



From Charity to Social Protection: Zakat-Based Community Health Intervention for Children with Cerebral Palsy in Indonesia

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ABSTRACT

Studies on Islamic philanthropy have predominantly focused on zakat as an instrument of economic empowerment, while its application as a social protection mechanism in the domain of disability healthcare remains largely underexplored. This study addresses that gap by examining how zakat is institutionally operationalized and socio-religiously understood as social protection for children with cerebral palsy in a context of limited healthcare access. A qualitative intrinsic case study was conducted examining the Jombang Sehat program administered by BAZNAS Jombang Regency, East Java, Indonesia. Data were collected through semi-structured in-depth interviews with program coordinators, physiotherapists, and caregivers of eight enrolled children, complemented by non-participant observation and program documentation review. Data were analyzed using reflexive thematic analysis. Four themes were identified: (1) the institutional operationalization of home-visit physiotherapy and nutrition as a sustained protective intervention; (2) measurable improvements in motor function and nutritional status among beneficiary children; (3) the socio-religious framing of the program within *maqasid al-shariah*, particularly *hifzh al-nafs* and *hifzh al-nasl*; and (4) the formation of social capital and community care networks among beneficiary families. The findings demonstrate that zakat, when deployed with institutional intentionality, can perform preventive, promotive, and transformative social protection functions simultaneously. The study repositions zakat from charity to community-based social protection and establishes BAZNAS as a non-state structural protection actor for disability populations underserved by formal health systems.

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1. INTRODUCTION

Children with disabilities constitute one of the most structurally disadvantaged groups in global health systems. Ostojsic et al. (2024) demonstrate that social determinants of health, including poverty, low parental education, and geographic distance from specialist services, significantly compound the health burden experienced by children with cerebral palsy (CP), particularly in low- and middle-income countries. Cerebral palsy, defined as a group of permanent disorders affecting movement and posture resulting from non-progressive disturbances of the developing fetal or infant brain (Rosenbaum et al., 2007), demands long-term, multidisciplinary intervention encompassing physiotherapy, nutritional support, and sustained family caregiving. Without such sustained intervention, children with CP face heightened risks of motor regression, malnutrition, and social exclusion (Wijesinghe et al., 2015; Zuurmond et al., 2019).

In countries where state-provided social protection systems remain inadequate, families bear a disproportionate burden in caring for children with disabilities. Research from Sub-Saharan Africa and South Asia consistently documents that caregivers, predominantly mothers, face severe financial strain, psychological distress, and social isolation, often without access to professional support networks (Hartley et al., 2005; Zuurmond et al., 2019). Devandas Aguilar (2017) argues that disability-inclusive social protection must move beyond charity-based, medical-model responses toward rights-based frameworks that guarantee equitable access, community participation, and sustained support services. In Indonesia, an estimated one million children live with disabilities (Komisi Perlindungan Anak Indonesia (KPAI), 2025), with approximately 4,625 persons with disabilities recorded in Jombang Regency alone (Satu Data Jombang, 2024), representing a context where the structural gap between welfare needs and available formal services is acutely visible, yet alternative social protection mechanisms remain insufficiently studied.

Within Islamic philanthropy scholarship, zakat has been predominantly studied as an instrument of economic empowerment and poverty alleviation. A bibliometric review by Alshater et al. (2021) of zakat literature confirms that the dominant research clusters concern poverty reduction, institutional governance, and wealth redistribution, yet with minimal scholarly attention to health-specific applications of zakat, let alone for disability groups. Herianingrum et al. (2024) and Iskandar et al. (2021) further demonstrate that zakat-based programs in Indonesia have been largely assessed through economic indicators such as income improvement and poverty headcount reduction. While Latief (2010) documented the emergence of zakat-funded charitable clinics in Indonesia as an early form of health-oriented Islamic philanthropy, and Lessy et al. (2020) confirmed that healthcare constitutes one of three domains of philanthropic zakat assistance, neither study theorized zakat as a structural social protection mechanism for medically complex, long-term conditions such as cerebral palsy. This gap is significant: it renders invisible a growing institutional practice in which zakat agencies serve not merely as distributors of charitable aid, but as community-embedded social protection providers for vulnerable groups who fall through the cracks of formal health systems.

From the perspective of Islamic legal theory, zakat's purpose extends well beyond economic redistribution. The framework of *maqāṣid al-sharī'ah* encompasses the preservation of life (*ḥifẓ al-nafs*), intellect (*ḥifẓ al-'aql*), progeny (*ḥifẓ al-nasl*), and wealth (*ḥifẓ al-māl*) as foundational obligations of the Muslim community (Sa'adah & Hasanah, 2021). Under this framework, supporting a child with cerebral palsy, whose life, developmental capacity, and family unit are simultaneously threatened by structural healthcare inaccessibility, constitutes not merely an act of charity but a normative social obligation rooted in Islamic law. This theoretical grounding is consistent with Clark's (2004) analysis of Islamic social welfare organizations across the Middle East, which demonstrates that Islamic charitable institutions have historically served as non-state social protection actors embedded within community networks. Kailani and Slama (2020) further show that in Indonesia, the revitalization of Islamic charity, understood as a transition from transactional almsgiving to sustained social welfare provision, reflects a broader institutional evolution toward community-embedded protection systems. Together, these perspectives provide the conceptual basis for reframing zakat-funded health programs not as charitable supplements to state services, but as legitimate, faith-rooted social protection mechanisms oriented toward the sustainability and dignity of vulnerable recipients.

Against this backdrop, the Jombang Sehat program implemented by the National Zakat Agency (BAZNAS) of Jombang Regency, East Java, offers an empirically grounded case for examining how zakat operates as community-based social protection in practice. Jombang Regency is characterized by limited specialist healthcare services for children with disabilities, a context in which routine physiotherapy and nutritional support remain largely inaccessible to low-income families without financial assistance. Through home-visit physiotherapy and nutritional supplementation funded by zakat, the program directly addresses mobility limitations, financial constraints, and geographic barriers to specialist care, which are precisely the access obstacles that community rehabilitation literature identifies as primary challenges for children with disabilities in low-resource settings (Hartley et al., 2005; Zuurmond et al., 2019). Rather than operating as a transactional, one-time charitable transfer, Jombang Sehat exemplifies what Kailani and Slama (2020) term the "revitalization" of Islamic charity, signifying a shift from pure almsgiving toward sustained, community-embedded social welfare provision.

Despite growing recognition of Islamic philanthropy's health-related roles, empirical studies that theorize zakat explicitly as a social protection mechanism for children with disabilities remain scarce. Existing literature either focuses on zakat's economic functions (Herianingrum et al., 2024; Iskandar et al., 2021) or documents health programs descriptively without situating them within social protection frameworks or *maqāṣid al-sharī'ah* theory (Latief, 2010; Lessy et al., 2020). This study addresses that gap through a qualitative case study of the Jombang Sehat physiotherapy and nutrition program managed by BAZNAS Jombang Regency. The central research question is: how is zakat institutionally operationalized and socio-religiously understood as social protection for children with cerebral palsy in a context of limited healthcare access? This study makes two contributions: theoretically, it expands the conceptual scope of Islamic philanthropy scholarship by repositioning zakat from a welfare supplement to a community-based social protection system

grounded in *maqāṣid al-sharī'ah*; empirically, it demonstrates how faith-based institutions can function as agents of structural protection for vulnerable groups beyond the reach of formal state health services.

2. METHODS

Research Design

This study employs a qualitative case study design to examine how zakat is institutionally operationalized as a social protection mechanism for children with cerebral palsy in Jombang Regency, Indonesia. The case study was selected as the most appropriate methodological approach given the study's objective to generate contextually rich, in-depth understanding of a bounded real-world phenomenon within its natural institutional setting (Flyvbjerg, 2006; Noor, 2008). Case study methodology is particularly well suited to research questions of the form "how" and "why", especially when the researcher has little control over the phenomenon under investigation and when contextual conditions are central to the inquiry (Quintão et al., 2020). This study constitutes a single intrinsic case study, with BAZNAS Jombang Regency's Jombang Sehat program serving as the unit of analysis. The single-case design is justified by the program's uniqueness as one of the few documented instances in Indonesia in which a zakat institution has implemented sustained, home-based physiotherapy and nutritional intervention specifically for children with cerebral palsy. The study adopts a constructivist orientation, recognizing that meanings and understandings of social protection are socially constructed by the institutional actors, families, and practitioners involved in program implementation.

Research Setting and Participants

The research was conducted within the operational context of the Jombang Sehat program, a zakat-funded health initiative administered by the National Zakat Agency (BAZNAS) of Jombang Regency, East Java Province, Indonesia. Jombang Regency was selected as the research site due to its documented gap between the welfare needs of persons with disabilities and the availability of specialist healthcare services, with approximately 4,625 persons with disabilities recorded in the regency (Satu Data Jombang, 2024). The program under study provides regular home-visit physiotherapy and nutritional supplementation to eight children diagnosed with cerebral palsy from low-income families who are unable to access clinic-based services independently. Purposive sampling was employed to identify and select participants, consistent with the epistemological position of qualitative case study research that prioritizes depth of knowledge over statistical representativeness (Tongco, 2007; Wu Suen et al., 2014). Participants were selected based on their direct involvement in or substantive knowledge of the program, ensuring that each informant was capable of providing unique and contextually rich information relevant to the research questions. Research participants comprised BAZNAS program coordinators and *mustahiq* distribution officers (n = 3), a licensed physiotherapist implementing the home-visit intervention (n = 1), primary caregivers of children with cerebral palsy enrolled in the program (n = 6; two enrolled children share a primary caregiver, accounting for the discrepancy between the number of beneficiary children and caregiver participants), and a

nutritionist responsible for supplementary nutrition provision ($n = 1$). This purposive selection of 11 participants across four stakeholder categories provided comprehensive institutional, clinical, and experiential perspectives on zakat-based social protection.

Data Collection

Data were collected through three complementary methods: semi-structured in-depth interviews, non-participant observation, and program documentation review. This multi-method approach was designed to enable triangulation across different data sources, strengthening the credibility and completeness of findings (Meydan & Akkaş, 2024; Santos et al., 2020)

Semi-structured in-depth interviews constituted the primary data collection instrument. This method was selected because it allows the researcher to explore participants' thoughts, beliefs, and experiences regarding a particular topic while retaining the flexibility to follow emerging lines of inquiry with probes and follow-up questions (DeJonckheere & Vaughn, 2019; Knott et al., 2022). An interview guide was developed in advance and piloted with one BAZNAS officer prior to the main data collection phase. Each interview was conducted in Bahasa Indonesia, lasted between 45 and 90 minutes, and was audio-recorded with the informed consent of participants. Interviews were subsequently transcribed verbatim to preserve linguistic nuance.

Non-participant observation of home-visit physiotherapy and nutrition activities was conducted on six separate occasions across the eight participating households. Observation focused on the interactions among physiotherapists, nutritionists, children, and caregivers; the material conditions of service delivery; and the visible expressions of institutional presence and community embeddedness. Observation field notes were recorded immediately following each session, consistent with established protocols for qualitative observational research in clinical and community settings (Bloomer et al., 2012; Salmon, 2015).

Program documentation, including BAZNAS program reports, *mustahiq* eligibility assessment records, and physiotherapy progress notes, was reviewed to provide institutional context and corroborate interview and observational data. Document analysis served as an additional triangulation source, enabling the researcher to cross-check informant accounts against formal institutional records (Morgan et al., 2017; P. R. Smith, 2018).

Data Analysis

Data were analyzed using reflexive thematic analysis following the six-phase framework developed by Braun and Clarke (2006, 2019). Reflexive thematic analysis was selected because it provides a theoretically flexible and epistemologically coherent approach to identifying, organizing, and interpreting patterns of meaning across qualitative datasets, and is well suited to constructivist research designs in which the researcher's interpretive role is acknowledged and valued (Kiger & Varpio, 2020; Nowell et al., 2017). The six phases were implemented as follows. In Phase 1 (Familiarization), all interview transcripts, observation field notes, and relevant documents were read repeatedly to develop immersive familiarity with the data. In Phase 2 (Generating Initial Codes), significant features of the data relevant to the

research question were systematically coded, generating a comprehensive set of initial codes across the dataset. In Phase 3 (Constructing Themes), codes were sorted and grouped into candidate themes reflecting broader patterns of meaning. In Phase 4 (Reviewing Themes), candidate themes were reviewed against the coded data extracts and the full dataset to assess their coherence, distinctiveness, and relevance. In Phase 5 (Defining and Naming Themes), each theme was refined, clearly defined, and named in a manner that captured its analytical essence. In Phase 6 (Producing the Report), the thematic analysis was translated into the written narrative of the findings section, with data extracts selected to illustrate and support each theme. The analysis was conducted inductively, allowing themes to emerge from the data rather than being imposed by a predetermined framework, while simultaneously being theoretically informed by the *maqasid al-shariah* framework and social protection scholarship outlined in the literature review.

Trustworthiness and Ethical Considerations

Several strategies were employed to establish the trustworthiness of the findings. Methodological triangulation was achieved by systematically comparing data from interviews, observation, and documentation to identify convergences and divergences across sources, thereby strengthening the credibility of interpretations (Santos et al., 2020). Member checking was conducted with four key participants, including two caregivers and two BAZNAS officers, who were invited to review preliminary thematic summaries and confirm whether the interpretations resonated with their experiences (Birt et al., 2016). Reflexivity was maintained throughout the analysis process by the researcher through the use of an analytical journal, in which assumptions, interpretive decisions, and potential biases were documented and critically examined, consistent with the reflexive orientation of the thematic analysis approach (Braun & Clarke, 2019). A thick description of the research context, participants, and analytical process was provided to support transferability, enabling readers to assess the relevance of findings to other contexts. Research quality was evaluated against established criteria for excellent qualitative inquiry, including credibility, transferability, dependability, and confirmability (Tracy, 2010).

This study was conducted in accordance with ethical principles governing research involving human participants. Prior to data collection, informed consent was obtained from all adult participants and from the parents or legal guardians of children involved in the study. Participants were assured of the voluntary nature of their participation, their right to withdraw at any time without consequence, and the confidential treatment of all personal and identifying information. Children's identities are protected through the use of participant codes throughout the manuscript. The research protocol received institutional approval from the relevant academic authority prior to fieldwork commencement.

3. RESULTS AND DISCUSSION

Institutional Operationalization of the Jombang Sehat Program as a Zakat-Based Social Protection Practice

Program Architecture and Beneficiary Selection Mechanisms

The Jombang Sehat program, administered by BAZNAS Jombang Regency, functions not merely as a technical health service but represents an institutionally deliberate practice of Islamic philanthropy explicitly oriented toward the protection of vulnerable groups (Fauzia, 2016). The program specifically targets children diagnosed with cerebral palsy from households characterized by economic constraints and structural barriers to specialist healthcare access. According to data published by the Jombang Regency Social Welfare Office (Dinas Sosial Kabupaten Jombang) (Satu Data Jombang, 2024), approximately 4,625 persons with disabilities are registered in the regency, while community-based rehabilitation services remain critically limited.

Beneficiary selection is conducted through a coordinated process involving BAZNAS staff, health practitioners, and village-level administrators, with eligibility determined in accordance with zakat distribution criteria for the categories of the poor (fakir) and the destitute (miskin). The program's Health Division Coordinator, Lilies Purwanto, explained that the program was designed to reach children who are genuinely unable to access physiotherapy and nutritional services independently, owing to their mobility limitations and their families' economic circumstances. This targeting approach aligns with the effectiveness principles governing zakat management in Indonesia, under which the impact of zakat is measured by its capacity to reach the most structurally marginalized recipients (Kusriyah, 2020).

Within the Islamic philanthropy literature, the reallocation of zakat funds toward long-term health interventions for children with disabilities represents a conceptual expansion that remains largely undocumented. Widiastuti et al. (2021) observe that the most impactful zakat programs are those capable of generating sustained improvements in the welfare of *mustahiq* (zakat recipients), rather than merely addressing immediate consumptive needs. The Jombang Sehat program meets this criterion: by positioning rehabilitative healthcare as a fundamental need warranting sustained zakat expenditure, it constitutes an institutional step with significant conceptual implications for the development of Islamic philanthropy in Indonesia (Alshater et al., 2021).

The Home-Visit Modality as a Structural Response to Access Barriers

The defining operational feature of the Jombang Sehat program is its home-visit service delivery model. Licensed physiotherapist Agus Wiyono and the program's nutritionist travel directly to each beneficiary household on a scheduled basis. This modality is not a logistical convenience but a structural response to the reality that the majority of beneficiary children have mobility limitations that make independent regular attendance at healthcare facilities practically unfeasible. Field observations confirmed that several beneficiaries reside in areas with limited physical accessibility for children with severe motor impairments.

This approach reflects what Smith and Sosin (2001) characterize as a defining quality of faith-related agencies: the capacity to deliver services simultaneously motivated by religious values and embedded in community realities, thereby reaching populations that formal state services frequently fail to serve. Within this institutional dynamic, BAZNAS does not function as a state service contractor but as an autonomous social protection actor occupying the structural gap left by the formal healthcare system. Salamon et al. (2017) demonstrate that civil society organizations rooted in religious traditions have historically and consistently assumed this role in developing country contexts, particularly in health sectors requiring direct community presence.

The home-visit model further enables each therapeutic intervention to be adapted to the physical environment of individual households, including available space for exercises, the child's daily routine, and the availability and capacity of family caregivers. This contextual responsiveness renders the service more clinically effective than standardized therapy protocols designed for clinical settings (Kerem Günel, 2009). Israel et al. (1998), writing within the framework of community-based participatory research, argue that the most sustainable health interventions are those designed in accordance with the actual living conditions of the target community, rather than imposing external protocols upon them. The Jombang Sehat program operationalizes this principle through the institutional framework of Islamic philanthropy.

Physical and Functional Outcomes: Zakat-Funded Physiotherapy and Nutrition as Rehabilitative Intervention

Motor Development Outcomes among Eight Beneficiary Children

BAZNAS Jombang Regency provides regular physiotherapy services to eight children with cerebral palsy through the Jombang Sehat program. According to the Physiotherapy Action Report (Laporan Tindakan Fisioterapi) compiled by the program physiotherapist, Agus Wiyono, each child receives therapy sessions encompassing postural correction exercises, contracture prevention, seated stability training, motor coordination improvement, assisted standing practice, and foundational motor stimulation. All sessions are conducted at the child's home, with frequency calibrated to the individual severity and functional profile of each case.

Table 1. Physiotherapy Action Report: Beneficiary Children of the Jombang Sehat Program, BAZNAS Jombang Regency

Participant Code	Location	Initial Condition	Therapy Interventions	Recent Progress
AJ	Ngusikan	Spastic limbs; severely restricted movement	Postural correction; contracture prevention; seated stability training; movement	Initiated rolling movements; observable reduction in muscle rigidity

				coordination exercises (2x/week)	
YA	Ploso	Generalized muscle weakness; poor trunk control		Postural correction; contracture prevention; seated stability training; movement coordination; assisted standing balance (2x/week)	Extended independent sitting duration; commenced assisted standing practice
AA	Ploso	Weak neck muscles; persistent forward head posture		Postural correction; contracture prevention; seated stability training; movement coordination exercises (2x/week)	Improved head and neck stability; measurable improvement in postural alignment
LKD	Tembelang	Spastic limbs; severely restricted movement		Postural correction; contracture prevention; movement coordination; standing and walking balance training (1x/week)	Achieved assisted independent ambulation
AG	Wonosalam	Inability to maintain stable seated position		Postural correction; contracture prevention; seated stability training; movement coordination; standing balance (2x/month)	Sustained seated position for extended periods; improved standing stability
SP	Tembelang	Gait impairment due to lower limb length discrepancy		Postural correction; contracture prevention; movement coordination; standing balance; gait training (1x/week)	Commenced lateral ambulation with support
FS	Megaluh	Unable to stand; mobility		Postural correction; contracture prevention;	Initiated assisted ambulation

		limited floor-level crawling	to movement coordination; standing and walking balance training	
MB	Plandaan	Generalized physical weakness; poor functional capacity	Postural correction; contracture prevention; seated stability training; movement coordination exercises (1x/week)	Sustained seated position for extended periods; improved standing stability

Source: Physiotherapy Action Report (Laporan Tindakan Fisioterapi), BAZNAS Jombang Regency Jombang Sehat Program. Participant codes used in place of full names to protect confidentiality.

The data presented in Table 1 (Physiotherapy Action Report) indicate that motor development outcomes across the eight enrolled children are variable but demonstrate a general trend of improvement relative to initial baseline assessments. Children who previously struggled to maintain a seated position have shown extended independent sitting capacity; several children who were previously unable to stand have demonstrated the ability to stand with minimal assistance; and children presenting with severe muscle rigidity have exhibited measurable improvements in joint range of motion. These developments, while incremental, carry significant clinical meaning within the context of cerebral palsy rehabilitation.

These findings are consistent with the established evidence base demonstrating that sustained physiotherapy intervention, even within constrained resource environments, produces measurable improvements in motor function among children with cerebral palsy when delivered with regularity and appropriate clinical calibration (Kerem Günel, 2009; Trabacca et al., 2016). Shetty et al. (2023) specifically document that children with cerebral palsy in low-resource settings achieve substantially lower scores on standardized gross motor function assessments compared to counterparts in high-resource settings, attributing this disparity primarily to inconsistent access to rehabilitation services rather than to differences in the severity of neurological impairment. The Jombang Sehat program directly addresses this access dimension: by eliminating financial and geographic barriers through zakat funding, it enables the consistent and sustained form of intervention that motor rehabilitation evidence identifies as a prerequisite for functional recovery.

Beyond the physical benefits, the physiotherapy service generates meaningful emotional consequences for beneficiary families. Parents reported a sense of relief arising from the knowledge that their children were receiving regular, scheduled medical attention. The consistent presence of a physiotherapist cultivated trust and engendered hope regarding their children's developmental prospects. These findings resonate with Lord et al. (2018), who document that consistent professional support

constitutes one of the most significant determinants of caregiver capacity in managing therapy for children with cerebral palsy within family environments.

Nutritional Support as a Preventive Strategy for Vulnerable Population Protection

In addition to physiotherapy, BAZNAS Jombang Regency provides nutritional support in the form of high-nutrient milk supplementation to all enrolled beneficiary children. This component addresses a dimension of vulnerability that is frequently overlooked in conventional rehabilitation programs: children with cerebral palsy face a substantially elevated risk of malnutrition relative to children without disabilities, attributable to a combination of feeding difficulties, increased energy expenditure associated with spasticity, and the limited capacity of low-income families to provide nutritionally adequate diets (Rempel, 2015; Schoendorfer et al., 2010).

Beneficiary parents consistently reported observable improvements following their children's regular consumption of program-provided milk: increased appetite, weight gain, and enhanced stamina during physiotherapy sessions. The program coordinator, Lilies Purwanto, confirmed that nutritional support constitutes an integral component that directly reinforces therapeutic outcomes: a child with adequate nutritional status possesses sufficient energy to engage productively with therapy exercises, while effective motor training in turn supports muscle development and movement coordination (L. Purwanto, personal communication, August 25, 2025).

From a clinical perspective, improvements in nutritional status enhance physiotherapy effectiveness because adequate protein and micronutrient intake provides the biochemical substrate for motor learning processes and the development of muscle mass that constitutes the target of rehabilitative intervention. Pancheva et al. (2024) note that the majority of rehabilitation programs for children with cerebral palsy address motor function and nutrition separately, thereby failing to realize the synergistic potential of integrated intervention. The Jombang Sehat program integrates both components into a unified service package delivered simultaneously and continuously, an approach that is both clinically more comprehensive and institutionally more efficient.

Within the framework of Islamic philanthropy, nutritional support may be interpreted as a preventive form of social protection: zakat is not withheld until a crisis threshold is reached but is deployed proactively to forestall the health deterioration associated with chronic malnutrition and systemic poverty (Barrientos, 2013). The program's approach thereby reflects a more expansive understanding of the social protection function, one that is not exclusively curative but encompasses preventive and promotive dimensions as well.

The Socio-Religious Dimension: Understanding Zakat as a Normative Protection Obligation within the *Maqasid al-shariah* Framework

Maqasid al-shariah as the Institutional Logic of Program Design

Underlying the technical operationalization of the Jombang Sehat program is a profound socio-religious understanding of zakat as a collective protection obligation rather than a mechanism of wealth redistribution alone. Interviews with the Health

Division Coordinator and the program physiotherapist revealed that program activities are explicitly framed within the *maqasid al-shariah* paradigm, which designates the preservation of life (*hifzh al-nafs*), intellect (*hifzh al-'aql*), progeny (*hifzh al-nasl*), wealth (*hifzh al-mal*), and religion (*hifzh al-din*) as the fundamental objectives of Islamic law (Al-Ayubi & Halawatuddu'a, 2021; Rahman et al., 2020).

Within the context of this program, the provision of regular physiotherapy constitutes the most direct operationalization of *hifzh al-nafs*: preventing physical deterioration, preserving motor function, and sustaining a life lived with dignity. The nutritional support component simultaneously contributes to *hifzh al-nasl* by investing in the developmental trajectory of children who represent the future of their families and of the Muslim community as a collective whole. This understanding transcends the discourse of zakat as episodic charity and advances a conception of zakat as a structurally enduring socio-religious trust (Fauzia, 2016). Sa'adah and Hasanah (2021) demonstrate that BAZNAS programs explicitly oriented toward *maqasid* objectives generate outcomes that simultaneously address individual beneficiary welfare and strengthen broader community well-being, which is precisely the dual function observable in the Jombang Sehat program.

This *maqasid* framing carries concrete institutional consequences: it expands the perceived legitimate scope of zakat expenditure, from conventional poverty alleviation toward long-term rehabilitative health intervention. Clark (2004) argues that Islamic social welfare institutions across diverse contexts derive their legitimacy from theological mandates rather than state authorization, enabling them to serve communities beyond the reach of formal welfare systems. The Jombang Sehat program reflects this same institutional logic in the contemporary Indonesian context.

Social Capital Formation and Community-Based Networks of Care

The impact of the Jombang Sehat program extends beyond the physical condition of enrolled children to encompass a relational and social dimension of independent value. Interviews with beneficiary parents revealed a consistent pattern: participation in the program transformed not only the health circumstances of their children but the social and psychological situation of the family as a whole. Parents reported reduced feelings of social isolation, increased confidence in managing their children's conditions, and a sense of being valued by an institution that reached out to them directly rather than requiring them to navigate formal healthcare bureaucracies.

The relationships developed among BAZNAS staff, the physiotherapist, the nutritionist, and beneficiary families evolved beyond a conventional service-provider dynamic to approximate a genuine community of care. Portes (2024) defines social capital as the aggregate of resources accruing to an individual or group by virtue of membership in durable, institutionalized networks of mutual recognition and trust. The Jombang Sehat program actively generates precisely this form of social capital: families previously isolated by the compounding effects of disability, poverty, and geographic distance are now embedded within a network of regular, purposeful, professionally mediated contact with an institutional actor. Morvaridi (2013), in her analysis of philanthropic institutions in Turkey, identifies the formation of such care

networks as one of the most valuable, if least quantified, protective functions of religious philanthropy.

The dimension of active parental participation also warrants particular attention. Through guidance provided by the physiotherapist, parents acquired knowledge of simplified exercises that could be performed between formal therapy sessions. This transformation, from passive beneficiary to active agent in their child's recovery, carries a dual significance: clinically, it extends the therapeutic dosage beyond scheduled visits; socially, it builds household capacity and cultivates a sense of empowerment among caregivers. Zuurmond et al. (2019) document that the most significant determinant of caregiver capacity in low-resource settings is not material assistance alone but the sustained presence of professional support accompanied by the transfer of applicable knowledge. The Jombang Sehat program provides both.

The relationships established among BAZNAS Jombang Regency, health professionals, and beneficiary families reflect a practice of Islamic philanthropy grounded in solidarity and shared responsibility. Zakat in this context is understood not as a unidirectional transfer but as a collective trust (*amanah*) obligating the community to ensure that vulnerable groups retain access to a life of dignity and opportunity. Kailani and Slama (2020) observe that contemporary Islamic philanthropy in Indonesia has undergone a revitalization characterized by a shift from transactional almsgiving toward sustained community engagement. The Jombang Sehat program exemplifies this trajectory at the household level.

Repositioning Zakat: Theoretical Implications for Islamic Philanthropy and Social Protection Systems

Zakat as Community-Based Social Protection: A Functional Analysis

The synthesis of the preceding three themes enables a theoretical repositioning that constitutes the primary scholarly contribution of this article. The Jombang Sehat program demonstrates that zakat, when operationalized with sufficient institutional intentionality, is capable of performing the three core functions of social protection as defined in comparative welfare literature (Barrientos, 2013): the preventive function, the promotive function, and the transformative function. The nutritional support component performs the preventive function by reducing the risk of malnutrition-related deterioration before clinical thresholds are reached. The physiotherapy component performs the promotive function by actively building functional capacity and extending the developmental trajectory of enrolled children. The family accompaniment and knowledge-transfer component performs the transformative function by reducing household vulnerability, building caregiver agency, and fostering long-term family resilience.

This three-dimensional functional profile fundamentally distinguishes the Jombang Sehat model from conventional zakat-based charity, which typically engages only the preventive function through emergency material transfers. Banks et al. (2017), in a systematic review of disability and social protection programs in low- and middle-income countries, find that the most effective programs combine material transfers with service provision and sustained community support. Schneider et al. (2011) further contend that disability-inclusive social protection requires a shift from

one-time interventions toward sustained engagement with the structural conditions that produce vulnerability. The program's commitment to regular monthly home visits over an extended period reflects this imperative.

Faith-based institutions have been recognized in the international development literature as significant non-state social protection actors, particularly in contexts where formal state welfare systems are thin or inaccessible (S. R. Smith & Sosin, 2001; Wuthnow, 2009). Sider and Unruh (2004) propose a typology of religiously affiliated social service organizations, arguing that the most effective tend to integrate professional service competence with faith-motivated institutional purpose. The Jombang Sehat program occupies a distinctive position within this typology: it is staffed by licensed health professionals whose clinical competence is unambiguous, while its institutional framework, funding source, beneficiary eligibility logic, and interpretive framing are explicitly grounded in Islamic tradition. This integration of professional health service delivery with a faith-rooted institutional mandate represents a model with significant policy relevance for Indonesia, where religious institutions and formal health systems coexist structurally yet frequently operate in parallel rather than in structured partnership (Capello et al., 2024).

Contributions to the Literature and Research Limitations

This study advances two substantive contributions. Theoretically, it furthers the conceptual repositioning of zakat from an economic redistribution mechanism to a community-based social protection system grounded in *maqasid al-shariah*. The findings demonstrate empirically that zakat can sustain health-oriented protective functions for medically complex, long-term conditions, an application that bibliometric analysis of the zakat literature confirms has been systematically neglected (Alshater et al., 2021). Empirically, the study documents a case in which a BAZNAS program functions as a structural protection actor for a disability population group not reached by formal state health services, contributing to the growing literature on faith-based organizations as non-state welfare providers (Capello et al., 2024; Morvaridi, 2013).

These contributions also carry practical implications. The Jombang Sehat program offers a replicable model for BAZNAS offices in other regencies facing analogous conditions: a high prevalence of disability, limited formal rehabilitation infrastructure, and available zakat funds that can be directed more strategically. Mawardi et al. (2023) demonstrate that productive zakat programs designed with attention to the specific needs of *mustahiq* generate more sustained welfare outcomes than generic distribution approaches. The Jombang Sehat program constitutes empirical evidence of this principle applied to the domain of disability health.

Several limitations must be acknowledged. The single-case study design, while appropriate to the exploratory and theory-building objectives of this research, restricts the transferability of findings to other BAZNAS programs or Islamic philanthropic organizations operating in different regional or institutional contexts. The beneficiary group of eight children represents a small sample, and the absence of standardized clinical assessment instruments means that claims regarding clinical outcomes rest on

convergent qualitative evidence rather than quantitative measurement. Future research should employ comparative case designs across multiple BAZNAS programs in different Indonesian regencies, incorporate standardized functional assessment tools to enable quantifiable outcome documentation, and examine the long-term sustainability of program impacts, particularly following changes in zakat funding arrangements.

4. CONCLUSION

This study demonstrates that the regular home-visit physiotherapy services provided by BAZNAS Jombang Regency through the Jombang Sehat program constitute a clinically meaningful and structurally significant intervention for children with cerebral palsy from low-income households. Analysis of the physiotherapy action reports for all eight enrolled children reveals a consistent pattern of functional improvement across motor domains including postural stability, contracture prevention, seated balance, and supported standing, despite the heterogeneity of individual cases. The home-visit delivery model, in which the physiotherapist travels directly to each beneficiary's residence, eliminates the geographic and financial barriers that would otherwise preclude regular therapeutic access, while simultaneously enabling caregivers to acquire practical skills for inter-session home exercise. These findings confirm that sustained, community-embedded physiotherapy funded through zakat is not merely a welfare supplement but a form of structured health protection capable of generating developmental outcomes for a population group consistently underserved by Indonesia's formal healthcare system.

The integration of high-nutrient milk supplementation as a concurrent component of the Jombang Sehat program reflects an understanding of social protection that is simultaneously preventive and promotive. Beneficiary caregivers reported consistent improvements in appetite, body weight, and physical stamina among enrolled children following regular nutritional support, outcomes that directly reinforced the efficacy of physiotherapy sessions by providing the biochemical substrate necessary for motor learning and muscle development. Rather than treating malnutrition as a separate concern requiring separate institutional responses, the Jombang Sehat program addresses the nutritional vulnerability inherent to cerebral palsy within the same integrated intervention package funded by zakat. This design reflects a more expansive conception of zakat's protective function: one that acts not at the point of acute crisis but proactively, before nutritional deterioration reaches irreversible thresholds. In so doing, it exemplifies the preventive dimension of community-based social protection as theorized in comparative welfare literature.

From the perspective of Islamic philanthropy, the Jombang Sehat program demonstrates that zakat, when institutionally operationalized with theological intentionality and professional health competence, can function as a community-based social protection system rather than an act of episodic charity. The program's explicit grounding in the *maqasid al-shariah* framework, particularly the imperatives of *hifzh al-nafs* (preservation of life) and *hifzh al-nasl* (preservation of progeny), positions zakat expenditure on disability rehabilitation as a collective religious obligation rather than a discretionary act of benevolence. The tripartite relational network among BAZNAS, health professionals, and beneficiary families further generates social

capital, extending the program's protective function beyond clinical outcomes to encompass psychosocial resilience and household empowerment. Taken together, these findings advance a conceptual repositioning of zakat in the scholarly literature: from an instrument of poverty alleviation toward a normatively grounded system of social protection for vulnerable groups in contexts where the formal state welfare apparatus remains structurally inadequate. Future research should pursue comparative case designs across multiple BAZNAS programs and incorporate standardized functional assessment instruments to strengthen the evidentiary basis for this model's scalability and policy relevance.

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