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Social Profit Density of Health-Care Waqf:
Case Study of Muhammadiyah Hospitals and Clinic in Yogyakarta

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ABSTRACT
This paper aims to analyze the development of productive waqf (health-care endowment) by Muhammadiyah Yogyakarta in improving its social benefits. The objects in this study are PKU Muhammadiyah Hospital Jl. Achmad Dahlan, PKU Kotagede (Mother and Child Hospital), and Firdaus Primary Clinic. The key informants in this study were the hospital and clinic's top ten management. By using ANP and logic model, this research found that each object has different priorities in developing waqf assets and health services. The activities and policies that were taken by the Muhammadiyah's authorities in order to maximize the waqf benefits and social business for the waqf beneficiaries are cost reduction for chronic patients, free medical examinations and treatment, rural development, education funding support, disaster relief, working capital support, mosque construction and funeral assistance, financial assistance for low-income teachers, facilities and infrastructure assistance for Muhammadiyah members and else. The average amount of social funds spent each year is around five to ten percent of total profits, excluding the contributions to the members' (Muhammadiyah) care services and health insurance (BPJS). Furthermore, since 2014 the ratio of patients receiving free medical care was predicted around forty to fifty percent out of the total services. Even starting in 2016, the average social services close to sixty to seventy percent and has continued to increase over the years. It proves that the benefit provided by Muhammadiyah's hospitals and clinics to the waqf beneficiaries is quite high.

Keywords: Health-Care Waqf, Waqf Benefit, *Muhammadiyah*

1. INTRODUCTION

Waqf system confusing mostly economists by the fact that numerous essential services such as health, education, charitable assistance like bridges, worshipping facilities, orphanages, nursing homes, disability rehabilitations, etc., were provided in history at no cost whatsoever by the government (Cizakza, 1998). Hence, the waqf system admittedly contributed significantly to the ultimate goal of modern economies as it leads to a massive reduction in government expenditure, freeing government funds to other sectors, with its attendant benefits of economic development (Lawal & Ajayi, 2019).

Unlike Malaysia that undertaken a waqf system strictly controlled by the government as the only trustee (*nazhir*), Indonesia puts the government, personal, as well as other waqf institutions are as managers to whom the waqf was entrusted. Muhammadiyah, as one of the largest management waqf assets in Indonesia, maximizes its waqf's benefits through Muhammadiyah Business Charity (AUM). AUM aims to eradicate the poverty by helping the poor and the needy in three points of establishing schools (pre to high), Islamic boarding schools, or modern colleges and universities (schooling); establishing hospitals, clinics, maternity homes, medical centres, and the like (healing); and establishing nursing homes, orphanages and other charitable assistance (feeding).

Utami et.al., (2017) found that education and health are the priorities sectors that develop most in AUM. Clinics, hospitals, and universities are the top posts that have myriad potential to create additional revenue for Muhammadiyah. Waqf which is intended for the health sector has indeed been an important part of the development of waqf from the past until now. The evidence is that hospitals financed by waqf institutions have developed and can be found in various countries such as Egypt, Syria, Sudan, and other Islamic countries, including Indonesia (Usman, 2014).

Better health will certainly have a positive impact on community productivity and human resource development so that it will also have a positive impact on sustainable economic growth and social development (Saduman & Aysun, 2009). In addition, primary health care has become a need for Muslims and society in general and this need has an increasing trend. Therefore, like other waqf institutions, the statement stated that this reason was an impetus for Muhammadiyah to place health as one of the things that must be prioritized in developing the assets or waqf funds collected.

Muhammadiyah has been managing waqf assets since 1912 until it has grown rapidly to this day. The author believes the more Muhammadiyah members were exposed to the information about social benefits bulk received by the *mauwquf 'alaih* (beneficiaries), the higher level of public trust increased in Muhammadiyah. Regarding this issue, the researcher would like to analyze the effort to increase the number of social benefits from the development of waqf in the health sector.

2. LITERATURE REVIEW

2.1. Al-Ma'un and AUM

Muhammadiyah proposes the theological approach to the Al-Qur'an Surah *Al-Ma'un* (Verse 1-7) to alleviate the poverty and relieve the destitute (Nashir, 2015) by introducing Amal Usaha Muhammadiyah-AUM (Muhammadiyah Business Charity) (Huda S. , 2011). Muhammadiyah has proven its commitment seriously and consistently in practicing the Al-Qur'an Surah *Al-Ma'un*. The evidence shows thousands of Muhammadiyah schools from pre to high level. More than 172 colleges and universities had been spreading and growing across Indonesia. More than 2000 clinics and hospitals and more than 318 orphanages and thousands of mosques and other philanthropic institutions under the auspices of Muhammadiyah.

The first PKO (Penolong Kesengsaraan Oemoem) Clinic was established in 1912 in Yogyakarta which is today known as PKU General Hospital (Pembina Kesejahteraan Umat). PKU Hospital provides more advanced services than the initial one that was prioritize to the *mustadh'afin* (poor and oppressed people). PKU today offers services from lower class to the president suite class. There were seven general hospitals, two maternity hospitals, one oral and dental hospital, one mother and paediatric hospital, one primary clinic and three general clinics, and one maternal and child clinic at Yogyakarta.

What needs to be underlined from the data above is not a large number of health services available, but rather the benefits felt by the community (Sumarno, 2017). Whether the increase in the number or the presence of modern hospital buildings provides greater benefits than before, or is it the same or even reduced. Whether the services available were accessible and affordable by the public and the poor due to the cost issues. If it was so, it means that the AUM for health-care waqf is in line with the spirit of *Al-Ma'un* which is closely related to the work ethic and entrepreneurship of Muhammadiyah, which the social benefit obtained was value-added to empower the *mustadh'afin* (Baidhawy, 2013).

2.2. Muhammadiyah's Health-Care Waqf

AUM health waqf is a health business charity that provides professional health services as well as charitable services for the poor and other forms, which are institutionalized, established, owned, and fully managed by Muhammadiyah under the responsibility of the leadership of the association and the general health advisory board as its auxiliary elements (Sutrisna E. , 2015).

Health business charity is an effort to practice the teachings of the Al-Qur'an *amar ma'ruf nahi munkar* (order to the goodness and void any the badness) and *tajdid* (modernism) which in its implementation is based on the principles of the Islamic worldview for Muhammadiyah members, including excellence, trustworthiness, honesty, professionalism, and mission orientation, public usefulness, reliability, impartiality and associational obedience (Syamsuddin M. D., 2014), (Muhammadiyah, 2015).

2.3. Productive Waqf

Productive waqf is defined as a transformation from natural waqf management to professional waqf management which aims to increase or increase the benefits of waqf (Mubarok, 2008). According to Qahaf (2004), productive waqf can be interpreted as waqf of assets used for production purposes, where waqf assets are managed to produce goods or services which are then sold and the results are used in accordance with the purpose of the waqf. Based on some of these understandings, it can be understood that a *nazhir* (waqf authorities) game is to be able to manage and develop waqf assets in order to be productive.

Productive waqf or the word waqf in general is not clearly stated or found directly in the Qur'an. Al-Qur'an only has *infaq* and its derivatives, where the scholars categorize waqf as *infaq* (Lasmana, 2016). Therefore, the basis used by the scholars to explain the concept of waqf, is based on the generality of the verses of the Qur'an that explain the related *infaq*. One of them as it should be in Quran Al-Baqarah verses 261-263.

2.4. Maslahah

Maslahah etymologically means a benefit, benefit, good, good, useful. Al-a'rab oral author (Suratmaputra, 2002) states:

أَلْمَصْلَحَةُ الصّلاَحُ، وَالْمَصْلَحَةُ وَاحِدَةُ الْمَصَالِحِ

Maslahah means goodness, and it is a *mufrad* or singular form of the word *masalih.* While according to the term, al-Ghazali (Suratmaputra, 2002) provides the following definition:

"*Maslahah* is basically an expression of taking advantage and rejecting harm, but that's not what we mean; because to gain benefit and reject harm is the goal of creatures (humans), and the good of the creatures will be realized by achieving their goals. What we mean by *maslahah* is to maintain the goals of *syara'* or Islamic law, and the goals of syara' of these creatures are five, namely to maintain their religion, soul, mind, lineage, and property. Anything that contains efforts to maintain the five principles is called *maslahah*, and every eliminating these five principles is called *mafsadat* and rejecting them (*mafsadat*) is called *maslahah*."

From the *ta'rif* (definition) *maslahah* above, al-Ghazali clearly distinguishes between *maslahah* according to the human view and the view of Islamic law. Humans want to achieve benefit and Islamic law also wants to achieve benefit. However, the benefit desired by humans is not necessarily the same as the benefit desired by Islamic law, and vice versa. Therefore, to determine whether something

is *maslahah* or not the barometer is not human taste or lust, but the benchmark is what *syara'* or Islamic law says.

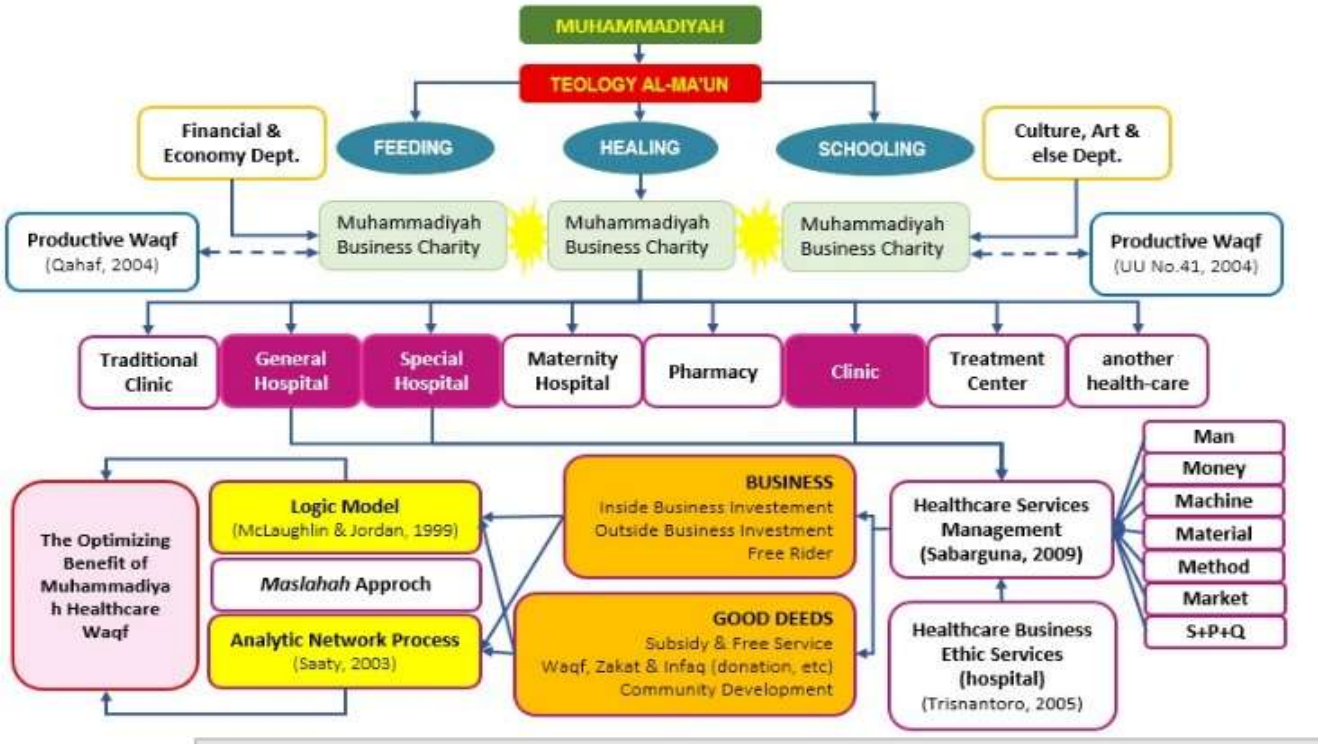

Figure 1. Theoretical Framework

3. METHODOLOGY

This paper will analyze the health service management, resource management, logistics management, facilities management, healthcare (hospital) business ethics of two hospitals and one primary clinic in Yogyakarta i.e. PKU Kota, PKU Kotagede (maternal & paediatric hospital) and Firdaus Clinic, using ANP and Logic Model tool by interviewing 10 key informants.

Process analytic network is a method that was first introduced by Professor Thomas L. Saaty, who intends to replace the Hierarchy Process Analytics (AHP) method. The advantage of ANP when compared to other methods lies in its ability to measure and synthesize the number of factors in a hierarchy or network. (Rusydiana, 2015: 19). Ascarya (2005), explains that and can provide a general framework for dealing with decisions without first making assumptions regarding the independence of elements at a higher level from elements at a lower level and the independence of elements at a lower level being at one level.

Model logic is a visual method for conveying an idea by describing and sharing the understanding of the interrelationships between elements to carry out a program or change effort (Knowlton & Philips, 2012). Mc Laughlin and Jordan (Rohmatullah & Shalahuddin, 2014: 146) define a logic model as a tool to describe program performance in order to answer questions such as: what is trying to be achieved and why a program is considered important, how to measure its effectiveness, and how to do it effectively correct.

The geometric mean calculation carried out aims to determine the results of individual assessments obtained from experts (respondents), as well as to determine the results of opinions in one group (Saaty & Vargas, 2006). Questions in the form of comparisons obtained from experts (respondents) will later be combined, so that an agreement is obtained. Geometric mean has the following formula (Ascarya, 2011):

$$(\Pi_i^n = 1a_i)^{1/n} = \sqrt[n]{a_1 a_2 \dots a_n} \quad \text{..... (3.1)}$$

Rater agreement is a measure that describes the level of conformity (approval) of the respondents (r1-rn) to a problem in a cluster. A tool to measure it is to use Kendall's coefficient of concordance (w;0 < w 1). The steps taken to calculate Kendall's (w), include the following: first assigning a ranking to each answer then adding them up.

$$R_i = \Sigma_j^m = 1r_{i,j} \quad \text{..... (3.2)}$$

Then for the average value of the total ranking obtained from:

$$R = \frac{1}{2}m\,(n+1) \quad \text{..... (3.3)}$$

Furthermore, for the sum of squared deviation(s), it can be calculated by:

$$S = \Sigma_i^n = 1(R_1 - \bar{R})^2 \quad \text{..... (3.4)}$$

The value of Kendall's (w) is:

$$W = \frac{12S}{m^2(n^3-n)} \quad \text{..... (3.5)}$$

If the value of the test results w is 1 (w = 1), it means that it can be concluded that the opinions or judgments of the experts (respondents) have a perfect match. Whereas when the value is 0 or getting closer to 0, it shows that there are varied answers, meaning that the answers between respondents have a discrepancy with each other (Ascarya, 2011).

4. FINDING AND DISCUSSION

4.1. RS PKU Yogyakarta

The verification process of the logic model presented in Figure 2 below is carried out in one of the activities that support the development of the hospital so that it can provide greater benefits or maslahah. The situation or contextual problems faced are limited available land, the inefficiency of human resources, and weak support staff. If medical, non-medical personnel, experts and temporary staff, quality of service, and available budget are used to carry out activities, then activities in the form of training and cadre can be carried out.

If the activity is completed, then it produces output in the form of skills and quality of human resources, as well as improving the service quality. If the skill and quality of human resources, as well as the quality of service increase, then patients will get better services. If so, then the trust and loyalty of the patient will be better. Therefore, the hospital will generate more income.

If in the short-term benefits were met, then the PKU's assets will rise, public trust in donating their wealth to Muhammadiyah will be higher and the maslahah given to the mauquf 'alaih will also increase

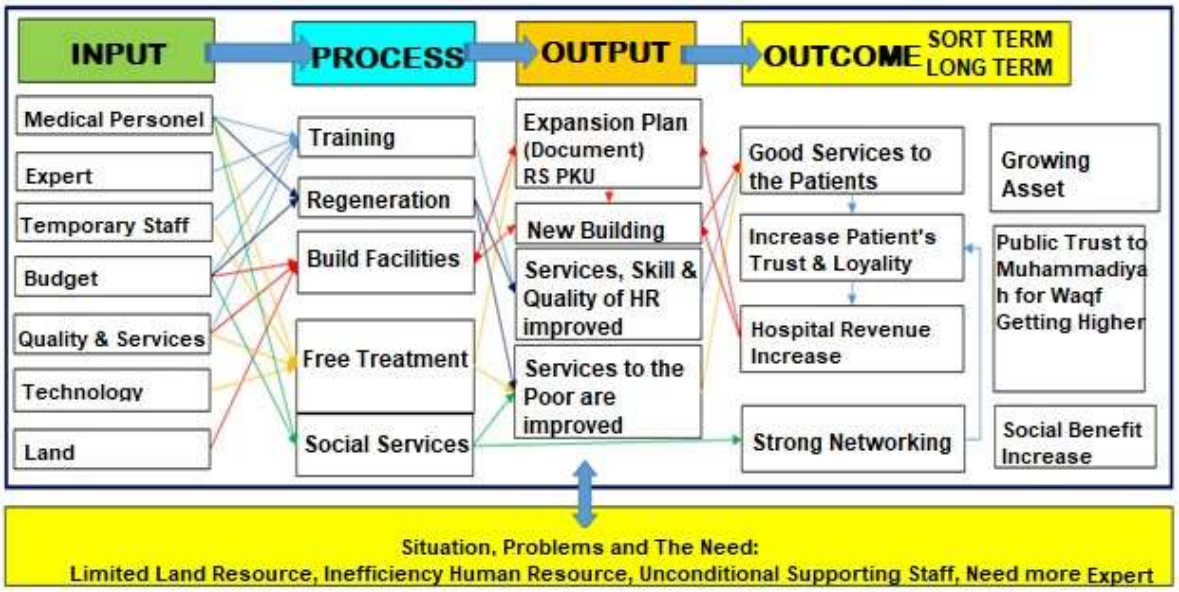

Figure 2. Logic Model for RS PKU Yogyakarta

4.2. RS PKU Kotagede (Maternity and Paediatric)

The contextual situation or problems faced are the limited available funds, limited space, the existence of part of the population's land in the middle of the hospital building, inefficient mobilization of human resources, the availability of certain equipment is limited (the price is expensive), and it is rather difficult to get permits from the hospital. The community and from the government/department. If medical, non-medical, temporary staff, quality of service, tools or technology owned by the hospital are used to carry out activities, then activities in the form of services for underprivileged patients by providing the same quality of service but given cost reductions even to the point of being free can be carried out. If these activities are completed, then the service to patients who are less able to increase. If services to patients are less able to improve, then patients or the community get better services (get

greater benefits). If the patient gets better service, then the trust and loyalty of the patient increases. If the trust of patients (community) increases, then hospital income also increases. If the short-term benefits are met, then the hospital assets (owned by Muhammadiyah) are growing, the public's trust to endow their wealth to Muhammadiyah is higher and the *mashalah* given to the *mauquf 'alaih* will larger.

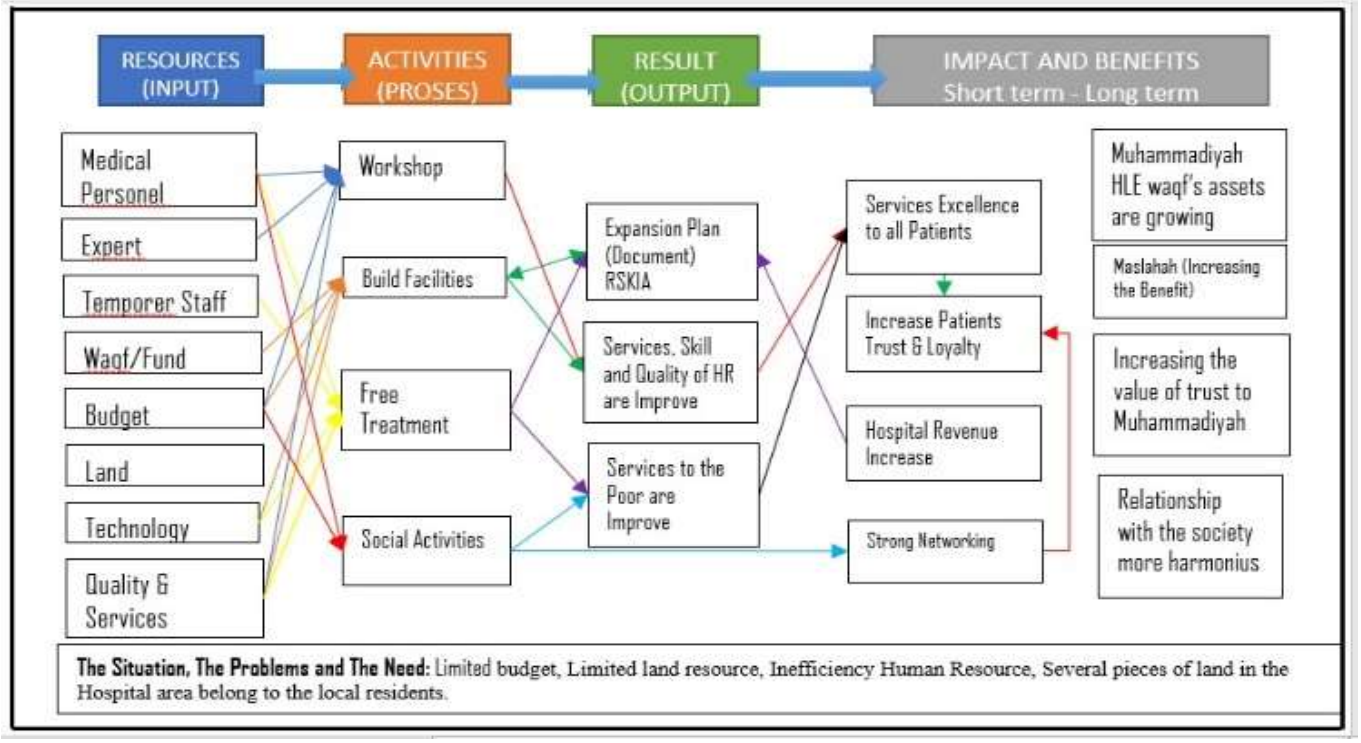

Figure 3. Logic Model for RSKIA PKU Kotagede

4.3. Primary Clinic Firdaus

The contextual situation or problems faced are the absence of a laboratory, the parking area needs to be expanded, the community is not fully aware of the existence or services provided by the clinic, limited human resources (staffs) (still lacking). If the available land and the budget owned by the clinic are used to carry out activities, then activities in the form of building or renovating the facilities and infrastructure needed by the clinic can be carried out. If the activity is completed, it will produces output in the form of new building and better facilities. If the facilities and infrastructure (new buildings) and the facilities provided to patients increase, then patients or the community get better services (get greater benefits). If the patient gets better service, the trust and loyalty of the patient will increases. If the trust of patients (community) increases, the clinic's income will also increases. If the clinic's income increases, it can be used again for clinic development. If these short-term benefits are met, then the clinical assets (owned by Muhammadiyah) will be even greater, the public's trust in donating their wealth to Muhammadiyah will be higher and the maslalah given to the community will also be higher (increase).

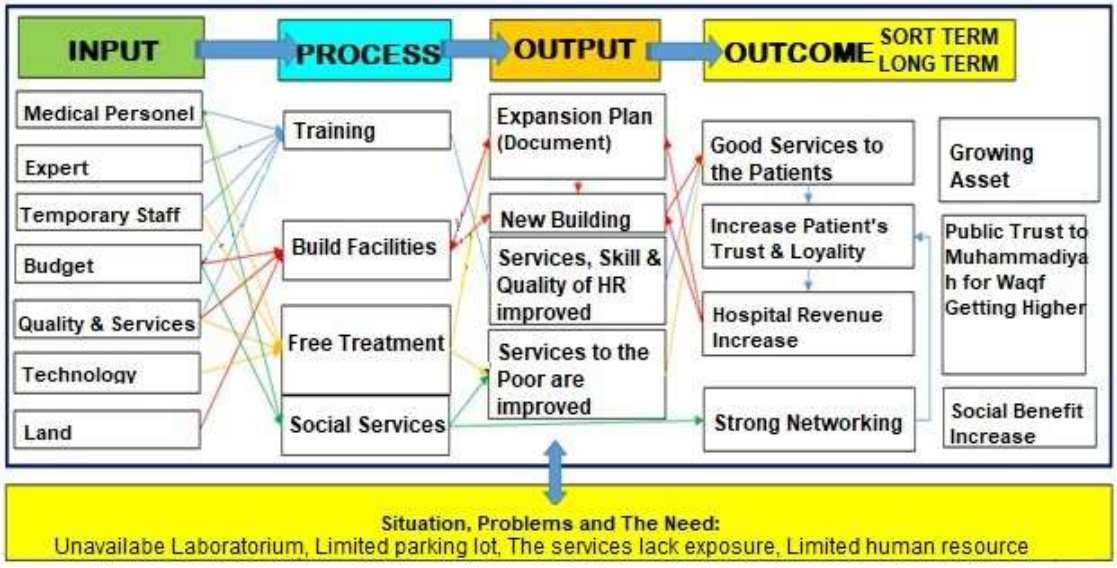

Figure 4. Logic Model for Primary Clinic Firdaus

5. CONCLUSSSION AND RECCOMENDATION

This paper aims to analyze the development of productive waqf (health-care endowment) by Muhammadiyah Yogyakarta in improving its social benefits. It proves that the benefit provided by Muhammadiyah's hospitals and clinics to the waqf beneficiaries is quite high. Thus, the paper suggests

(1) RS PKU Muhammadiyah Yogyakarta to immediately repair its operating room, in order to fulfil the priority of a quality hospital. (2) RSKIA Muhammadiyah Kotagede is advised to continue to upgrade its desired status to become a General Hospital by requesting support from Nazhir Cash Waqf of Muhammadiyah Yogyakarta to start fundraising for it on their platform. (3) It is recommended that the Pratama Firdaus Clinic implement several strategies in order to improve the image and brand of the clinic so that it is widely known. (4) It is appealed to Muhammadiyah General Health Assembly to pay more attention to any development related to health business charity so that its positive impact can be controlled and exposed.

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