1ST ICEFCI: INTERNATIONAL CONFERENCE ON ECONOMICS, FINANCE AND CREATIVE INDUSTRY 2026PROCEEDING AND CALL FOR PAPER

Collaboration Between Baznas and Indonesia's Health Social Security Agency (Bpjs Kesehatan) in Expanding Access to Primary Healthcare Services for Mustahik in Blitar Regency

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ARTICLE INFORMATION

Available online: July, 2026.

KEYWORDS

BAZNAS collaboration; BPJS *Kesehatan*; primary healthcare access; mustahik; collaborative governance.

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ABSTRACT

Access to primary healthcare services remains a challenge for underprivileged communities, particularly *mustahik*, despite the implementation of Indonesia's National Health Insurance (JKN). Financial limitations, inadequate information, and geographical barriers continue to hinder equitable healthcare utilization. This study aims to analyze the form and mechanism of collaboration between BAZNAS and BPJS *Kesehatan*, identify the supporting and inhibiting factors affecting its implementation, and examine its impact on expanding access to primary healthcare services for mustahik in Blitar Regency. This research employed a qualitative descriptive approach. Data were collected through in-depth interviews, observations, and documentation involving BAZNAS officials, BPJS *Kesehatan* officers, and mustahik beneficiaries. Data analysis was conducted through data reduction, data display, and conclusion drawing. The findings reveal that the collaboration has been institutionalized through a Memorandum of Understanding (MoU), whereby BAZNAS finances JKN premium contributions for eligible mustahik, while BPJS *Kesehatan* provides administrative management and healthcare services according to national regulations. The effectiveness of this collaboration is supported by institutional commitment, continuous coordination, and the availability of zakat funds. However, several obstacles remain, including incomplete data synchronization, limited public outreach, and geographical constraints affecting service accessibility. The collaboration has contributed to improving access to and utilization of primary healthcare services, reducing the financial burden on beneficiaries, and enhancing the overall welfare of mustahik. Therefore, strengthening data integration, coordination, and program evaluation is essential to ensure the sustainability and broader impact of this collaborative governance model.

INTRODUCTION

Access to primary healthcare services constitutes a fundamental component of social protection. However, low-income communities, including mustahik, continue to face financial, administrative, informational, and geographical barriers that limit their access

to essential healthcare services. In Blitar Regency, the collaboration between the National Zakat Agency (BAZNAS) and the Social Health Insurance Administration Body (BPJS Kesehatan) was established to address these barriers by financing National Health Insurance (JKN) premium contributions through zakat funds. Within this collaborative arrangement, BAZNAS is responsible for beneficiary identification, eligibility verification, and premium financing, while BPJS Kesehatan manages membership administration and ensures beneficiaries' access to healthcare services in accordance with JKN regulations.

From the perspective of Islamic economics, zakat functions not only as an instrument of income redistribution but also as a mechanism for social protection and the improvement of mustahik welfare. The utilization of zakat funds to support healthcare services demonstrates that zakat can serve as an effective financing instrument for social protection when managed in a targeted manner and integrated with the existing national health insurance system. Therefore, the synergy between zakat management institutions and social health insurance providers represents an important form of inter-institutional collaboration that warrants further academic investigation. The collaboration between the National Zakat Agency (BAZNAS) of Blitar Regency and the Social Health Insurance Administration Body (BPJS Kesehatan) has been implemented since 2024 through the provision of financial assistance for National Health Insurance (JKN) premium contributions for mustahik. Based on the findings of this study, the collaborative mechanism consists of beneficiary identification and eligibility verification by BAZNAS, submission of beneficiary data to BPJS Kesehatan, payment of JKN premium contributions by BAZNAS, activation of JKN membership, and the utilization of healthcare services at primary healthcare facilities. This division of responsibilities demonstrates that the two institutions perform distinct yet complementary functions in expanding access to primary healthcare services.

Despite its achievements, the implementation of the collaboration continues to face several challenges, including beneficiary data synchronization, administrative coordination, limited public outreach, funding requirements that exceed the available financial resources, and geographical barriers. These challenges indicate that the existence of a formal partnership alone does not automatically guarantee equitable program outcomes. Rather, the effectiveness of the collaboration depends on the quality of inter-institutional communication, data accuracy, institutional commitment, timely premium payments, and continuous monitoring and evaluation. Previous studies have primarily examined zakat utilization in relation to social welfare or healthcare, or have investigated the implementation of health insurance systems independently. Empirical studies specifically examining the collaborative relationship between BAZNAS and BPJS Kesehatan in financing National Health Insurance (JKN) premium contributions for mustahik at the local government level, particularly in Blitar Regency, remain limited. Accordingly, the research gap addressed by this study lies in the limited empirical understanding of how collaboration between Islamic philanthropic institutions and the national health insurance system is translated into operational mechanisms, how enabling and constraining factors influence its implementation, and how its benefits are experienced by mustahik in accessing primary healthcare services.

Beyond its social significance, the collaboration between BAZNAS and BPJS Kesehatan also represents the practical application of collaborative governance in public service delivery. Ansell and Gash (2008) define collaborative governance as a collective decision-making process in which governmental and non-governmental stakeholders work together to address public issues through dialogue, trust, shared commitment, and the distribution of responsibilities. In the context of this study, BAZNAS, as an Islamic philanthropic institution, and BPJS Kesehatan, as the administrator of Indonesia's National Health Insurance (JKN) system, possess different institutional characteristics but share a common objective of improving access to healthcare services for economically disadvantaged communities. Therefore, the Collaborative Governance framework provides an appropriate theoretical foundation for analyzing how inter-institutional relationships are established, sustained, and translated into tangible benefits for mustahik. Previous studies have highlighted the significant potential of zakat to improve the welfare of mustahik when it is managed strategically and supported by sound governance. Jamali et al. (2024) emphasized the importance of well-planned zakat utilization in enhancing beneficiary welfare, while Khamimah and Baidhowi (2025) demonstrated the potential of zakat as a complementary financing mechanism for social health protection. In addition, Ramadhanti et al. (2022) identified effective communication, continuous coordination, and facilitative leadership as critical determinants of successful Collaborative Governance. Building upon these studies, the present research focuses specifically on the collaboration between BAZNAS and BPJS Kesehatan in Blitar Regency and examines how this partnership influences mustahik's access to primary healthcare services.

The novelty of this study lies in its integration of three complementary perspectives—Islamic economics, collaborative governance, and healthcare access—to explain the implementation of JKN premium financing for mustahik through zakat funds. Analytically, the study employs Ansell and Gash's (2008) Collaborative Governance framework, encompassing the dimensions of starting conditions, institutional design, facilitative leadership, and the collaborative process, and relates these dimensions to the outcomes of the collaboration in improving access to primary healthcare services. Consequently, this study contributes not merely by documenting the existence of inter-institutional collaboration, but by explaining the mechanisms through which such collaboration operates effectively while identifying areas that require further improvement. This study offers both conceptual and practical contributions. Conceptually, the findings extend the application of the Collaborative Governance framework to the context of zakat management and social health protection by demonstrating that Islamic philanthropic institutions can serve as strategic partners in supporting the national health insurance system. Practically, the findings provide evidence-based recommendations for BAZNAS, BPJS Kesehatan, and local governments to strengthen beneficiary data integration, improve inter-institutional coordination mechanisms, enhance public outreach, and establish regular monitoring and evaluation of program outcomes. Furthermore, the collaborative model examined in this study has the potential to serve as a reference for the development of similar initiatives in other regions, with appropriate adaptations to local institutional capacities and resource availability.

Based on these considerations, this study aims to analyze the forms and mechanisms of collaboration between the National Zakat Agency (BAZNAS) of Blitar Regency and the Social Health Insurance Administration Body (BPJS Kesehatan), identify the factors that

facilitate and hinder the effectiveness of the collaboration, and examine its impact on improving access to and utilization of primary healthcare services among mustahik.

METHODS

This study employed a qualitative descriptive field research design to obtain an in-depth understanding of the collaboration between the National Zakat Agency (BAZNAS) of Blitar Regency and the Social Health Insurance Administration Body (BPJS Kesehatan). A qualitative approach was selected because the study was not intended to test hypotheses or examine statistical relationships among variables, but rather to explore the experiences, processes, and meanings underlying the implementation of the collaborative program. The analysis focused on the forms and mechanisms of collaboration, the enabling and constraining factors affecting its implementation, and its impact on mustahik's access to primary healthcare services.

The study was conducted in Blitar Regency, Indonesia, with the primary research sites being BAZNAS of Blitar Regency, BPJS Kesehatan of Blitar Regency, and mustahik participating in the program. The research sites were selected purposively because both institutions were directly involved in implementing the collaboration for financing National Health Insurance (JKN) premium contributions for mustahik. Five informants participated in the study, consisting of one BAZNAS staff member, one BPJS Kesehatan staff member, and three mustahik beneficiaries. Informants were selected purposively based on their direct involvement in the implementation of the program.

The study utilized both primary and secondary data. Primary data were collected through semi-structured, in-depth interviews with the five informants. Each interview lasted approximately 30–45 minutes and, with participants' informed consent, was audio-recorded to ensure the accuracy of transcription and interpretation. The interviews explored the mechanisms of beneficiary identification and premium payment, inter-institutional coordination, role distribution, implementation challenges, monitoring activities, and the experiences of mustahik in accessing healthcare services. Secondary data were obtained through document analysis, including the Memorandum of Understanding (MoU), program reports, JKN membership records, institutional documents, relevant regulations, and academic literature related to the implementation of the program in Blitar Regency during the 2024–2025 period.

Data were collected using three complementary techniques. First, semi-structured in-depth interviews were conducted to obtain detailed narratives and firsthand experiences from the informants. Second, non-participant observations were carried out to understand program implementation, interactions among stakeholders, healthcare facility conditions, and geographical barriers affecting service accessibility. Observations were conducted for one full day at each research site and documented in field notes. Third, document analysis was performed through a systematic review of institutional archives, program reports, statistical records, and collaboration documents. The combination of these methods enabled data triangulation and provided a comprehensive understanding of the collaborative process. To enhance the trustworthiness of the findings, data credibility was established through source, method, and theory triangulation. Source triangulation involved comparing information obtained from BAZNAS, BPJS Kesehatan, and mustahik. Method triangulation was conducted by comparing findings derived from interviews, observations, and documentary evidence. Theory triangulation was applied by interpreting the empirical findings through the Collaborative Governance framework alongside the concepts of healthcare access and Universal Health Coverage (UHC). These triangulation procedures were intended to identify consistency, discrepancies, and plausible explanations across different sources of evidence.

Data analysis followed the interactive model developed by Miles and Huberman, consisting of three stages: data condensation, data display, and conclusion drawing and verification. During the data condensation stage, interview recordings were transcribed verbatim, observation notes were categorized, and relevant documents were selected for analysis. The data were then manually coded and organized into thematic categories, including collaboration mechanisms, enabling factors, barriers to healthcare access, and program impacts. In the data display stage, the findings were organized into narrative descriptions, matrices, and thematic categories to facilitate pattern identification and interpretation. Finally, conclusions were drawn by comparing the empirical findings with the dimensions of the Collaborative Governance framework and relevant previous studies, followed by verification through triangulation to ensure the credibility and consistency of the interpretations.

The primary analytical framework adopted in this study was the Collaborative Governance model proposed by Ansell and Gash (2008), comprising four key dimensions: starting conditions, institutional design, facilitative leadership, and the collaborative process. These dimensions served as the analytical lens for examining the conditions that initiated the collaboration, the clarity of institutional roles and governance arrangements, the role of leadership in facilitating coordination and problem-solving, and the quality of communication, trust, commitment, and coordination among stakeholders. The analytical findings were subsequently linked to outcomes related to primary healthcare access, including improved access to healthcare services, increased utilization of primary healthcare facilities, reduced financial barriers, and enhanced confidence among mustahik in utilizing National Health Insurance (JKN) benefits.

RESULTS AND DISCUSSION

A. Forms and Mechanisms of Collaboration between the National Zakat Agency (BAZNAS) of Blitar Regency and the Social Health Insurance Administration Body (BPJS Kesehatan)

The findings indicate that the collaboration between the National Zakat Agency (BAZNAS) of Blitar Regency and the Social Health Insurance Administration Body (BPJS Kesehatan) operates through a complementary and well-defined implementation process. Based on in-depth interviews with five informants, the collaboration begins with the identification and eligibility verification of mustahik by BAZNAS, followed by the submission of beneficiary data to BPJS Kesehatan, payment of National Health Insurance (JKN) premium contributions by BAZNAS, activation of JKN membership by BPJS Kesehatan, and ultimately the utilization of

healthcare services at primary healthcare facilities. This sequence demonstrates that the collaboration extends beyond a formal institutional agreement and is translated into an operational mechanism that links zakat financing with the National Health Insurance system. The division of responsibilities further demonstrates that each institution performs complementary functions within its respective mandate. BAZNAS focuses on financing JKN premium contributions through the effective utilization of zakat funds, whereas BPJS Kesehatan is responsible for administering the National Health Insurance system and ensuring beneficiaries' access to healthcare services in accordance with JKN regulations. A summary of the respective roles and responsibilities of both institutions is presented in Table 1.

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Table 1. Division of roles in collaboration between BAZNAS and BPJS Kesehatan in Blitar Regency

Institution	Main Role	Expected Results
BAZNAS Blitar Regency	Identification of mustahik, collection and utilization of zakat funds, financing of JKN contributions	Increasing access to health insurance financing
The Social Health Insurance Administration Body (BPJS Kesehatan)	Participant verification, JKN administration, health service provision	Increasing access to primary health services
BAZNAS Blitar Regency and the Social Health Insurance Administration Body (BPJS Kesehatan)	Program coordination, monitoring, and evaluation	Implementing effective and sustainable programs

As presented in Table 1, the division of responsibilities between the National Zakat Agency (BAZNAS) of Blitar Regency and the Social Health Insurance Administration Body (BPJS Kesehatan) reflects a complementary institutional arrangement that enables each stage of the program to be implemented more effectively. The clear allocation of responsibilities not only minimizes the potential for overlapping duties but also strengthens the accountability of each institution in fulfilling its respective mandate. These findings suggest that the collaboration is supported by structured coordination and a well-defined distribution of roles, thereby promoting more effective governance in expanding mustahik's access to primary healthcare services. These findings are consistent with the Collaborative Governance framework proposed by Ansell and Gash (2008), particularly the dimension of institutional design, which emphasizes the importance of clearly defined institutional structures, role allocation, and coordination mechanisms in facilitating successful inter-organizational collaboration. The distinct yet complementary functions of BAZNAS of Blitar Regency as the manager of zakat funds and BPJS Kesehatan as the administrator of the National Health Insurance (JKN) program enable the partnership to operate synergistically toward the shared objective of improving healthcare access for mustahik. The findings also support those of Jamali, Munir, and Meldona (2024), who argued that zakat governance characterized by clear role distribution and effective stakeholder coordination enhances the efficiency of zakat utilization and generates greater welfare benefits for mustahik.

B. Supporting and Constraining Factors of the Collaboration

The findings indicate that the effectiveness of the collaboration is influenced by several interrelated factors, including strong institutional commitment, effective communication and coordination, supportive leadership, a clear division of roles and responsibilities, accurate beneficiary data, timely payment of National Health Insurance (JKN) premium contributions, and the health assistance programs implemented by BAZNAS of Blitar Regency. These factors strengthen the capacity of both institutions to perform their respective functions while ensuring the continuity of healthcare support for mustahik. In addition to institutional commitment, the study found that a clear regulatory framework, institutional policy support, and the availability of zakat funds further reinforce program implementation. The zakat funds managed by BAZNAS of Blitar Regency enable the sustainable financing of JKN premium contributions for mustahik, allowing economically disadvantaged individuals to obtain health insurance coverage without bearing the financial burden of premium payments. These findings demonstrate that zakat serves not only as a form of social assistance but also as a complementary financing mechanism that supports a more inclusive social protection system.

The study also identified several challenges affecting the implementation of the collaboration. The primary constraints include inconsistencies among beneficiary databases and the need for continuous data updating, limited public outreach and program dissemination, a number of eligible beneficiaries that exceeds the available zakat funding, and geographical barriers that restrict access to healthcare services. These findings suggest that the effectiveness of the collaboration is dynamic in nature. Although institutional commitment and available resources have contributed to the successful implementation of the program, its overall performance continues to depend on the accuracy of beneficiary data, the adequacy of financial resources, and the institutions' capacity to reach mustahik equitably across different geographical areas.

A summary of the enabling and constraining factors is presented in Table 2.

Table 2. Supporting and inhibiting factors for collaboration

Supporting factors	Inhibiting factors
Institutional commitment	Suboptimal synchronization of beneficiary data
Regulatory support	Limited program socialization
Availability of zakat funds	Inter-institutional administrative coordination

Common goals	Geographical constraints

As summarized in Table 2, institutional commitment, shared organizational objectives, and the availability of resources constitute the principal strengths that sustain the collaboration between the National Zakat Agency (BAZNAS) of Blitar Regency and the Social Health Insurance Administration Body (BPJS Kesehatan). Conversely, beneficiary data integration, administrative coordination, and public outreach remain areas requiring further improvement to ensure that beneficiary verification can be conducted more efficiently, accurately, and equitably. These findings indicate that the success of the collaboration depends not only on the availability of resources but also on the capacity of both institutions to establish effective coordination mechanisms and integrated information systems.

The impact of the collaboration on improving access to primary healthcare services is summarized in Table 3, while the collaborative pathway illustrated in Figure 1 depicts the sequence of healthcare needs, inter-institutional collaboration, JKN premium financing, membership activation, access to primary healthcare services, improved outcomes for mustahik. This framework illustrates how zakat financing is operationally integrated into the National Health Insurance (JKN) system to enhance healthcare accessibility for economically disadvantaged beneficiaries.

These findings are consistent with those reported by Ramadhanti, Abdillah, and Abdal (2022), who concluded that successful implementation of Collaborative Governance is strongly influenced by intensive communication, continuous coordination, and facilitative leadership that supports inter-organizational collaboration. Likewise, the present study supports the findings of Khamimah and Baidhowi (2025), who argued that optimizing zakat as a complementary financing mechanism for social health protection requires strong institutional synergy to ensure the long-term sustainability of program benefits. Therefore, strengthening inter-institutional data-sharing mechanisms, digitalizing administrative processes, and expanding public outreach initiatives represent strategic priorities for enhancing the effectiveness of the collaboration and further improving mustahik's access to primary healthcare services in Blitar Regency.

C. The Impact of the Collaboration on Access to Primary Healthcare Services

The findings indicate that the collaboration between the National Zakat Agency (BAZNAS) of Blitar Regency and the Social Health Insurance Administration Body (BPJS Kesehatan) has had a positive influence on mustahik's access to primary healthcare services. Beneficiaries who had previously faced financial barriers were able to utilize their National Health Insurance (JKN) membership, with premium contributions financed by BAZNAS, to access healthcare services without bearing the cost of insurance premiums. Field evidence suggests improved access to healthcare services, increased utilization of primary healthcare facilities, more stable health conditions, and a greater sense of security and well-being among beneficiaries. These findings primarily reflect a reduction in financial barriers, although equitable access to healthcare services remains an area requiring further improvement.

The benefits of the collaboration extend beyond increased JKN enrollment to greater utilization of primary healthcare services. Beneficiaries reported being more willing to seek medical attention without delaying treatment because of financial constraints. From a social protection perspective, reducing out-of-pocket healthcare expenditures enables households to allocate more resources to other essential needs. However, these findings should not be interpreted as demonstrating a statistical causal relationship. Rather, the reported impacts represent the experiences and perceptions of the informants, which were corroborated through observations and documentary evidence.

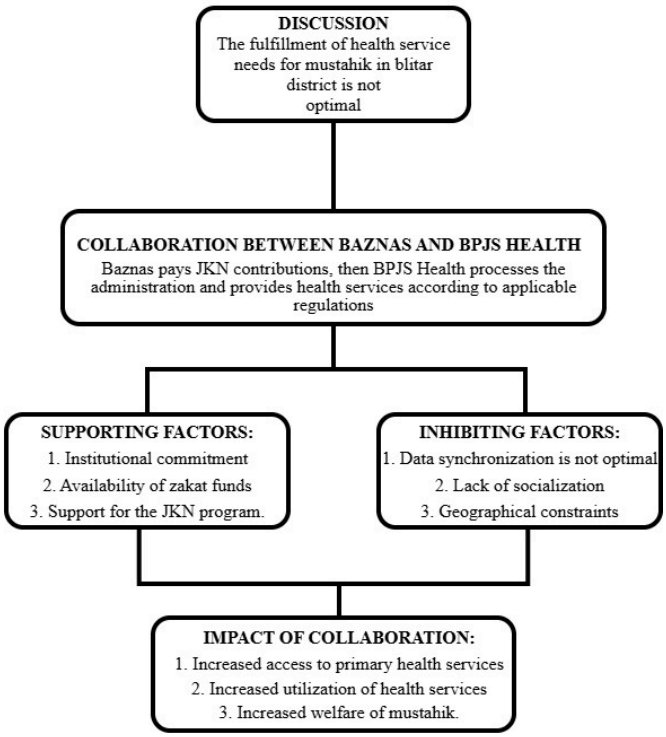
A summary of the research findings is presented in Table 3

Table 3. Summary of research findings

Research Focus	Key findings	Impact
Collaboration mechanisms	The division of roles between BAZNAS and BPJS Kesehatan is proceeding as agreed	More effective program implementation
Supporting factors	Institutional commitment, regulations, and zakat funds	Sustainability of collaboration
Inhibiting factors	Data synchronization, outreach, and geographical constraints	Slowing program implementation
Program impact	Increased JKN participation and utilization of primary health care services	Increased welfare of the beneficiaries

The collaborative process leading to improved access to primary healthcare services is illustrated in Figure 1, based on the Collaborative Governance framework proposed by Ansell and Gash (2008).

Figure 1. Collaboration Framework



As shown in Figure 1, the need to improve access to healthcare services represents the starting conditions that initiated the collaboration between BAZNAS of Blitar Regency and BPJS Kesehatan. The partnership was developed through a clearly defined institutional design, supported by the facilitative leadership of both institutions, and implemented through a collaborative process characterized by continuous coordination, communication, information sharing, and periodic evaluation. This collaborative mechanism enabled the financing of JKN premium contributions for mustahik, resulting in increased JKN enrollment and improved access to primary healthcare services.

These findings are consistent with the Collaborative Governance framework proposed by Ansell and Gash (2008), which argues that successful inter-organizational collaboration depends on favorable starting conditions, well-defined institutional arrangements, facilitative leadership, and collaborative processes built upon dialogue, trust, and shared commitment. In the context of this study, the implementation of JKN premium financing for mustahik demonstrates how these four dimensions operate collectively to generate intermediate outcomes, including higher JKN enrollment, improved access to primary healthcare services, and a reduction in the financial burden associated with healthcare expenditures among beneficiary households.

The findings also support those of Wibowo and Allawi (2021), who reported that the strategic management of zakat, infaq, and sadaqah can generate substantial social benefits by improving community welfare. Furthermore, the present study is consistent with Isman (2023), who argued that the effective utilization of zakat contributes not only to economic welfare but also to improvements in social well-being, education, and health outcomes among mustahik. Accordingly, the collaboration between BAZNAS of Blitar Regency and BPJS Kesehatan can be regarded as an innovative model of collaborative public governance that integrates Islamic philanthropy with the National Health Insurance (JKN) system to strengthen social protection for economically disadvantaged communities.

DISCUSSION

The findings demonstrate that the collaboration between the National Zakat Agency (BAZNAS) of Blitar Regency and the Social Health Insurance Administration Body (BPJS Kesehatan) reflects the core principles of the Collaborative Governance framework proposed by Ansell and Gash (2008). The collaboration was established on the basis of a shared institutional objective of improving access to healthcare services for economically disadvantaged communities through the utilization of zakat funds as a social protection instrument. This common objective represents the starting conditions that initiated the collaborative relationship, as both institutions shared a mutual commitment to expanding access to primary healthcare services for mustahik. The effectiveness of the collaboration is further supported by a clearly defined institutional design. The existence of a Memorandum of Understanding (MoU), a well-defined division of institutional responsibilities, and agreed coordination mechanisms indicate that the partnership extends beyond administrative cooperation and is embedded within a structured governance framework. BAZNAS of Blitar Regency is responsible for mobilizing and utilizing zakat funds to finance National Health Insurance (JKN) premium contributions, whereas BPJS Kesehatan manages membership verification,

administrative processes, and the provision of healthcare services. This complementary distribution of responsibilities minimizes institutional overlap, enhances accountability, and strengthens the effectiveness of program implementation.

In addition to institutional arrangements, the study identifies facilitative leadership as a key factor sustaining the collaboration. The active involvement of leaders from both institutions in promoting communication, resolving coordination challenges, and facilitating joint decision-making has fostered an adaptive and cooperative working relationship. Such leadership reinforces inter-organizational commitment and enables implementation challenges to be addressed through continuous consultation and coordination.

Regarding the collaborative process, the findings reveal that the partnership is characterized by continuous dialogue, trust building, commitment to process, and the development of a shared understanding of the program's objectives. These sustained interactions have generated intermediate outcomes, including increased JKN enrollment among mustahik, greater utilization of primary healthcare services, and stronger synergy between Islamic philanthropic institutions and the national health insurance system. These findings support Ansell and Gash's (2008) argument that successful collaborative governance depends not only on formal institutional arrangements but also on the quality of relationships developed throughout the collaborative process. The present findings are consistent with those reported by Jamali, Munir, and Meldona (2024), who argued that effective inter-institutional coordination enhances the efficiency of zakat management and generates broader welfare benefits for mustahik. They also support the findings of Khamimah and Baidhowi (2025), who suggested that zakat can serve as an alternative financing mechanism for social health protection when supported by strong institutional synergy. Furthermore, the study reinforces the work of Ramadhanti, Abdillah, and Abdal (2022), which identified intensive communication, facilitative leadership, and sustained coordination as essential determinants of successful Collaborative Governance in public service delivery.

Despite these positive outcomes, several challenges continue to influence the effectiveness of the collaboration. The principal constraints relate to beneficiary data integration, administrative coordination, and public awareness of the program. Differences among institutional databases prolong the beneficiary verification process, while limited dissemination of information reduces public understanding of the procedures for obtaining JKN premium assistance through BAZNAS. These findings suggest that strengthening inter-institutional data-sharing mechanisms, digitalizing coordination processes, regularly updating beneficiary databases, and expanding public education initiatives are strategic priorities for improving the effectiveness and sustainability of the collaboration. Overall, this study contributes to the development of the Collaborative Governance literature within the fields of Islamic economics and public administration. The findings demonstrate that integrating zakat funds with the National Health Insurance (JKN) system can function as a complementary social protection mechanism when supported by clearly defined institutional roles, effective communication, sustained commitment, and strong inter-organizational coordination. The study's primary empirical contribution lies in explaining how this collaborative model operates at the local government level and how the financing of JKN premium contributions is translated into improved access to primary healthcare services for mustahik. From a practical perspective, the findings underscore the importance of establishing integrated data-sharing systems, conducting regular beneficiary data updates, expanding community outreach, and implementing systematic monitoring and evaluation to maximize the long-term effectiveness of the program.

CONCLUSIONS

This study concludes that the collaboration between the National Zakat Agency (BAZNAS) of Blitar Regency and the Social Health Insurance Administration Body (BPJS Kesehatan) has been reasonably effective in expanding mustahik's access to primary healthcare services. The collaborative mechanism encompasses beneficiary identification and eligibility verification by BAZNAS, financing of National Health Insurance (JKN) premium contributions through zakat funds, membership activation and healthcare service administration by BPJS Kesehatan, as well as continuous inter-institutional coordination and evaluation. The effectiveness of this collaboration is supported by shared institutional commitment, effective communication, supportive leadership, clearly defined roles and responsibilities, accurate beneficiary data, and timely premium payments. These collaborative efforts have contributed to reducing financial barriers, improving access to primary healthcare services, increasing healthcare utilization, promoting more stable health conditions, and enhancing mustahik's sense of security and overall well-being.

From an academic perspective, this study extends the application of the Collaborative Governance framework to the intersection of Islamic economics and social health protection. The findings demonstrate that Islamic philanthropic institutions can function not only as providers of direct financial assistance but also as strategic partners in supporting the national health insurance system. From a practical perspective, the findings suggest that BAZNAS and BPJS Kesehatan should strengthen beneficiary data integration and updating mechanisms, establish clearer procedures for information sharing, expand public outreach to mustahik, and conduct regular joint monitoring and evaluation of program implementation. In addition, local governments may utilize these findings as a reference for developing social protection policies that effectively integrate zakat resources with public healthcare services.

This study has several limitations. First, the research was conducted exclusively in Blitar Regency with a relatively small number of informants; therefore, the findings are not intended to be statistically generalizable to other contexts. Second, evidence regarding program impacts was derived primarily from the experiences and perceptions of the participants. Future research is encouraged to undertake comparative studies across different regions, involve a broader range of beneficiaries and healthcare providers, and adopt mixed-methods approaches to evaluate changes in healthcare access and service utilization more comprehensively. Such efforts would contribute to assessing the transferability of the collaborative model and developing measurable indicators for evaluating its effectiveness in diverse regional settings.

ACKNOWLEDGMENT

This research was financially supported by the BAZNAS RI Scholarship Program, administered by the National Zakat Agency of the Republic of Indonesia (BAZNAS RI). The author gratefully acknowledges BAZNAS RI for its trust and financial support, which made it possible to conduct the research, collect and analyze the data, and prepare this manuscript. The author also extends sincere appreciation to all individuals and institutions who contributed their time, information, and cooperation throughout the research process. Their valuable support and assistance were essential to the successful completion of this study. Although this study received financial support from the BAZNAS RI Scholarship Program, all stages of the research were conducted independently in accordance with established scientific principles. The ideas, analyses, interpretations, findings, and conclusions presented in this article are solely the responsibility of the author and do not necessarily reflect the official views, policies, or positions of the National Zakat Agency of the Republic of Indonesia (BAZNAS RI). Furthermore, the funding provider had no role in the formulation of the research questions, study design, data collection, data analysis, manuscript preparation, or the decision to publish the findings.

REFERENCES

[1] H. Iqbal, "Akuntabilitas Badan Amil Zakat Nasional (BAZNAS) Kabupaten Sleman dalam Perspektif Maqashid Syari'ah," Undergraduate Thesis, Universitas Islam Indonesia, Yogyakarta, Indonesia, 2023.
[2] N. Fadila, "Implementasi Zakat dalam Mewujudkan Sustainable Development Goals (SDGs) di BAZNAS Palopo," Undergraduate Thesis, Institut Agama Islam Negeri Palopo, Palopo, Indonesia, 2023.
[3] F. R. Utami, B. B. Utomo, and P. K. Sucahya, "Priorities and realities: Addressing the rich-poor gaps in health status and service access in Indonesia," International Journal for Equity in Health, vol. 10, no. 47, 2011, doi: 10.1186/1475-9276-10-47.
[4] A. F. Isman, "Kesejahteraan berbasis pemberdayaan filantropi zakat: Analisis pada aspek ekonomi, sosial, pendidikan, dan kesehatan," Salus Cultura: Jurnal Pembangunan Manusia dan Kebudayaan, vol. 3, no. 1, pp. 27–36, 2023.
[5] A. Jamali, M. Munir, and Meldona, "Tata kelola distribusi zakat, infak dan sedekah (ZIS) dalam meningkatkan kesejahteraan mustahik: Studi pada program Sidogiri Community Development (SCD) LAZ Sidogiri Pasuruan Jawa Timur," Jurnal Ilmiah Ekonomi Islam, vol. 10, no. 2, pp. 2269–2282, 2024, doi: 10.29040/jiei.v10i2.12119.
[6] G. R. Amanda, F. Malihah, S. Indriyastuti, et al., "Pendayagunaan zakat pada masa pandemi Covid-19," Qulubana: Jurnal Manajemen Dakwah, vol. 1, no. 2, pp. 216–222, 2021.
[7] H. Tanjung and I. A. Coryna, "Formulasi strategi penghimpunan zakat oleh Badan Amil Zakat Nasional (BAZNAS)," *Al-Muzara'ah*, vol. 3, no. 2, pp. 158–179, Dec. 2015, doi: 10.29244/jam.3.2.158-179.
[8] H. Wibowo and A. R. Allawi, "The impact of the management of zakat, infaq, and shadaqah on the social-based program of the Sumedang Sehat based on Social Return on Investment (SROI) (Case study of BAZNAS Sumedang Regency)," Jurnal Zakat dan Wakaf, vol. 8, no. 2, pp. 197–218, 2021, doi: 10.21043/ziswaf.v8i2.11193.
[9] I. Hadiyati, N. Sekarwana, D. Sunjaya, and E. P. Setiawati, "Konsep kualitas pelayanan kesehatan berdasar atas ekspektasi peserta Jaminan Kesehatan Nasional," Majalah Kedokteran Bandung, vol. 49, no. 2, pp. 102–109, Jun. 2017.
[10] N. Khamimah and Baidhowi, "Optimalisasi zakat melalui BAZNAS untuk mendukung jaminan sosial kesehatan dengan prinsip syariah," Causa: Jurnal Hukum dan Kewarganegaraan, vol. 13, no. 11, pp. 21–30, 2025, doi: 10.6679/tz3k6p18.
[11] N. P. S. Fauzia and H. Purnamasari, "Analisis Implementasi Kebijakan Program Layanan Universal Health Coverage (UHC) di Kabupaten Pemalang," Jurnal Pemerintahan dan Kebijakan (JPK), vol. 6, no. 1, pp. 32–41, 2024, doi: 10.18196/jpk.v6i1.22493. :contentReference[oaicite:1]{index=1}
[12] P. N. Utama, R. Hidayat, and A. H. Nazwin, "Gambaran pelayanan bidang penanganan kemiskinan, perlindungan dan jaminan sosial," Jurnal Pemerintahan dan Keamanan Publik (JP dan KP), vol. 5, no. 2, pp. 150–165, Aug. 2023, doi: 10.33701/jpkp.v5i2.3358.
[13] R. A. Harahap, "Literature study of zakat distribution in Indonesia," Jurnal Ilmiah Ekonomi Islam, vol. 8, no. 1, pp. 618–624, 2022.
[14] R. N. Ramadhanti, W. S. Abdillah, and A. Abdal, "Penerapan model collaborative governance dalam pelaksanaan program vaksin COVID-19 pada Sentra Vaksinasi Masjid Salman ITB," Ministrate: Jurnal Birokrasi dan Pemerintahan Daerah, vol. 4, no. 3, Nov. 2022, doi: 10.15575/jbpd.v4i3.19403.
[15] S. N. Rajagukguk, "Analisis peran BPJS Ketenagakerjaan dalam meningkatkan kesejahteraan sosial pekerja informal di Padang Bulan Kota Medan," Jurnal Penelitian Ilmu-Ilmu Sosial, vol. 2, no. 11, pp. 88–91, Jun. 2025, doi: 10.5281/15529585.
[16] S. Werni, I. Nurlinawati, and R. Rosita, "Penyelenggaraan upaya kesehatan masyarakat (UKM) esensial di puskesmas terpencil dan sangat terpencil," Jurnal Penelitian dan Pengembangan Pelayanan Kesehatan, vol. 2, no. 1, pp. 13–22, 2018, doi: 10.22435/jpppk.v2i1.427.
[17] Wulan, V. Alparizi, T. D. Kasi, and D. A. Maula, "Analisis pengetahuan masyarakat tentang zakat produktif," Jurnal Indonesia Sosial Sains, vol. 4, no. 1, pp. 16–22, Jan. 2023, doi: 10.59141/jiss.v4i01.529.
[18] A. Supriyadi, "Manajemen Zakat". Tulungagung, Indonesia: Biru Atma Jaya, 2022.
[19] I. Mutmainnah, "Fikih Zakat". Parepare, Indonesia: Dirah, 2020.
[20] R. Subagiyo, "Metode Penelitian Ekonomi Islam: Konsep dan Penerapan". Jakarta, Indonesia: Alim's Publishing, 2017.