

## **Evaluation of the Healthy Service Action Program (ALS) by Dompot Dhuafa East Kalimantan Using the CIPP Model (Context, Input, Process, Product)**

**Muhammad Aidil Ali**

Mulawarman University, Indonesia  
aidilali203@gmail.com

**Rais Abdullah**

Mulawarman University, Indonesia  
rais.abdullah@feb.unmul.ac.id

### ***Abstract***

*This research, conducted by Muhammad Aidil Ali and titled “Evaluation of the Healthy Service Action Program (ALS) of Dompot Dhuafa East Kalimantan using the CIPP model (Context, Input, Process, Product), was supervised by Mr. Rais Abdullah. The aim of this study is to evaluate a health program that provides access to communities in poverty-stricken areas. The methodology used is qualitative, with data collected through interviews, observations, and documentation. Data validity was tested through source triangulation.*

*The evaluation results show that in the Context dimension, the ALS program is designed to meet health needs in remote areas. In the Input dimension, the management of human resources and funding is good, although there are challenges in equal fund distribution. The Process dimension indicates that preventive and curative services are effective, but rehabilitative services need improvement. Program management is sound, despite limitations in resources. In the Product dimension, the program successfully meets short-term health needs, but sustainable access remains a challenge. Feedback from beneficiaries suggests a need for increased program frequency to meet ongoing health needs.*

**Keywords:** Program Evaluation, Health Services, Dompot Dhuafa, CIPP

## A. INTRODUCTION

Zakat is the term for a portion of wealth that affluent individuals are obligated to give to their less fortunate brothers and sisters, as well as for the welfare of the community, which includes maintaining social order and improving the living standards of the population. Currently, the poverty and unemployment rates in Indonesia remain very high, with a significant portion of the population being Muslim. All segments of the community share the responsibility to continuously strive to optimize the function of zakat and enhance its impact.

According to the Republic of Indonesia Law Number 23 of 2011 on Zakat Management, the fulfillment of zakat is an obligation for capable Muslims in accordance with Islamic law. Zakat serves as a religious institution aimed at promoting justice, social welfare, and poverty alleviation. Among other countries in the world, Indonesia has the largest Muslim population. In 2014, 87.2% of Indonesians identified as Muslim. With such a large Muslim population, Indonesia also has significant zakat potential. Research conducted by Baznas and the Islamic Development Bank (IDB) estimates the national zakat potential to be around Rp 217 trillion.

Given the immense potential of ZIS (Zakat, Infaq, and Sedekah) and other policy funds, if fully harnessed, it could greatly assist in addressing the challenges faced by those in distress, such as individuals who are ill and need healthcare services. The availability of zakat, infaq, and sedekah funds serves as a solution to help those in need, particularly in healthcare.

Many individuals living in economically limited conditions (Dhuafa) often struggle to access healthcare services. Healthcare can be expensive for those with limited financial means, especially in rural areas. Additionally, the lack of information and health education in these regions increases the prevalence of degenerative diseases and the spread of infectious diseases within the community. In response to these challenges, Dompot Dhuafa, an organization dedicated to zakat and humanitarian efforts for over 29 years, has taken concrete steps to provide free medical services to the poor. Through its health division, Dompot Dhuafa actively conducts the Healthy Service Action (ALS). ALS is a free healthcare program aimed at reaching and facilitating access to health services for communities located in poverty-stricken areas and far from healthcare facilities.

The ALS program has been progressing well; however, there are still areas for improvement. Specifically, in East Kalimantan, the medical equipment available is limited, preventing health checks from fully meeting the community's needs. Furthermore, the researcher seeks to understand how Dompot Dhuafa, through the ALS program, provides sustainable health services in areas with limited access to healthcare and within pockets of poverty. Health is a crucial need, and communities require ongoing or long-term health services, not just temporary solutions.

Evaluating any program is essential to determine whether it aligns with its intended objectives. Such evaluations are expected to ensure that the ALS program fulfills its

mandate from the community by implementing initiatives that meet stakeholder needs and maintaining quality from inputs and processes to outputs, thereby benefiting all stakeholders.

## **B. LITERATURE REVIEW**

### **Evaluation**

Evaluation is a procedure or process that involves the selection, collection, analysis, and presentation of information that can serve as a basis for policy-making or decision-making regarding a particular object. In the context of program evaluation, the object being assessed is a program along with the systems and subsystems within it. The purpose of program evaluation is to determine whether the program has been implemented in accordance with the established objectives. Additionally, program evaluation serves as an effort to provide information to decision-makers. (Ambiyar, 2019)

### **Evaluation In Islam**

In Islamic perspective, the concept of evaluation can also be described as self-evaluation or muhasabah. In Surah Al-Hasyr, Verse 18, it states:

*"you who have believed, fear Allah. And let every soul look to what it has put forth for tomorrow (the Hereafter)."*

This verse contains the message to always be conscious of Allah, to carry out His commands, and to avoid His prohibitions. Furthermore, it instructs individuals to engage in self-reflection or muhasabah to achieve a better future. Self-evaluation is the process of introspection to assess one's actions, attitudes, and mistakes that have been made. Muhasabah is one of the noble habits in Islam that is encouraged for Muslims to practice.

In Islam, self-reflection is understood as self-evaluation. The Prophet Muhammad SAW said, *"Indeed, the accountability on the Day of Judgment will be light for those who used to hold themselves accountable during their life in this world."*

### **CIPP MODEL**

In Antariksa *et.al.*, (2022), the CIPP model evaluation proposed by Stufflebeam evaluates not only the results but also all aspects, including context, input, process, and product. Thus, the assessment conducted is comprehensive or holistic, which includes:

First, Context Evaluation aims to explain and describe in detail the specifications of the program objectives that will focus on activities according to expectations. Therefore, context evaluation can be summarized as an assessment of the needs and characteristics of individuals who will receive services from the activities or program. This evaluation includes several important components, such as the background of program implementation and the objectives of the program itself.

Second, Input Evaluation aims to assist decision-making by determining the available resources, planning strategies to achieve goals, and establishing the necessary work procedures. Components in input evaluation include human resources, supporting facilities and equipment, budget, and various relevant procedures or regulations. This

evaluation is conducted to assess alternative approaches, action plans, staff management plans, and funding needed for the program to meet the needs of the target group and achieve the established objectives. The results of this evaluation are useful for policymakers in selecting the design, form of funding, resource allocation, implementers, and activity schedules that are most suitable for the program's sustainability.

Third, Process Evaluation serves to support the implementation of decisions by assessing the extent to which plans have been implemented and which aspects need revision. Components in process evaluation include program implementation, program management, and obstacles that arise during implementation that need to be addressed. This evaluation aims to assess the implementation of the established plans, thereby helping implementers in conducting activities while also providing information to other user groups regarding program performance and predicting outcomes.

Fourth, Product Evaluation is used to assist in subsequent decision-making, both related to the results achieved and the actions taken after the program is implemented. In other words, this evaluation is an assessment conducted to measure the success of achieving the objectives. This assessment includes the impact experienced by the beneficiaries or participants of the ALS program. The goal of product evaluation is to identify and assess the results achieved, both expected and unexpected, in the short and long term for the implementers of the activities. This aims to enable them to focus more on achieving the program's targets, as well as for other users in gathering efforts to meet the needs of the target group. (Winaryati et al., 2021)

### **C. RESEARCH METHODOLOGY**

In this research, the author conducts a qualitative study using a descriptive method. The collected data is in the form of words or images, thus not emphasizing numerical values. The data collected is analyzed and then described (Sugiono, 2018). This study employs the descriptive research method to process and utilize the data obtained in the field to provide an overview of the program being studied, specifically the evaluation of the use of ZISWAF funds in the Healthy Service Action program by Dompot Dhuafa in East Kalimantan.

This research focuses on the Evaluation of the ALS Program using the CIPP evaluation model. The Context component consists of two aspects: the needs to be addressed and the program objectives. The Input component consists of five aspects: human resources (HR), funding or budget, supporting facilities and equipment, procedures, and area selection. The Process component comprises three aspects: the implementation process of the program, program management, and the main issues encountered during the program's implementation. The Product component consists of two aspects: the achievement of objectives/results attained and the impact on the program beneficiaries. The data collection techniques used in this study include observation, interviews, and documentation. For data analysis techniques, according to Miles & Huberman (2014), there are data condensation, data display, triangulation, and conclusion drawing. (Miles

& Huberman, 2014)

## **D. RESULTS AND DISCUSSION**

Based on data obtained through interviews with six informants, several findings from the Evaluation of the Healthy Service Action (ALS) Program by Dompot Dhuafa in East Kalimantan can be identified through the CIPP model, including:

### **Context Dimension**

The context component consists of two aspects: identifying needs to be addressed and formulating program objectives. The needs to be met through the ALS program focus on the community as a whole, rather than just individuals. These needs include access to adequate healthcare services for people living in remote areas or those difficult to reach by health facilities. To determine these needs, Dompot Dhuafa conducts an assessment of diseases that are trending in the area. For instance, if a particular disease is more prevalent than common illnesses in a certain area, a specialist doctor will be brought in. By doing this, Dompot Dhuafa can adjust the resources needed for the ALS program's implementation.

The objective of the ALS program is to provide health access that is unreachable for the community and to be present among those who struggle to access healthcare facilities, particularly in poverty-stricken areas. Additionally, this program aims to implement health initiatives that benefit those in need.

### **Input Dimension**

The input component consists of five aspects: human resources (HR), funding, site selection, procedures, and infrastructure for the program. In determining HR for the ALS program, the needs are clear and relevant. The required personnel for ALS include doctors, nurses/medical assistants, and volunteers. The personnel are also adjusted according to the health conditions of the targeted village; for example, if a village has various health issues, a general practitioner is assigned. If there is a higher prevalence of a specific disease, a specialist is brought in.

The funding for this program primarily comes from zakat. However, in areas where the majority of the population is non-Muslim, both zakat and infak (voluntary donations) are utilized. Hence, there are procedures to distinguish between these funding sources. Infak funds are chosen because the services are accessible not only to mustahik (those eligible to receive zakat) but also to non- mustahik and non-Muslim individuals. This funding has been regulated in the Annual Work and Budget Plan (RKAT). However, the author believes that applying a uniform budget for all locations can be challenging, as each program site has different needs that require flexible funding allocation. For instance, more remote locations may need higher operational costs, necessitating additional funds.

Furthermore, in selecting program locations, Dompot Dhuafa conducts assessments to determine areas with difficult access to health facilities, particularly regions with mustahik populations. The program guidelines ensure that these areas indeed have

challenging healthcare access. The partnership selection process also ensures that medical and administrative needs are addressed. Supporting facilities include medications, medical equipment, transportation, food, and administrative forms. All necessary supplies are brought by Dompot Dhuafa.

The use of infak is optimized to reach non-mustahik and non-Muslim community members in need. Dompot Dhuafa's approach, which differentiates between zakat and infak based on the beneficiary's status, is firmly rooted in Islamic sharia, as reflected in the Qur'an and Hadith. Regarding zakat usage, the Qur'an clearly states that it must be distributed to eight specific groups, known as asnaf: the poor, the needy, zakat collectors, new converts, those in bondage, those in debt, for the cause of Allah, and travelers in need. This is mentioned in Surah (At-Taubah, 9:60):

*"Zakat is only for the poor, the needy, those who collect it, those whose hearts are to be reconciled, to free the captives, to help those in debt, for the cause of Allah, and for the traveler. This is an obligation from Allah. Allah is All-Knowing, All-Wise."*

Thus, zakat has specific conditions for use among Muslim mustahik, as per the mentioned groups. Meanwhile, infak and sadaqah (charitable donations) have more flexible usage. In several Hadiths, the Prophet Muhammad ﷺ emphasized the importance of helping anyone in need, regardless of their religion. One example is a Hadith narrated by Al-Bukhari:

*"Be good to whoever is on earth, and those in heaven will be good to you."* (HR. Al-Bukhari)

The Qur'an also explains this in Surah (Al-Mumtahanah, 60:8):

*"Allah does not forbid you from being righteous and just toward those who do not fight you because of religion and do not expel you from your homes. Allah loves those who act justly."*

From this, it can be concluded that infak can be given to anyone in need, including non-Muslims, as a form of social care and universal goodness. This approach emphasizes that Islam teaches justice and compassion for all humans, regardless of their religion.

#### Process Dimension

The process component consists of three aspects: program implementation, management and monitoring of the program, and identification of problems or obstacles. In the ALS implementation, there are three services provided. The first is preventive, which includes socialization, health education, or outreach. Based on the author's observations, the themes of the outreach or education sessions are aligned with current disease trends in the community, including issues like stunting. The second service is curative, involving treatment and medication administration. Treatments are provided through direct medication dispensing, as time constraints prevent extended care. The third service is rehabilitative, aimed at patients with specific illnesses requiring follow-up care. However, rehabilitative services are still under-implemented.

In management and monitoring, an initial site assessment is conducted to determine the target program location. During implementation, controlling (monitoring) is carried out by filling out registration forms for beneficiaries, which will then serve as program

documentation. The goal is to validate that the individuals who attend are indeed local residents, not just random entries. The data is input into a dedicated website for beneficiary records. After the program, Dompot Dhuafa must publicize the activities, detailing the beneficiaries and the benefits provided.

The main issues in this program relate to resources and finances. Since the budget for this program is set in the RKAT and is uniformly allocated, it does not cater to the specific needs of each location. Additionally, the medical equipment available for healthcare personnel is still limited. The medical equipment provided includes blood sugar, cholesterol, uric acid testing tools, blood pressure monitors, thermometers, and weighing scales. However, other specialized examination tools, such as pulse oximeters (for checking blood oxygen levels), oftalmoscopes (for eye examinations), oral health check tools, and other medical equipment, are not available. Such specialized tools are essential because there may be community members with specific health issues, even if the prevalence is low.

#### Product Dimension

The product component consists of two aspects: program outcome achievement and whether the program meets the target beneficiaries' needs. In terms of program outcomes, the short-term impacts can be considered successful. The implementation has clearly defined many beneficiaries, indicating that the program is running well. The ALS program has consistently met its targets. For beneficiaries, the program has fulfilled the short-term needs, particularly since accessing healthcare in these areas is challenging.

This program undoubtedly assists those in need of health services. However, in the long term, the program has yet to fully meet the community's healthcare access needs. Interviews with program beneficiaries reveal their desire for the program to be conducted more than once in their villages.

The ALS program has addressed the urgent healthcare access needs of communities that struggle to access services. This demonstrates that the strategies formulated are in line with on-the-ground needs analysis. Meeting these short-term needs is a primary goal of Dompot Dhuafa's healthcare service strategy. However, the long-term needs of the community remain unmet, indicating that long-term strategies need to be refined.

Feedback from beneficiaries expressing their desire for repeated programs in their villages is crucial information for formulating better strategies. This highlights the need to consider sustainability strategies that involve regular visits, training local medical personnel, or developing more permanent healthcare infrastructure in these areas.

### **E. CONCLUSION**

After evaluating the ALS program by Dompot Dhuafa in East Kalimantan using the CIPP model, it can be concluded that, in the Context dimension, Dompot Dhuafa has effectively identified the needs to be addressed and set relevant program objectives. In the Input dimension, the ALS program has been well-structured, covering aspects such as human resources, site selection, procedures, and infrastructure. The use of infak funding

allows the program to reach various community groups. However, the uniform allocation of funds across all locations presents a challenge, as the needs of each site vary.

In the Process dimension, the implementation of the ALS program has been carried out effectively, though the implementation of rehabilitative services still needs improvement. The management and monitoring of the program have been effective. The main challenges faced are limitations in resources and specialized medical equipment.

In the Product dimension, the program has produced good results and met its short-term targets. However, it has yet to address its primary issue: the need for sustainable or long-term healthcare services.

## REFERENCES

- Ambiyar, M.Pd. & Muhardika D., SST., M. P. T. (2019). *Metodologi Penelitian Evaluasi Program*. Bandung: Afabeta cv. Diakses pada 22 November 2023.
- Antariksa, W. F., Fattah, A., & Utami, M. A. P. (2022). Evaluasi Program Pendidikan Pesantren Mahasiswa Model Cipp (Context, Input, Process, Product). *Evaluasi: Jurnal Manajemen Pendidikan Islam*. <https://doi.org/10.32478/evaluasi.v6i1.848>
- Canggih, C., Fikriyah, K., & Surabaya, U. N. (2017). *Potensi dan realisasi dana zakat indonesia*. <https://journal.unesa.ac.id/index.php/jie/article/view/216>
- Eny Winaryati, Muhammad Munsarif, Mardiana, S. (2021). Model-model evaluasi aplikasi dan kombinasinya. In *Penerbit KBM Indonesia*. Jogjakarta: KBM Indonesia. Diakses pada 22 November 2023.
- Kemenag. (2014). *Menjadi Muslim, Menjadi Indonesia (Kilas Balik Indonesia Menjadi Bangsa Muslim Terbesar)*. <https://kemenag.go.id/opini/menjadi-muslim-menjadi-indonesia-kilas-balik-indonesia-menjadi-bangsa-muslim-terbesar-03w0yt>
- Matthew B.Miles, Huberman, A. M., & Saldana, J. (2014). *Qualitative Data Analysis A Method Sourcebook*. London, SAGE Publications, inc. Diakses pada 30 Oktober 2023.
- Rosadi, A. (2014). *Redistribusi Zakat melalui Pendekatan Diyani dan Qadh'i dalam Hukum Islam*. file:///C:/Users/lenovo/Downloads/8615-23649-1-PB.pdf
- Sugiyono. (2018). *Metode Penelitian Kuantitatif, Kualitatif, R & D*. Bandung: CV Alfabeta. Diakses pada 15 Januari 2024.
- Sugiyono. (2020). *Metode Penelitian kuantitatif, kualitatif, R & D*. Alfabeta, Bandung