734/jemt/2024/v30i71229>
- Rab, F., Wehbi, A., Hasnat, A., Singeswaran, C., Ifftikar, M. A., & Sohani, S. (2025). Impact of Cash for Health Assistance on Healthcare Access and Health-Seeking Behaviors for Families of Pregnant Women in Sindh, Pakistan. In *International Journal of Environmental Research and Public Health* (Vol. 22, Number 12, p. 1843). <https://doi.org/10.3390/ijerph22121843>
- Ramadani, B. T., & Nasution, S. (2025). Strategi Pengelolaan Dana Zakat Di BAZNAS Labuhanbatu Dalam Menanggulangi Kesenjangan Sosial Di Rantau Prapat. *Ulumuddin: Jurnal Ilmu-Ilmu Keislaman*, 15(2), 517-530. <https://doi.org/10.47200/ulumuddin.v15i2.3085>
- Rodhiyana, M. A., Rohimah, R., Munajah, N., & Yasin, H. (2025). Zakat and Mental Health: A Reflection on Islamic Values in Modern Life. *International Journal of Zakat*, 10, 19-27. <https://doi.org/10.37706/ijaz.v10i3.693>
- Rusdi, M., Jamil, M. A., & Asmy, S. (2024). Enhancing Mustahik Welfare Through Islamic Social Finance: an Institutional Perspective. *I-Finance: A Research Journal on Islamic Finance*, 10(2), 423–435. <https://doi.org/10.19109/zf36f577>
- Setiaasih, R., Sunjaya, D. K., Sofiatin, Y., Afriandi, I., Hilfi, L., & Herawati, D. M. D. (2025). Readiness of health posts for primary health care integration in Indonesia: a mixed-methods study. *BMC public health*, 25(1), 1429. <https://doi.org/10.1186/s12889-025-22520-x>
- Solekhan, A. (2024). Strategi Pendistribusian Dan Pendayagunaan Zakat Produktif Pada Badan Amil Zakat Nasional (Baznas) Kabupaten Kendal. *Jurnal Ekonomi Syariah*, 2(1), 23-25. <https://doi.org/10.69776/ikhtiyar.v2i1.82>
- Sulistiyaningsih, N., Hastuti, L. T., & Harahap, B. (2026). Integration of Zakat in BPJS Kesehatan Financing for People Experiencing Poverty : Opportunities and Challenges. *International Journal of Law and Society (IJLS)*, 5(1), 101–123. <https://doi.org/10.59683/ijls.v5i1.174>
- Ulimaz, R. R. (2023). Pengaruh Dana Zakat Program Jambi Sehat Terhadap Peningkatan Kualitas Hidup Mustahik Ditinjau dari Maqashid Syariah (Studi pada BAZNAS Provinsi

- Jambi). Najaha Iqtishod: *Journal of Islamic Economic and Finance*, 3(2), 66–76. <https://doi.org/10.22437/jief.v3i2.20275>
- Wenang, S., Schaefers, J., Afdal, A., Gufron, A., Geyer, S., Dewanto, I., & Haier, J. (2021). Availability and Accessibility of Primary Care for Indonesia's Remote, Rural, and Poor Populations. *Frontiers in Public Health*, 9(September), 1–11. <https://doi.org/10.3389/fpubh.2021.721886>
- Wibowo, T. H., Turlina, L., Aris, A., Majid, A., Mulyono, K., Praja, T. S., ... & Yaumi, S. (2025). Model Tasharruf Zakat Untuk Optimalisasi Akses Kesehatan Lansia Berbasis Collaborative Community Engagement. *Jurnal Entitas Pengabdian Masyarakat*, 1(2), 67-74. <https://doi.org/10.64465/jepm.v1i2.68>
- Widyaningrum, N., Chazali, C., & Sadoko, I. (2026). Women's faith-based organisations and collaborative social accountability for achieving health equity in Indonesia. *Development in Practice*, 36(3), 531-542. <https://doi.org/10.1080/09614524.2026.2613912>
- Wulandari, R. D., Laksono, A. D., Zuardin, Z., Rohmah, N., & Dahlui, M. (2025). Socioeconomic disparities in primary healthcare utilization in Eastern Indonesia. *Clinical Epidemiology and Global Health*, 35(July), 102154. <https://doi.org/10.1016/j.cegh.2025.102154>