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HEALTHCARE WAQF AND SOCIO-ECONOMIC DEVELOPMENT IN INDONESIA: CASE STUDY OF HOSPITAL ROEMANI MUHAMMADIYAH

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ABSTRACT

The article describes a waqf-based hospital in Indonesia to show continuity and change in the development of waqf-based Islamic hospitals, which began in the Prophetic era and has survived until today. The findings show there are several transformations from waqf-based hospitals in medieval and early modern Islam where many of the founders, from the Sultan and the elites of the Islamic dynasty to the donors, come from the civil and private sector, for instance, Ḥājj Roemani, the founder of Hospital Roemani Muhammadiyah, an entrepreneur with the same background as Hakim Muhammad Said of Hamdard Pakistan. Also, there is a shift

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from what is called "free healthcare service to the needy and poor", which is generally understood as fully free, to the several features of changes ranging from a very nominal charge, reduction of the cost, and health insurance with low premiums subsidized by the state for the needy and poor. The shifting influence of the hospital management model towards a commercial, even though the hospital itself is waqf based, whose essential character is non-profit. We argue this is due to the human population growth and the challenges of the emergence of various diseases until the pandemic, increasing the need for health funds. Hence, the hybrid scheme of Islamic philanthropy funds is needed and can make this hospital an institution that not only plays a role in the socio-economic development in the health sector but extends to other socio-economic sectors.

Keywords*: waqf, socio-economic development, healthcare, Islamic hospital, Muhammadiyah*

INTRODUCTION

The challenges of fulfilling health, a basic human need to live a decent and productive life, have become even more severe after the Covid-19 pandemic broke out globally. Apart from Covid-19, other challenges emerged as implications for the digital era, namely the infodemic is how people receive invalid information and hoaxes about a disease. It complicates the challenge of global human health development and another long-rooted problem, namely inadequate human resources for health and poor health systems financing.[4]

Therefore, it is necessary to try and maximize the search for sources of health financing for the people, which so far has mainly been from government, society, and private to alternative sources, including user fees (tariffs), tax-based, earmarked taxes, social health insurance, loans (soft, moderate, hard loans), grants, corporate social responsibility, charity, and

[4] Don Eliseo III Lucero-Prisno et al., 'Top Ten Public Health Challenges to Track in 2022,' *Public Health Challenges*, vol. 1/3 (2022): 1-10, https://doi.org/10.1002/puh2.21.

community health financing.[5] Hitherto, the health financing sought by the government with the social security system, for example, in the context of Indonesia, experienced a deficit throughout 2016-2017, and finally, private household out-of-pocket (OOP) became the most significant percentage contributor to total health expenditure and universal targets. Health coverage is increasingly challenging to achieve.[6]

Both health and education, as constituents of economic growth and overall development, lead to state intervention. If it does not, it will raise inequalities that will cause long-term harm to the poorest, most vulnerable in society. Investment in human health and welfare can achieve equitable health coverage, access to care, and gains in health outcomes.[7]

Hence, as one of the essential pillars in the Islamic public economy, as a provider of long-term public needs, waqf can be used as an alternative source of health sector development. The long-term nature of this waqf is in line with the Sustainable Development Goals model, which includes health in some of its targets. Apart from all this time, waqf has played an essential role in supporting Islamic societies' socio-economic development (educational, economic, health and social) throughout its history along with *zakāh*. Still, *zakāh* is indeed allocated to meet short-term public needs.[8] This article aims to describe thematically how healthcare waqf is managed in Indonesia through a case study of the Hospital Roemani Muhammadiyah to enrich the waqf studies on health in the modern waqf revitalization movement. Consequently, it is divided into: introduction, literature review, research methodology, discussion, and conclusion.

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5 Siswanto et al., *Bunga Rampai Kinerja Pembangunan Kesehatan di Indonesia: Tantangan, Masalah, dan Solusi* (Jakarta: Badan Penelitian dan Pengembangan Kesehatan Kementerian Kesehatan RI, 2020), 202.

6 Mahendradhata Y. et al., 'The Republic of Indonesia Health System Review,' *Health Systems in Transition*, vol. 7/1 (2017): 73; Eka Afrina Djamhari et al., *Defisit Jaminan Kesehatan Nasional (JKN): Mengapa dan Bagaimana Mengatasinya?* (Jakarta: Perkumpulan Prakarsa, 2020), 67-68, https://repository.theprakarsa.org/media/302060-defisit-jaminan-kesehatan-nasional-jkn-m-4c0ac9c6.pdf.

7 Sandy A. Johnson, *Challenges in Health and Development: From Global to Community Perspectives,* 2nd ed. (Switzerland: Springer, 2017), 125, https://doi.org/10.1007/978-3-319-53204-2.

8 Greget Kalla Buana, 'Waqf Can Help Promote Inclusive Economy,' *The Jakarta Post*, 18October 2018, https://www.thejakartapost.com/academia/2018/10/26/waqf-can-help-promote-inclusive-economy.html.

LITERATURE REVIEW

1. The Nature of Waqf and It Is Historical Role in Healthcare

One of the essential Islamic institutions that have survived since Islam's birth is waqf. It means to hold and is associated with the nature of waqf assets which are held and maintained forever (ta'bīd) to produce sustainable benefits across time limits for any charitable and religious purposes to secure the benefit of human being.[9] Another characteristic of waqf distinguishing it from other types of Islamic philanthropic entities is it cannot be inherited and sold. Also the free apportionment pledge is determined by the *wāqif* (the founder).

Waqf is classified into two major kinds based on the way its revenue is applied: First, waqf *khayrī* (charitable endowment) that the revenue of the waqf is dedicated for the expenses and maintenance of colleges, mosques, hospitals, drinking fountains, bridges, waterworks, aqueducts, improving and paving of streets and sidewalks, and for maintaining city walls and other public institutions. They are also paying for the needs of the wayfarers, strangers in transit, widows, orphans, the poor, the aged, and the handicapped, as well as for ransoming prisoners of war, supplying wedding gifts to girls whose families are unable to provide them, and other needs. Second, waqf *ahlī,* in which the revenue is dedicated to the descendants of the founder.[10]

Generally, waqf institutions consist of six inseparable elements: *wāqif* (the founder)*, mawqūf* (waqf property)*, mauqūf 'alayh* (the beneficiaries), *ṣīghah* (statement) and *mutawallī* or *nāẓir* (manager). *Nāẓir* is indeed not included in the pillars of waqf. Still, the *wāqif* is obliged to appoint a *nāẓir* to manage, and the main task is as a recipient of the mandate so that it is obligatory to guard, supervise, and maintain and order to ensure that waqf assets are beneficial to *mauqūf 'alayh*. In Islamic history, most managers or supervisors (*nāẓir*) were individuals, whether they represented the *nāẓir* of

[9] Monzer Kahf, *Al-Waqf al-Islāmī Tuṭawwuruhu Idāratuhu wa Tanmiyyatuhu* (Damascus: Dār al-Fikr, 2000), 61-62.

[10] Ahmed Dallal, 'The Islamic Institution of Waqf: A Historical Overview,' in *Islam and Social Policy*, ed. Stephen P. Heyneman (Nashville: Vanderbilt University Press, 2004), 18.

the state/government or not. Nowadays, *nāẓir* are more in the form of state, corporate, and community organizations (foundations, etc.).[11]

In the trajectory of Islamic history, these six elements of waqf have experienced rapid development, starting from the type of waqf, property, and assets that are donated and cover what is today conceptualized as the socio-economic sector. However, it can be confirmed that waqf has covered this sector from the beginning of Islam. Hence, the benefits of waqf are not only distributed to the religious sector (in seek of God's favor) as the core of the fundamental character of waqf, whose allotment form is a mosque but extends to the social, educational, health and economic fields.[12]

Waqf in the health sector has been initiated since the prophetic era when the Sharī'ah of waqf was established. The early evidence of establishing healthcare infrastructure can be related to the Prophet Muḥammad PBUH, who launched a hospital in the courtyard of the Prophet's mosque in Medina to treat wounded soldiers. One is Sa'īd ibn Mu'ādh, during the battle of Trench (Khandaq, 627 A.D). The Prophet ordered the assembly of tents for treating the wounded soldiers and the system, which led to the caliphs' development of mobile clinics with physicians and pharmacists.[13] Also, this mobile clinic can be justified as part of waqf; when referring to the genealogy of waqf in the Maliki school known as *ḥabs*, one type of *ḥabs* is *fī sabīlillāh* (for the sake of Allah) which in the context of that time meant *jihād* to fight in the way of Allah, apart from *ḥabs* for individuals and the poor. As a result, many companions of the Prophet gave movable *ḥabs*, ranging from weapons and other war properties which were probably medical equipment and medicine, and housing for soldiers.[14]

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[11] Raja Aishah Raja Adnan, Mahazan Abdul Mutalib & Muhammad Ridhwan Ab Aziz, 'Factors Necessary for Effective Corporate Waqf Management for Malaysian Public Healthcare,' *ISRA International Journal of Islamic Finance*, vol. 14/1 (2022): 73-88, https://doi.org/10.1108/IJIF-11-2019-0178; Monzer Kahf & Siti Mashitoh Mahamood (eds), *Essential Readings in Contemporary Waqf Issues* (Kuala Lumpur: CERT Publications, 2011), 49-50.

[12] Monzer Kahf & Siti Mashitoh Mahamood (eds), *Essential Readings in Contemporary Waqf Issues*, 51.

[13] Hussah Hindi Shuja Alotaibi, 'A Review on the Development of Healthcare Infrastructure through the History of Islamic Civilization,' *Journal of Healthcare Leadership*, vol. 13 (2021): 139-145; Aḥmad 'Auf 'Abd al-Raḥman, *Awqāf al-Riʿāyah al-Ṣiḥiyah fī al-Mujtamaʿ al-Islāmī* (Qaṭar: Kitāb al-Ummah, 2007), 74-75.

[14] Joseph Schacht, 'Early Doctrines on Waqf,' *Fuad Köprülü Armagani (Istanbul)*, vol. 1953: 443-452.

Furthermore, after the Prophetic era, the Umayyads did not build any hospital (bimaristan), except for a leprosarium outside of Damascus. After the Muslim capital was moved to Baghdad, the Abbasid caliph seemed to have recognized the importance of medicine and hospital as the main symbol of a civilized world and built over six more hospitals in Baghdad in the ninth and early tenth centuries. One was a large hospital founded by the Buyid overlord ʻAḍud al-Dawlah (949-983). It had twenty-four physicians (*ṭabīb*), a chief physician (*sāʻūr*) and surgery specialist (*jarrāḥ*) and ophthalmology (*kaḥāl*). The period between 850 and 1100 is considered the peak of Islamic medicine because of the central role of the physician.[15]

The peak of the Al-ʻAḍudi hospital inspired the establishment of hospitals in the medieval Islamic world, of which the largest were the Bimaristan Al-Nūrī (1150) in Damascus and the al-Qalāwūn hospital (1285) in Cairo and intended for medical treatment, charitable relief, and architectural monument (see Figure 1).[16] In addition, these hospitals are usually located in a waqf complex, starting from a mosque, madrasah, mausoleum, and other waqf buildings (for instance, a shop) that support the spending of the complex, including medical education under the structure of the hospital.

[15] Yasser Tabbaa, 'The Functional Aspects of Medieval Islamic Hospitals,' in *Poverty and Charity in Middle Eastern Contexts*, ed. Michael Bonner et. al (New York: State University of New York Press, 2003), 113.

[16] Yasser Tabbaa, 'The Functional Aspects of Medieval Islamic Hospitals,' 107; Ahmed Ragab, *The Medieval Islamic Hospital: Medicine, Religion, and Charity* (Cambridge University Press, 2015), 137-138; Miri Shefer-Mossensohn, 'The Many Masters of Ottoman Hospitals: Between the Imperial Palace, the Harem, Bureaucracy, and the Muslim Law Courts,' *Turkish Historical Review*, vol. 5/1 (2014): 94-114, https://doi.org/10.1163/18775462-00501010; Aḥmad ʻĪsā, *Tārīkh al-Bīmāristānāt fī al-Islām* (Qāhirah: Hindāwī, 2012), 85-96.

Figure 1: The Trajectory of Healthcare Waqf Institution in Islam

Hospital/Clinic	Year (A.D) and The Founder	Healthcare Services Financing
Mobile dispensaries, Medina	672 The Prophet	Free service for the muslim soldiers
Hospital Al-'Aḍudi, Baghdad	978 'Aḍud al-Dawlah	Free service for the needy
Hospital Al-Nūrī, Damascus	1154 Nūr al-Dīn al-Zankī	Free service for the needy
Hospital al-Nāṣirī, Cairo	1171 Ṣalāḥ al-Dīn Al-Ayūb	Free service for the needy
Hospital Al-Manṣūrī, Cairo	1285 Manṣūr al-Qalāwūn	Free service for the needy and charge for the rich
Hospital of Rab'i Rashīdī complex, Tabriz[17]	1307 Rashīd al-Dīn Faḍ Allāh	Free services for the needy, orphans, and widows
Hospital of Sultan Beyezid 11 Kulliye (complex), Edirne	1484 Beyezid 11	Free medical services

Sources: Tabbaa (2003), Shefer (2003), Isa (2014), and Ragab (2015)

It means that the prosperity of these Islamic hospitals rested on their continued funding through waqf endowments. One of the complete waqf documents that explain and cover the systems and management of these institutions is Bimaristan al-Manṣūrī's waqf document which consist of 329 lines of texts and is shortly explained in Figure 2. Unfortunately, these waqf-based hospitals declined due to several factors, First, the shifting paradigm of medicine culture from galenic/rational tradition to Prophetic and faith healing. Second, in the usurpations of waqf properties by legal or illegal administrations, the administrator changed the of the hospital to other allotments, such as sufi *khanqah* (hostel). [18]

[17] Nowadays this waqf has been survived with the existence of an awqāf-based health center in Tabriz, Iran. See Amin Mohseni-Cheraghlou, Ramezan Ali Marvi & Amir Kazemzadeh, 'Waqf in Iran: An Overview of Historical Roots and Current Trends,' in *Waqf Development and Innovation: Socio-Economic and Legal Perspectives*, ed. Syed Nazim Ali & Umar A. Oseni (London: Routledge, 2021), 203.

[18] Yasser Tabbaa, 'The Functional Aspects of Medieval Islamic Hospitals,' 108.

Figure 2: Bimaristan al-Manṣūrī Waqf Document

Part of Document	Content	Additional Confirmation
The founder (*wāqif*)	Sultan Manṣūr al-Qalāwūn	
Waqf properties (*mawqūf*)	An orchard, three roofed markets (shops), one bathhouse, and a number of dwellings for rent.	The revenue is spent on the hospitals. The land and building of the hospital are primary *awqāf* and an enumeration of six sites is secondary *awqāf*
Stipulation	a. The maintenance, renovation, and improvement of the waqf properties themselves are the first; b. Expense priority prohibited the *nāẓir* (supervisor) from renting the properties of the waqf, such as buildings and shops, to "a pauper, a poor, a man with immense power, or a dishonest man	
The beneficiaries (*mawqūf ʻalayh*)	Spending categories a. *Maṣāliḥ* (interest) bimaristan which includes maintenance, administration, expansion and so forth; b. Those who cared for the patients (physicians, oculists, surgeons,and cooks of syrups and medications); c. Caretakers, janitors, ad employees responsible for the storage and distribution of drugs, food, and other necessities; d. What [is necessary] to support the treatment of patients.	The ordered priorities a. The maintenance of the bimaristan itself along with the waqf properties; this included renovations and the rebuilding of broken-down structures, which signified the intent to protect the bimaristan's buildings and maintain or increase the productivity of the waqf properties b. The salaries of the bimaristan's bureaucratic administration, which included the *nāẓir* himself, alongwith other

administrators who were responsible for maintaining the properties, collecting rents, and supervising the different expenditures of the bimaristan

c. The patients' needs in terms of furniture and other fixtures in the bimaristan
d. Medications and the necessary tools and materials for their preparation and storage
e. Utensils for preparing and serving food and drinks to the patients
f. Salaries for two employees, one to supervise the distribution of medications and the other to supervise the kitchen and the distribution of food
g. Salaries for physicians, oculists, and surgeons
h. Additional salary for the chief physician in compensation for teaching a weekly lecture (medical education)
i. Salaries for janitors and caretakers
j. Caring for the dead in the bimaristan, including ritual washing, shrouding, and burial
k. Caring for the sick poor, including those in their homes (for whom

		medications were provided and, if they died from their maladies, burials arranged) l. A garment is given as a gift to those cured in the bimaristan upon their exit
The *nāẓir* (administrator/ manager)	Several positions of *nāẓir*: the person responsible for renting the waqf properties; the supervisor of works and renovations (mashadd); a supervisor of workers; a notary; a scribe; and a treasurer	Sultan Manṣūr al-Qalāwūn as principal *nāẓir* instructed the *nāẓir* (management) to prioritize what he saw as more important: to privilege the poor and to put first what would bring divine reward to the Sultan.

Sources: Constructed from Ragab (2015)

The Ottoman hospitals in the early modern period as imperial charitable institutions continued to use and develop the waqf system as a comprehensive legal and financial management. Ottoman waqf or charitable hospitals can be classified into three according to the type of patient, namely hospitals serving patients (imperial family, officials, and the staff) located in the palace complex, public hospitals spread across various provincial capitals, and exceptional hospitals for the poor, where healthcare services for these three types of hospitals are generally provided free of charge. The administration and management system of the hospital is very complex because it is decentralized so that it involves all Ottoman governance institutions and many officials, ranging from the imperial head physician, chief black eunuch (also *nāẓir vakf al-Ḥaramayn*), the chief of finance, the judge [*qāḍī*]), although the Sultan as the founder and there is a mutawallīs [*nāẓirs*] who run the hospital and answer to the local judges who oversaw the administration to ascertain that the interests of the beneficiaries and the community at large were maintained.[19] Interestingly,

[19] Miri Shefer-Mossensohn, 'The Many Masters of Ottoman Hospitals: Between the Imperial Palace, the Harem, Bureaucracy, and the Muslim Law Courts.'; Miri Shefer-Mossensohn, *Ottoman Medicine: Healing and Medical Institutions 1500-1700* (New York: State University of New York Press, 2010), 117-121; Miri Shefer-Mossensohn, 'Charity and Hospitality Hospitals in the Ottoman Empire in the Early Modern Period,' in *Poverty and Charity in Middle Eastern*

the hospital initiated by Bezmi Alem Valide Sultan, the mother of Sultan ‘Abd al-Majīd, was opened on March 24, 1845 with 201 beds. It was devoted to the poor Muslims under the name "Bezmi Alem Gureba-i Muslimin Hospital". Today the hospital became the Bezmialem Vakıf University Faculty of Medicine Hospital under Bezmialem Valide Sultan Foundation.[20]

2. Waqf and Healthcare

Health is an essential aspect of measuring the success of a country's development and is closely related to human well-being, and affects its people's productivity level. Therefore, health is defined as individual's physical, mental, social, and spiritual alertness to perform actively in society.[21] Before the Covid-19 pandemic, as described in the introduction, added weight to health factors that were previously primarily determined by social determinants, including factors such as socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.[22]

Generally, healthcare is the improvement of health via the prevention, diagnosis, treatment, amelioration or cure of disease, illness, injury, and other physical and mental impairments in people. The healthcare system is measured in a reflection of the organization and financing of care.[23] The Islamic perspective sees that healthcare is related to not only the dimension of physical illness, but also the fundamental spiritual dimension of care and

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Contexts, ed. Michael Bonner et al. (New York: State University of New York Press, 2003), 121-138.

[20] N.a, ‘History,’ *Bezmialem Vakıf University Hastanesi*, https://bezmialemdragoshastanesi.com/en/Pages/History.aspx, accessed on 20 January 2023.

[21] Ibrahim Abiodun Oladapo & Asmak Ab Rahman, ‘Re-Counting The Determinant Factors of Human Development,’ *Humanomics*, vol. 32/2 (2016): 205-226.

[22] Samantha Artiga & Elizabeth Hinton, ‘Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity,’ *Kaiser Family Foundation*, Issue Brief (May 2018), https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/.

[23] Michael E. Porter, ‘What Is Value in Health Care?,’ *New England Journal of Medicine*, vol. 363/26 (2010): 2477-2481, https://doi.org/10.1056/nejmp1011024.

its significance to the individual towards healing.[24] It is to be noticed that spiritual health differs from mental health in that spiritual health refers to the health of the soul or spirit, and mental health refers to the health of the mind and psyche.[25] These two types of healthcare are characteristic of Islamic hospitals with the existence of Islamic chaplaincy.

As an Islamic financial institution, waqf has a potential role in fostering Sustainable Development Goals (SDGs), which means it can assist authorities in dealing with the effects of pandemics and other diseases.[26] Unfortunately, there has not been much research specifically focusing on the health sector and waqf, where from articles published between 2006-2016, only three of the 289 waqf articles discussed health issues.[27] At the same time, health should be the primary concern of waqf[28], because health is the main factor of human being for productivity in other socioeconomic roles. Literature studies of socioeconomic waqf in OIC countries (2011-2020) are more concentrated on social welfare, even though health can be included in this social welfare. Still, of the 68 articles, only 4 discuss health compared to other socioeconomic sectors.[29] However, suppose the authors use the bibliometric approach described above to examine the article data provided by the two researchers. In that case, they will find that some, but

[24] G. Hussein Rassool, 'The Crescent and Islam: Healing, Nursing and the Spiritual Dimension. Some Considerations towards an Understanding of the Islamic Perspectives on Caring,' *Journal of Advanced Nursing*, vol. 32/6 (2000): 1476-1484, https://doi.org/10.1046/j.1365-2648.2000.01614.x.

[25] Samuel R. Weber & Kenneth I. Pargament, 'The Role of Religion and Spirituality in Mental Health,' *Current Opinion in Psychiatry*, vol. 27/5 (2014): 358-363.

[26] Mohammed K. Alshaleel, 'Islamic Finance, Sustainable Development and Developing Countries,' in *Corporate Social Responsibility in Developing and Emerging Markets*, ed. Onyeka Osuji, Franklin N. Ngwu & Dima Jamali (Cambridge University Press, 2020).

[27] Raja Aishah Raja Adnan, Mahazan Abdul Mutalib & Muhammad Ridhwan Ab Aziz, 'Factors Necessary for Effective Corporate Waqf Management for Malaysian Public Healthcare,' 73-88.

[28] Sulistyowati et al., 'Issues and Challenges of Waqf in Providing Healthcare Resources,' *Islamic Economic Studies*, vol. 30/1 (2022): 2-22, https://doi.org/10.1108/ies-09-2021-0034.

[29] Fahmi Medias et al., 'A Systematic Literature Review on the Socio-Economic Roles of Waqf: Evidence from Organization of the Islamic Cooperation (OIC) Countries,' *Journal of Islamic Accounting and Business Research*, vol. 13/1 (2021): 177-193, https://doi.org/10.1108/JIABR-01-2021-0028.

not many healthcare and waqf studies are excluded from the category of Islamic philanthropy and charitable studies.[30]

The authors found several studies that discussed waqf and health, concentrating on a conceptual and practical approach based on healthcare waqf. From the perspective of waqf for healthcare funding, Baqutayan and Mahdzir (2018) claim that waqf is an alternative funding source for developing healthcare institutions if it is managed transparently in terms of the administration of funds.[31] Ahmed et al. (2015), in the Uganda context, proposed a model named Uganda Islamic Endowment Corporation (UIEC) to finance the construction and management of waqf hospitals by issuing waqf certificates to donors and investors that support affordable healthcare for the poor and the needy especially the majority of Ugandans cannot afford high-cost private healthcare services. This model is commonly used in the development of waqf properties. Hytay et al. (2015) examined the viability of micro-health takaful in Malaysia based on a survey and found that this insurance helps people cover their healthcare expenses and is organized by cooperation between the Tafakul industry with *zakāh* and waqf authorities.[32]

Waqf can also reduce government burden, especially in the health sector, with consideration in creating policies to attract more *awqāf*, for instance, by providing incentives such as tax rebates.[33] In the Malaysian

[30] For instance Hilman Latief, 'Health Provision for the Poor: Islamic Aid and the Rise of Charitable Clinics in Indonesia,' *South East Asia Research*, vol. 18/3 (2010): 503-553, https://doi.org/10.5367/sear.2010.0004; Janine A. Clark, *Islam, Charity and Activism: Middle-Class Networks and Social Welfare in Egypt, Jordan, and Yemen* (Bloomington: Indiana University Press, 2004); Benoît Challand, 'A Nahda of Charitable Organizations? Health Service Provision and the Politics of Aid in Palestine,' *International Journal of Middle East Studies*, vol. 40/2 (2008): 227-247, https://doi.org/10.1017/S0020743808080525.

[31] Akbariah Baqutayan, Shadiya Mohamed Saleh & Mohd. Mahdzir, 'The Importance of Waqf in Supporting Healthcare Services,' *Journal of Science, Technology and Innovation Policy*, vol. 4/1 (2018): 13-19.

[32] Sheila Nu Nu Htay, Nur Shazwani Sadzali & Hanudin Amin, 'An Analysis of the Viability of Micro Health Takaful in Malaysia,' *Qualitative Research in Financial Markets*, vol. 7/1 (2015): 37-71, https://doi.org/10.1108/QRFM-09-2013-0030.

[33] Raditya Sukmana, 'Critical Assessment of Islamic Endowment Funds (Waqf) Literature: Lesson for Government and Future Directions,' *Heliyon*, vol. 6/10 (2020).

context, Ambrose et al. (2018) formulate a model for waqf financing of public goods and mixed public goods in Malaysia which constitute the eleventh country's federal government expenditures including health. The overall process can be managed by Yayasan Waqaf Malaysia (a public agency) through a collaboration with an Islamic unit trust firm.[34] Adnan et al. (2021) offer a platform where waqf organizations (private) can collaborate with government public hospitals to develop corporate waqf hospitals. This proposal elaborated on the experience of waqf-based hospital in history (8th-14th C.E.) and modern hospitals. There are four factors to consider a developing waqf good governance model for the hospital: (1) decentralized management (the *mutawallī*) and architectural design, which were highlighted as important factors in previous literature on waqf hospital management; (2) good governance as important factor in managing waqf hospitals today; (3) public-private partnership through the *muḍārabah* contract and (4) Shariah compliance on waqf context.[35]

This means that it is possible to invest in healthcare waqf in commercial form, one of which is limiting the Waqf to the healthcare service, where the needy people benefit from this Waqf while the rich patients pay for their treatment as per the commercial market price, hence serving as the investment arm of the healthcare service waqf.[36] Hassan and Kamaludin (2022) suggest a model of corporate waqf for healthcare in collaboration between private companies on electronic payment system (e-wallet) and financial institutions. When waqf funds are accumulated in a corporate waqf, they will be channeled into two categories which are category A consist of Sharia-compliant investment and *nāẓir* (50%), and category B

[34] Azniza Hartini Azrai Azaimi Ambrose, Mohamed Aslam Gulam Hassan & Hanira Hanafi, 'A Proposed Model for Waqf Financing Public Goods and Mixed Public Goods in Malaysia,' *International Journal of Islamic and Middle Eastern Finance and Management*, vol. 11/3 (2018): 395-415, https://doi.org/10.1108/IMEFM-01-2017-0001.

[35] Raja Aishah Raja Adnan, Mahazan Abdul Mutalib & Muhammad Ridhwan Ab Aziz, 'Factors Necessary for Effective Corporate Waqf Management for Malaysian Public Healthcare,' 73-88.

[36] Barae Dukhan, Mustafa Omar Mohammed & Mohamed Cherif El Amri, 'Contributions of Waqf Investments in Achieving SDGs,' in *Islamic Wealth and the SDGs Global Strategies for Socio-Economic Impact*, ed. Mohd Ma'Sum Billah (Palgrave: New York, 2022).

consist of government hospital/clinics (maintenance) and financing medical cost of the patients (50%).[37]

Meanwhile Ascarya (2022) proposes structured healthcare waqf in various models. Firstly, as social waqf, the healthcare facility is intended to provide free healthcare services for the general public, especially the poor and near-poor. This model does not generate revenue, so its cost is borne by other source *zakāh* and *infāq*. Secondly, as productive waqf to provide commercial medical services to the general public. Third, as integrated social-productive waqf to provide free healthcare services for the poor, and commercial healthcare services for the general public.[38]

In addition to conceptual studies, several studies of waqf-based hospital/clinic practices in Egypt[39], Morocco[40], Jordan[41], Pakistan, India, Malaysia, and Indonesia, are fascinating as role models that can be cloned in other world regions, whether carried out by state, corporate as well as foundation and Islamic NGO.[42] In the context of Pakistan, the Hamdard Foundation is an organizational entity from Hamdard Pakistan which manages the corporate waqf of Hamdard Laboratories which Hakim Muhammad Said founded in 1948, where he is not only the founder but

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37 Rusni Hassan & Khairul Fikry Jamaluddin, 'Waqf to Support Healthcare Wellbeing Mission: The Proposed Model for Corporate Waqf for Healthcare (CWFH),' in *Towards a Post-Covid Global Financial System*, ed. M. Kabir Hassan, Aishath Muneeza & Adel M. Sarea (Bingley: Emerald Publishing, 2022), 129-142.

38 Hendri Tanjung Ascarya, 'Structures of Healthcare Waqf in Indonesia to Support SDGs,' in *Islamic Wealth and the SDGs*, ed. Mohd Ma'sum Billah (New York: Springer, 2021), 305-324.

39 Janine A. Clark, *Islam, Charity and Activism: Middle-Class Networks and Social Welfare in Egypt, Jordan, and Yemen*, 42-47. Clark observed an Islamic clinic in Cairo that multistoried building attached to a popular mosque, the Mustafa Mahmoud mosque and founded by Egyptian Islamist cleric and writer Mustafa Mahmoud.

40 Franz Kogelmann, 'Sidi Fredj: A Case Study of a Religious Endowment in Morocco under the French Protectorate,' in *Social Welfare in Muslim Societies in Africa*, ed. Holger Weiss (Stockholm: Nordiska Afrikainstitutet, 2002), 66-78.

41 Ra'ed Bani Essa & Amer Al-Otoum, 'Waqf in Islam and Its Role in the Health Field with Reference to the Case of Jordan,' *Jerash for Research and Studies Journal*, vol. 23/2 (2022).

42 Hilman Latief, 'Health Provision for the Poor: Islamic Aid and the Rise of Charitable Clinics in Indonesia,' 508.

also the *mutawallī*. For healthcare purposes, the Hamdard Foundation manages several teaching hospitals in Medinet al-Hikmah and several health service programs for the needy.[43] (Figure 3).

Figure 3: Healthcare Waqf of Hamdard Foundation

Healthcare Entity	The Needy's Healthcare Waqf Services
Hamdard University Hospital (Taj Medical Complex)	Free patient scheme
Hamdard University Dental Hospital North Nazimabad	Patients bear a very nominal charge
Shifa-ul-Mulk Memorial Hospital for Eastern Medicine	Free of charge for patients from the surrounding village of the faculty
Niamat Begum Mother and Child Care Centre	Patients bear a very nominal charge
Hamdard Free Mobile Dispensary	Mobile service for free medical check-ups and treatment in eleven cities in Pakistan

Sources: Nejima (2016) and Authors' compilation from official websites

Norizah Mohammed and Asmak (2015) conducted a case study of Hospital Waqf An-Nur Malaysia as the first waqf hospital in Malaysia which was built in 2006 in collaboration with a corporate waqf named Johor Corporation Berhad and the Johor Islamic Religious Council. In carrying out their health services, patients are charged a low fee, and the An-Nur waqf fund will bear the rest as Jcorp's waqf management unit, as well as from Baitulmal and other NGOs. Despite the low cost, patients receive good service from specialist doctors. In its development in 2022, the fee paid by patients is RM 10 (USD 2,2), and for dialysis services is RM 130 (USD 28.91). The hospital has served 1.900.881 patients, with 163,508, 9% of whom are non-Muslim patients. This hospital has now branched out to 17 clinics and 7 mobile clinics throughout Malaysia.[44]

[43] Susumu Nejima, 'Evolution of a Waqf-Based NGO: Hamdard Foundation in Pakistan,' in *NGOs in the Muslim World: Faith and Social Services*, ed. Susumu Nejima (London: Routledge, 2017), 29-44.

[44] Norizah Mohamed @ Haji Daud & Asmak Ab Rahman, 'Wakaf Penjagaan Kesihatan: Kajian Kes di Hospital Waqaf an-Nur,' *Jurnal Syariah*, vol. 23/3 (2015): 401-434. Also see N.a, 'Rangkaian Klinik Waqaf An-Nur,' *Waqaf An-Nur*, http://www.waqafannur.com.my/content/Rangkaian_klinik_Waqaf_An-Nur, accesed on 20 January 2023.

In India, Hazrat Halima Maternity and General Hospital in Punjab is an example of using the waqf properties to build hospitals that will result in manifold benefits, such as increased access to healthcare facilities by the community and affordability through reduced treatment costs. The 50- bed hospital has been built and developed by the Punjab Waqf Board and operates as a non-profit. It charges a mere INR 3,000 (USD 44) for normal delivery and around INR 10,000 (USD 140) for delivery by a Caesarean section.[45]

Wan Ismail et al. (2019) and Mohideen et al. (2021) described the uniqueness of the University Sains Islam Malaysia waqf-based clinic supported with *zakāh*, which was established through waqf fund capital from the collaboration of several organizations, namely the university (USIM), The Islamic Religious Council Negeri Sembilan (SRIC), Maybank Islamic, and State Health Department in providing healthcare for the less fortunate group of people particularly the *aṣnāf faqīr* impoverished that is registered under the Baitul Mal of SRIC. In ensuring the stability of financial resources, one of the source models is to allocate 10% of each treatment payment that will be collected as *tabarru'* funds that are contributed to covering the program of this healthcare waqf.[46]

In Indonesia, Erismen et al. (2022) describe the waqf-based health services of Achmad Wardi Eye Hospital, managed by Dompet Dhuafa, an NGO as the management chosen by the Indonesia Waqf Board (BWI, *nāẓir*) received IDR 50 billion corporate waqf funds. This waqf fund then purchases sovereign (state) sukuk and earns a yield of IDR 200 million (USD 13.501,70) per month. The yield was used to develop hospital infrastructure on a waqf land donated by Achmad Wardi in 2017, while the operational costs were also contributed by zakat funds and provided a healthcare service with a nominal charge and free for the needy. The hospital is specialized in eye health because the surrounding people are

[45] Mohammed Ali Shariff & Zainab Fida Ahsan, 'Waqf Development In India,' in *Waqf Development and Innovation Socio-Economic and Legal Perspectives*, ed. Syed Nazim Ali & Umar A. Oseni (New York: Routledge, 2022), 160.

[46] Fathima Begum Syed Mohideen et al., 'Waqf Concept Health Clinic-'Uniqueness in Disguise' USIM Experience,' *Malaysian Journal of Science Health & Technology*, vol. 7/2 (2021): 54-57, https://doi.org/10.33102/mjosht.v7i2.211; Wan Abdul Fattah Wan Ismail et al., 'Implementation of Healthcare Waqf: A Case Study of Universiti Sains Islam Malaysia's Health Specialist Clinic,' *Al-Shajarah: Journal of Islamic Thought and Civilization*, no. Special Issue (2019): 125-148.

fishermen who may have a high potential for eye disease, and by 2020 has served 20,000 patients, especially 1200 patients in free eye surgery (glaucoma and retina).[47] Meanwhile, Vika Annisa Qurrata et al. conducted a case study of The Malang Islamic Hospital under the management of the Malang Islamic University Foundation (UNISMA), which in 2008 received a waqf fund of IDR 2 billion (USD 13.501.700,00) from the Ministry of Religious Affairs of the Republic of Indonesia. Subsequently, this fund was used to build several business entities in the hospital, namely very important person room-exclusive (VIP) patient rooms, a minimarket, a food court, and a homestay. Then the generated income was divided and used into three categories: 70% for reinvestment and human capital development at the business entities, 20% was addressed to several programs ranging from education (scholarships, Islamic teacher salary), economic empowerment (salary of mosque management) and health (patient subsidy) and 10% for *nāẓir* as income and management fee.[48]

In addition to the multidimensional impact of COVID-19, Sulistyowati et al. (2021) formulated issues and challenges of waqf for health related to the following matters: (1) human resources; (2) funding or finance; (3) collaboration and coordination; (4) legal issues of health waqf; (5) fundamental healthcare insufficiency; (6) data, technology and digitization. One of the solutions is the hybrid waqf and other Islamic social funds needed to be realized to develop and strengthen comparative health institutions.[49]

3. The Muhammadiyah Hospitals

Muhammadiyah, as an Islamic organization in Indonesia since its inception, has made the health sector one of the pillars of the movement, which is reflected in the ownership of the largest network of hospitals and clinics in the category of non-profit private or faith-based organizations

[47] Rio Erismen Armen, Nabillah Fauziah Kuswendah & Asmuliadi Lubis, 'Management of Productive Waqf in Achmad Wardi Eye Hospital of BWI-DD in Serang Banten,' *IMARA: Journal of Islamic and Economic Research*, vol. 6/2 (2022): 39-57.

[48] Vika Annisa Qurrata et al., 'The Implementation and Development of Productive Waqf in Indonesia: Case at Malang Islamic Hospital,' *Humanities and Social Sciences Reviews*, vol. 7/4 (2019): 533-537, https://doi.org/10.18510/hssr.2019.7471.

[49] Sulistyowati et al., 'Issues and Challenges of Waqf in Providing Healthcare Resources.'

(60%) and 15% for total private hospitals after the government in Indonesia.[50]

The beginning, Hospital Muhammadiyah was initiated by the Central Board of Organization in 1923, and then in its development, when Muhammadiyah spread nationally across Indonesia, the people who became members and sympathizers initiated the establishment.[51] The philanthropist, *wāqif* (the founder), and *munfiq* have never asked for profits from this hospital institution, even though investors in a social business could get their money back and they can reinvest in the same or a different social business.[52] Muhammadiyah Hospital does not have a holding organization that manages all aspects of the organization. Each hospital stands alone and is responsible for the operationalization of those who set it up from the central to the district leadership branch level of Muhammadiyah. Also, no private ownership exists; all assets belong to the organization under the Central Board of Muhammadiyah.

In 2020, the Muhammadiyah Hospital reached its centennial, and *Majelis Pembina Kesehatan Umum* (General Health Advisory Council) of the Central Board Muhammadiyah adopted the concept of social business for its operations and management. Every year, the Muhammadiyah Hospital across Indonesia serves around 12.5 million patients. The biggest challenges Muhammadiyah hospitals face in the Indonesian context are, first, the change in national health insurance (JKN, *Jaminan Kesehatan Nasional*) policy managed by the Social Security Administering Bodies (BPJS, *Badan Penyelenggara Jaminan Sosial*) and started in 2014, which greatly affects Muhammadiyah hospitals finances; second, competition with the many new private hospitals that have emerged because access to information is getting easier; and third, consumer demands.[53]

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50 Agus Kusnadi et al., *The Making Healthier of Indonesia: Celebrating 100 Years of Muhammadiyah Contribution* (Jakarta: Majelis Pembina Kesehatan Umum (MPKU) PP Muhammadiyah, 2020), x.

51 Muhammad Fuad, 'Civil Society in Indonesia: The Potential and Limits of Muhammadiyah,' *Journal of Social Issues in Southeast Asia*, vol. 17/2 (2002): 133-163, https://doi.org/10.1355/sj17-2a.

52 Muhammad Yunus & Karl Weber, *Building Social Business: The New Kind of Capitalism That Serves Humanity's Most Pressing Needs* (New York: Public Affairs, 2010), 17-18.

53 Agus Kusnadi et al., *The Making Healthier of Indonesia: Celebrating 100 Years of Muhammadiyah Contribution*, xii.

RESEARCH METHODOLOGY

The article applied a qualitative approach with a case study where primary data was obtained from interviews, while secondary data were retrieved from literature reviews. The semi-structural interview was conducted with the hospital's asset and finance manager (Respondent 1/R1), director of *zakāh*, *infāq*, *ṣadaqah* (R2), staff of *zakāh*, *infāq*, *ṣadaqah* division (R3), director of Muhammadiyah Semarang orphanage (R4), former director of the Hospital Roemani Muhammadiyah and head of Muhammadiyah Semarang regional branch (R5), and the patients (R6, R7, R8).[54] The literature review was accomplished using a thematic approach to history, healthcare, and waqf. Thematic analysis[55] was utilized regarding the trend of themes in the literature review, namely the nature and development of healthcare waqf and its financing pattern through the needy and the poor.

[54] Interviews were conducted on 22-23 February 2023 and 28 March 2023. The interview process was accomplished by preparing a list of questions which were discussed with the research team as part of doctoral studies at the University of Malaya and then checked and approved by the University of Malaya's Research Ethics Committee.

[55] Virginia Braun & Victoria Clarke, 'Using Thematic Analysis in Psychology,' *Qualitative Research in Psychology*, vol. 3/2 (2006): 77-101, https://doi.org/10.1191/1478088706qp063oa.

DISCUSSION

1. Waqf For The Benefits of Society and Humanity: The Nature and Development of Waqf-Based Hospital Roemani Muhammadiyah

Hospital Roemani Muhammadiyah (abbreviated as HRM) is one of the non-profit private hospitals in Indonesia founded by Muhammadiyah.[56] It is included in the Islamic Hospital category, which differs from public hospitals and for-profit private hospitals with distinction in the specific service based on Sharī'ah principles. In Indonesia, according to data from the Indonesian Government in 2021, there are 3,042 hospitals, with 1,928 (63.4%) provided by private elements and 1,114 (36.65%) by governments/public. It shows that private hospitals play a significant role in supporting healthy development in Indonesia and government programs, especially since early 2014, The Indonesian Government established the Social Security Administering Bodies (BPJS) to implement social health insurance.[57]

HRM originally started from the aspirations of the Muhammadiyah regional branch in Semarang, Central Java Province, to establish a hospital to expand *da'wah* and serve the *Ummah*. The committee receives a cash waqf from *Ḥājj* (abbreviated H.) Roemani, is an entrepreneur who, with his

[56] Muhammadiyah, known as the modernist Islamic movement in Indonesia founded by Kyai Ahmad Dahlan in Yogyakarta on November 18, 1912, and it was partly inspired by the Islamic reform movement in Egypt led by Muhammad Abduh and Rashid Ridha. It has successfully implemented Islamic reform into practice by achieving enormous success in three areas: education (schooling), healthcare (healing), charity and philanthropic activities (feeding). Ahmad Najib Burhani, 'Muhammadiyah,' http://www.oxfordislamicstudies.com/article/opr/t236/e0553, accessed on 5 September 2021. In achieving it is objective, namely 'pursuing the truly Islamic society", Muhammadiyah built social business units known as *Amal Usaha* (Charity and Services) that is essential and strategic because it embodies a series of activities in accordance with the spheres and needs of the society, which make it seriously substantial in Muhammadiyah. Haedar Nashir, *Muhammadiyah a Reform Movement* (Surakarta: Muhammadiyah University Press, 2015).

[57] Alifah Ratnawati, Widiyanto Mislan Cokrohadisumarto & Noor Kholis, 'Improving the Satisfaction and Loyalty of BPJS Healthcare in Indonesia: A Sharia Perspective,' *Journal of Islamic Marketing*, vol. 12/7 (2020): 1316-1338, https://doi.org/10.1108/JIMA-01-2020-0005.

endowment, built a medical clinic building and a maternal and child health center. The clinic is located on 10,338^{m2} of state-owned land where Muhammadiyah has a land use permit[58]. Also there is an Orphanage of Muhammadiyah Semarang branch next to the clinic building. On March 30, 1975, H. Roemani pledged waqf in the form of medical buildings and facilities and handed over their management to *nāẓir* Muhammadiyah regional branch in Semarang. One of the motives behind H. Roemani's endowment at the hospital was his experience when he was sick and was treated at the Muhammadiyah Cempaka Putih Islamic Hospital in Jakarta, the Capital of Indonesia. He wants in Semarang, the capital of Central Java Province, also to have a hospital with professional and Islamic services.[59] In addition to its main purpose, as outlined in the following document, it is a charity (waqf). The next is a transcript of H. Roemani's waqf documents.

> *Bismillāhirraḥmānirraḥīm*
> *With the grace, guidance, and gift of Allah Subḥānahu wa Ta'ālā, I Ḥājj Ahmad Roemani bin Soenyar Djamrodi residing at Jalan Singosari No. 33 Semarang, explains:*
> *Following sincere intentions for the sake of Allah, a hospital building along with its infrastructure and furniture that I have finished building on land in the Muhammadiyah Orphanage Complex Semarang, which is located in Wonodri Village, East Semarang District, Municipality Semarang. Today is Wednesday Pon (Java Calendar), Sha'bān 19, 1395 AH, which coincides with August 27, 1975 A.D; in the presence and witness of government officials, leaders, and the extended family of Persyarikatan (association) Muhammadiyah and guests, I present to the Governor of Central Java Major General Supardjo Roestam. Then I request that my waqf be handed over to the Muhammadiyah represented by the Central Board of Muhammadiyah as nāẓir, and the benefits for the Muhammadiyah Orphanage in Semarang and for the development of the Hospital itself.*
> *May Allah Subḥānahu wa Ta'ālā be pleased to accept my jāriyah deed (waqf), and I hope this hospital waqf will run smoothly and benefits humanity and society in general.*

[58] Today this land has changed its legality in Indonesian law to become the property of Muhammadiyah. (Interview with R5).

[59] Interview with R1.

Semarang, Sha'bān 19, 1395 AH/August 27, 1975 AD.

The founder: Ḥājj. Ahmad Roemani bin Soenyar Djamrodi

Those who receive and pass on the waqf to the Muhammadiyah Association: Soepardjo Roestam

Those who receive waqf: nāẓir Central Board of Muhammadiyah
H.A.R Fakhrudin and H. Djarnawi Hadikusumo

Witness: Mintaredja S.H and Mrs. Sarbini[60]

Based on the waqf elements that have been the consensus in practice, this document shows a unique waqf system different from that offered by other waqf documents (see Figure 3), in which the founder specifically gave a mandate for the needy and the poor. At the same time, the founder H. Roemani donated the hospital building and its facilities and specifically wanted this hospital waqf to be allocated to the beneficiaries of orphans in Muhammadiyah orphanage and for the development of the hospital. Interestingly, the special designation for orphans is based on the fact that this hospital building initially stood on land previously sited for orphanages who receive waqf.

The second allotment for the development of a hospital is very appropriate because development in one of its meanings for infrastructure is part of the productivity of waqf assets to maintain the sustainability of waqf property utilization. For this reason, in 1991, for the benefit of developing the HRM building, the orphanage was moved to another separate place in the Tlogosari village with a land area of 10,000^{m2}, accompanied by a dormitory building financed from HRM waqf benefits. Furthermore, in the development of HRM infrastructure, several buildings were built for patient in-patient, administration room, and emergency departments, including establishing a Muhammadiyah nursing and nutrition academy in one complex; where in the future, this nursing academy will merge to become the Muhammadiyah University of Semarang. Indirectly, this nursing academy is a supplier of health employees in HRM. Also, the medical faculty of the Muhammadiyah University of Semarang cooperated in developing health education.

[60] Translation from original waqf document in Bahasa Indonesia. The authors obtained the waqf document during an interview with R1.

Currently, HRM has infrastructure that supports health services with 316 beds and 116 types of services, ranging from basic medical services to emergency, and has 753 staff, consisting of 119 doctors, 48 pharmacists, 264 nurses, and the rest are supporting staff, including 6 chaplains (Islamic chaplaincy). Subsequently, on average, for a year, for instance in 2019, the hospital served 208,000 patients (old and new patients). Now the HRM complex consists of 13,000^{m2} of land and 22,000^{m2} of buildings.[61]

At the end of the document, there is a more general allotment, namely, society and humanity in general. This can be intended for health services to the community without differentiating their backgrounds (religious, racial, etc.). Even though the stipulation is not specifically mentioned as a patient in the document, the community here can include those who need health services. Humanity's entry into the waqf document also shows the universality of waqf in terms of its benefits that can be felt not only by Muslims but also non-Muslims and anyone, regardless of race, ethnicity, and nation. The mention of a humanity entry in a waqf document is fascinating. It shows the worldview of the founder, which crosses the boundaries of his faith and is linear when it comes to establishing the first Muhammadiyah hospital in 1923, which will be explained later.

Apart from the two allotments mentioned and the requirements of the founder, as well as what is generally referred to as society and humanity, *nāẓir* then added the allocation of waqf for the development of Muhammadiyah *da'wah* and the organization itself, which includes subsidizing the salaries of HRM employee. From the perspective of Sharī'ah on waqf, there is indeed a rule that "*Sharṭ al-wāqif ka naṣ al-Shāri'*" which indicates that the waqf objectives stipulated by the founder must be accomplished by the *nāẓir* as long as do not conflict with other Sharī'ah principles.[62] Explicitly indicating that the *wāqif* stipulation cannot be changed and added, but with consideration of more significant *maṣlaḥah* (interest), these conditions can be changed, for example, by the existence of *istibdāl* waqf and or the allotment can be added as long as it

[61] N.a, 'Profile Rumah Sakit', *Kementerian Kesehatan Republik Indonesia*, https://sirs.kemkes.go.id/fo/home/profile_rs/3374080, accessed on January 2023.

[62] Muṣṭafā Aḥmad al-Zarqā', *Aḥkām al-Awqāf* (Amman: Dār 'Amār, 1997), 155; Wahbah al-Zuḥaylī, *Al-Fiqh al-Islāmī wa Adillatuhu* (Damshiq: Dār al-Fikr, 2004), 10: 7627-7628.

does not conflict with Sharī'ah principles.[63] In this context, *nāẓir* added the allotment for Muhammadiyah *da'wah* and organizational development of HRM, especially for employee payroll. Meanwhile, Muhammadiyah *da'wah* can be intended for efforts and activities supporting Muhammadiyah's social and religious vision. Even so far, Muhammadiyah has been officially the manager (*'āmil* and *nāẓir*) of Islamic philanthropic funds (*zakāh*, *ṣadaqah*, *infāq* and waqf) and has become the pioneer in reforming Islamic philanthropic management in Indonesia.[64]

While *nāẓir* (mutawallī) was clearly stated, namely Muhammadiyah, which at that time legally complied with Indonesian Government Regulation No. 38 of 1963 as *nāẓir* of religious organization before the next regulation No. 28 1977 and finally the Waqf Act no 41 2004. Muhammadiyah as *nāẓir* from its organizational structure can be classified into representative and acting *nāẓir*.[65] Accordingly, the representative *nāẓir* is represented by the Central Board of Muhammadiyah and the regional branch of Muhammadiyah Semarang, which is stated in the waqf document as the responsible chair of the waqf. In contrast, the acting *nāẓir* (low manager) is represented by HRM management.[66]

In addition to the allotment stated in the waqf document, H. Roemani also cares about the sustainability of his family and the heirs. Therefore, through his message to *nāẓir* that the cash waqf, which is manifested in the form of this hospital building, also provides benefits to his family and descendants, especially in terms of health services. Thus until nowadays, H. Roemani's family and their descendants have received free health services at HRM.[67] This model can be categorized into family waqf. It shows that the HRM waqf entity is a mixed (*mushtarak*) waqf between *ahlī* (family) and *khayrī* (public).

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63 Muḥammad 'Ubayd al-Kabīsī, *Aḥkām al-Waqf fī al-Sharī'ah al-Islāmiyyah* (Baghdād: Maktabah al-Irshād, 1977), 1: 205-204.

64 Amelia Fauzia, *Faith and the State: A History of Islamic Philanthropy in Indonesia* (Leiden, Boston: Brill, 2013).

65 Khālid 'Abd Allāh Shu'ayb, *Al-Naẓārah 'alā al-Waqf* (Kuwayt: al-Amānah al-'Ammāh li al-Awqāf, 2006), 117-118.

66 Hilman Latief, *Melayani Umat Filantropi Islam dan Ideologi Kesejahteraan Kaum Modernis* (Jakarta: Gramedia, 2010), xviii, 185.

67 Interview with R1

Figure 4: The Components of the HRM Waqf Document

Part of Document	Content	Additional Confirmation
The founder (*wāqif*)	H. Roemani (main founder)	a. H. Ibrahim Djamhuri (additional founder) b. H. Haetami (additional founder)
Waqf properties (*mawqūf*)	Hospital building and medical equipments	a. Full operational cost during the first 6 months since the establishment (H. Roemani) b. Building for very important person (VIP) patients (H. Ibrahim Djamhuri) c. Building for meeting hall, operating theatre and its equipments (H. Haetami)
The beneficiaries	Main a. The orphans of Muhammadiyah Orphanage b. For the development of the hospital c. For the benefits of society and humanity	a. For the development of Muhammadiyah *da'wah* and the HRM organization b. free healthcare service for H. Roemani's family and the heirs (waqf *ahlī*)
***Nāẓir* (the manager)**	Muhammadiyah	The Central Board of Muhammadiyah and Muhammadiyah Regional Branch Semarang (representative *nāẓir*); HRM management (acting *nāẓir*)

Sources: Author's elaboration.

Moreover, H. Roemani still provided waqf assistance with operational costs for the clinic for up to 6 months after its establishment. Still, within 3 months, *nāẓir* asked to stop because the clinic could finance it independently, and until now, it has developed into HRM, where the founder's name is immortalized as the name of the hospital.[68] The awarding of waqf property with the founder's name may have been inspired by the names of hospitals and other waqf buildings, such as mosques and madrasas in Islamic history, which enshrined the names of the sultans who founded them. In the modern era, one of the integral hospitals with

[68] Interview with R1.

mosques in Egypt is the Mustafa Mahmud Hospital refers to an Egyptian Islamic intellectual and prolific writer.

In its development, the hospital received additional waqf from several *wāqif* (see Figure 4), namely H. Ibrahim Djamhuri, who donated the Very Important Person (VIP) in-patient room building whose profits from these rooms were used as cross-subsidies to the needy and poor patients. Additional waqf was also given by H. Hetami, who donated the hall building and operating theatre and its equipment. The existence of additional waqf assets has become a common practice in Islamic history; where one of them was shown by Sultan Manṣūr Qalāwūn, who added and repaired the waqf property of the Al-Nūrī Hospital in Damascus. He founded the al-Manṣūrī Hospital in Cairo, inspired by Nūr al-Dīn Zankī, the founder of Hospital al-Nūrī.[69] Adding new waqf assets to the old waqf assets is also evidence of *nāẓir*'s success in maintaining and developing waqf assets to be productive.[70]

2. A Non-Profit Orientation of Healthcare Services Scheme

HRM is one of the Islamic Hospitals under the Muhammadiyah hospital network across Indonesia, which reaches in 2020, 119 hospitals and 280 clinics, meaning that Muhammadiyah has the largest network of private hospitals and clinics in Indonesia after the state/government. Its orientation and management are inseparable from Muhammadiyah policies in the health sector coordinated by the General Health Advisory Council (*Majelis Pembina Kesehatan Umum*). Generally, Muhammadiyah's health policy is now different from when Muhammadiyah initiated its first hospital in 1923 in Yogyakarta; as the first hospital in Indonesia founded by *pribumi* (native people), which had a catering policy targeting poor families and marginal society represented by the name Muhammadiyah hospital. At first, the hospital's name was *Penolong Kesengsaraan Oemoem* (PKO, Helper of people in misery/suffering), then transformed in the 2000s to become more commercial and also provided to the lower, middle, and higher classes.[71]

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69 Ahmed Ragab, *The Medieval Islamic Hospital: Medicine, Religion, and Charity*, 58.

70 Monzer Kahf, 'Financing the Development of Awqaf Property,' *American Journal of Islam and Society*, vol. 16/4 (1999): 39-66, https://doi.org/https://doi.org/10.35632/ajis.v16i4.2099.

71 Hilman Latief, 'Health Provision for the Poor: Islamic Aid and the Rise of Charitable Clinics in Indonesia.'

The orientation shift is represented by the change in branding from PKO to PKU (*Pembina Kesehatan Umum*, The Advisor of General Health). In the beginning, one of Muhammadiyah's motivations for establishing a hospital in 1923 was due to the emergence of a hospital founded by a Christian missionary and obtaining privileges from the colonial government, which in the perspective of Muhammadiyah *da'wah* is part of the missionary movement.[72]

Therefore, now the challenges for Muhammadiyah hospitals are shifting towards privatization and decentralization of healthcare in Indonesia. Nowadays, we can easily find a network of hospitals in Indonesia as a business unit of a large and profit-oriented company. Then Muhammadiyah hospitals face a difficult choice, whether to maintain its primary charitable mission or lose in competition with other hospitals that prioritize profit orientation.[73] Thus, the policies of Muhammadiyah hospitals, as part of Muhammadiyah's *Amal Usaha* (charity and business), follow Muhammadiyah policies in general which are non-profit oriented and identical to social business. [74] HRM has also become several Muhammadiyah hospitals established through waqf, such as Muhammadiyah Hospital PKU Hj. Fatimah-Sulhan, Demak Central Java, while the rest were established through land and building purchases or grant (hibah) schemes.

In the context of HRM, it raised a question: how to operationalize this non-profit orientation? Muhammadiyah Hospital itself, according to Ascarya (2021), is categorized as a productive healthcare waqf that is a purely commercial waqf facility to provide paid health services to the general public. However, even though this healthcare facility operates commercially because it is built and financed using waqf, it could provide health services cheaper than market/standard costs since no shareholder in

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72 Amelia Fauzia, 'Penolong Kesengsaraan Umum: The Charitable Activism of Muhammadiyah During the Colonial Period,' *South East Asia Research*, vol. 25/4 (2017): 379-394.

73 Rosalia Sciortino, Neni Ridarineni & Brahmaputra Marjadi, 'Caught between Social and Market Considerations: A Case Study of Muhammadiyah Charitable Health Services,' *Reproductive Health Matters*, vol. 18/36 (2010): 25-34, https://doi.org/10.1016/S0968-8080(10)36528-1.

74 Agus Kusnadi et al., *The Making Healthier of Indonesia: Celebrating 100 Years of Muhammadiyah Contribution*, x

this commercial waqf facility asks for profits or returns.[75] It means that waqf management must be made commercial to generate profit, which must be distributed to non-profit beneficiaries.

HRM has been established based on waqf and accomplished under a business and commercial concept by management (acting *nāẓir*) to achieve *Sisa Hasil Usaha* (SHU, net earnings). The net earning is net income minus liabilities, costs, depreciation, or the company's profit after paying off all relevant expenses from sales revenue. What HRM does follows the general practice of non-profit-based hospital management, where there is no share of net earnings to members, directors, or trustees[76], even though in the context of hospitals in America, 58% are non-profit with the characteristics of tax exemption and more generate profit compared to for-profit hospitals.[77] However, under Indonesian government regulations, HRM is still required to pay tax (corporate income tax), although several health service items are exempt from tax.

Regarding the net earnings of HRM, since July 2014, the Indonesian government has implemented national health insurance (JKN, *Jaminan Kesehatan Nasional*) managed by the Social Security Administering Bodies (BPJS, *Badan Penyelenggara Jaminan Sosial*); HRM has become a government partner in providing public health services through this program, and by 2022, 80% of HRM serves JKN-BPJS patients. This national health insurance program has positive benefits for access to health for the poor in Indonesia.[78] It means that HRM, as a waqf-based hospital, has carried out its function of providing health services to the poor. Therefore, the health service rates imposed by HRM refer to the standard rates set by the BPJS-ICBGs (Indonesia Case Base Groups). From this ICBGs basis, the earnings obtained by HRM can be calculated and

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75 Hendri Tanjung Ascarya, 'Structures of Healthcare Waqf in Indonesia to Support SDGs.'

76 Henry B. Hansmann, 'The Role of Nonprofit Enterprise,' *The Yale Law Journal*, vol. 89/5 (1980): 835, https://doi.org/10.2307/796089.

77 Emily Gee & Thomas Waldrop, *Policies to Hold Nonprofit Hospitals Accountable* (Washington D.C.: The Center for American Progress, 2022), https://www.americanprogress.org/article/policies-to-hold-nonprofit-hospitals-accountable/.

78 Nurmala Selly Saputri & Sri Murniati, *Laporan Penelitian SMERU No. 1/2023: Kajian Dampak Bantuan Iuran Program Jaminan Kesehatan pada Masyarakat Miskin dan Tidak Mampu* (Jakarta: The SMERU Research Institute, 2022), http://repository.unair.ac.id/id/eprint/17554.

estimated. Interestingly, in 2018, BPJS suffered from mismanagement resulting in a deficit of up to IDR 7 billion, and the government owed HRM IDR 48 trillion in claims arrears. Thus, it affects HRM operations, which need about IDR 10 million per month.[79] However, this case is one of the challenges of HRM as a commercial hospital whose original orientation is non-profit.

Based on the external auditor audit of 2022 financial reports, HRM's total assets are IDR 164.535.583.790 (USD 11.109.014,82), with fixed/net earnings (SHU) of IDR 12.886.558.713 (USD 870.193,23), up 1.5% from the previous year (2021) of IDR 11.275.432.312 (USD 761.398,37).[80] Then the net earning distributed to the beneficiaries with the percentage determined according to the Decree of the Chairman of Muhammadiyah Regional Semarang Number: 446/III/B/P.10/2001 which consists of the orphans 3.5%; development of HRM 70%; and *da'wah* and organizational development (26.5%). If we look at it, the contribution percentage for the orphans of Muhammadiyah is small. However, HRM management explained that even in a small percentage, it would follow the earnings seen in Figure 4.[81] Also, the development of *da'wah* and organization does not appear in the waqf document; this is legally permissible in Islamic law as long as it does not conflict with Sharī'ah and other conditions stipulated by *wāqif*, as discussed above.

Although the patient is not explicitly mentioned in the document, so far, since Roemani Hospital was founded, it has provided: a lot of assistance to patients who can't afford it through the waiver of receivables recorded at HRS; periodic free healthcare programs (medical check-up and treatment), and also in 1980, HRM received aid from the government for the establishment of 22 rooms for underprivileged patients' wards. Moreover, this was done long before a national health insurance program required every Indonesian citizen to have a membership, also before the establishment of the HRM office of *zakāh, infāq ṣadaqah* (abbreviated as LAZISMU, *Lembaga Amil Zakat Infak Sedekah Muhammadiyah*).[82] If we

[79] Mukhtarom, 'RS. Roemani Nyaris Berhenti Beroperasi Gara-gara BPJS Nunggak Rp 48 M', *Muhammadiyah Jawa Tengah*, https://pwmjateng.com/rs-roemani-nyaris-berhenti-beroperasi-gara-gara-bpjs-nunggak-48-m/, accessed on 20 January 2023.

[80] Hospital Roemani Muhammadiyah Financial Statements 2022 and interview with RI.

[81] Interview with R5

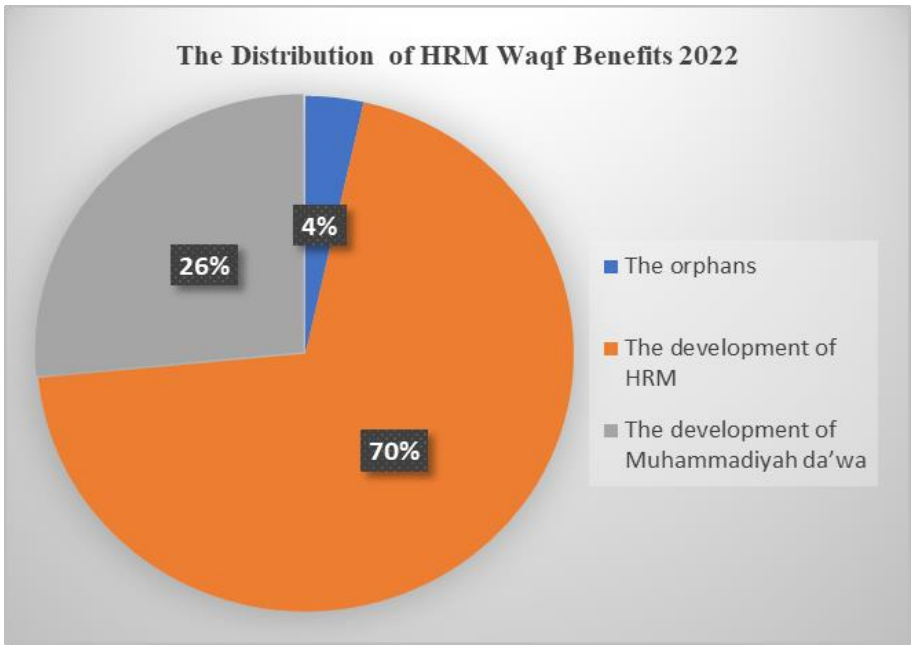
[82] Interview with R5

look at the health waqf documents in several hospitals in Islamic history, the entry word "patient" is not directly mentioned, but it is more common to refer to the needy and the poor. This also shows that the beneficiaries of the waqf benefits developed by HRM are not only limited to specific groups mentioned explicitly by the founder in the document.

Figure 5: The Distribution of HRM Waqf Benefits 2022

Fixed Asset 2022	Fixed Earnings (Waqf Benefits)	Distributions	The waqf Allotments
IDR 164.535.583.790 (USD 11.109.014,82)	IDR 12.886.558.713 (USD 870.193,23)	IDR 451.029.555 (USD 30.461,50)	The orphans
		IDR 9.020.591.099 (USD 609.229,98)	The development of HRM
		IDR 3.414.938.058 (USD 230.637,06)	The development of Muhammadiyah *da'wah*

Sources: Hospital Roemani Muhammadiyah Financial Statements 2022 and author's elaboration.



The application of Muhammadiyah's social business concept in HRM, still represents a non-profit orientation. Moreover, it is supported by other Islamic philanthropic funds, such as *zakāh*, *infāq* and *ṣadaqah* in providing healthcare services. In 2017, Lazismu Central Board of Muhammadiyah, a *zakāh* institution owned by Muhammadiyah, ordered that every *Amal Usaha* (charity and business units) establish a serviced office.[83] Hence, apart from the asset and finance manager of HRM as the main acting *nāẓir*, Lazismu completes it to carry out charitable healthcare, even expanding healthcare and the educational, economic, and social sectors. Here, the benefits of waqf then mix (hybrid scheme) with the role of other philanthropic entities in supporting welfare, especially in healthcare.

If in 2022, the waqf benefits distributed amounted to IDR 12,886,558,713 (USD 870.193,23), then in the same year, Lazismu HRM managed to distribute *zakāh*, *infāq* and *ṣadaqah* of IDR 460,566,794 (USD 31.097,42) for several main pillars of distribution that have been aligned with the SDGs, namely: *da'wah*, institutional, humanitarian, economic, education and health.[84] These funds are collected from *muzakkī* (the donors), both from individuals, namely HRM employees, the community, as well as corporate *zakāh* of HRM itself. For the health program, donating a percentage of 29% (IDR 130,677,249 [USD 8.823,31]) with the distribution includes helping with patient care costs, such as R6, R7, R8 who receive aid for the cost of healthcare services.[85]

3. The Orphanage That Rebirthing Another Waqf Properties

The growth of waqf assets and property, which affect increasing usufruct and benefits, can not be inseparable from the effective form of waqf management (*nāẓir*), which is related based on organizations such as the state, corporations, the foundation, and individuals (as in Indonesian Waqf Act 41 2004). The case of HRM is unique because of the founder's

[83] Interview with R1 and R2.

[84] Program Report of Lazismu HRM 2022 and interview with R3.

[85] Khaerunizam, who does not have a JKN-BPJS membership, received healthcare aid of IDR 1.238.149 (USD 83.58) on March 4, 2022. Adib, dependent on JKN-BPJS fines of IDR 1.900.000 (USD 128.25), was given financial aid on January 19, 2022. Darmawan (an 18-month-old) had an infection in his chest when he contracted vomitus. His father was laid off, so the JKN-BPJS automatically deactivated his company-based membership, and he received healthcare aid of IDR 1.641.050 (USD 110.77) on November 26, 2021.

stipulation primarily to meet the needs of the orphans of Muhammadiyah orphanage. The stipulation affects the administration scheme of Muhammadiyah.

Muhammadiyah as a *nāẓir* can be categorized as foundation-based, with a decentralized waqf administration structure nationally across Indonesia. Still, all the assets and properties are registered legally in the name of the Central Board of Muhammadiyah. HRM, whose waqf is entrusted to Muhammadiyah, is registered on behalf of the Central Board of Muhammadiyah and is managed on a representative basis by Muhammadiyah Provincial Central Java and the regional branch of Semarang. This regional branch of Muhammadiyah has particular councils for health, social, economic, education, and Islamic affairs. The Council of Health is the Advisory Council for the General Health (MPKU, *Majelis Pembina Kesehatan Umum*), and for social mission is the Council for Social Services (MPS, *Majelis Pelayanan Sosial*). Because the founder of HRM stipulates to feed the orphans, Muhammadiyah, as representative *nāẓir*, is MPKU and MPS even though there is a special council in waqf, namely the Council of Waqf and the properties (*Majelis Wakaf dan Kehartabendaan*).

The management of HRM as acting *nāẓir* (manager) is supervised by MPKU and provides waqf benefits to MPS to be used later to meet the needs of orphans because the Muhammadiyah orphanage is under the management of MPS.

The Muhammadiyah orphanage regional branch of Semarang bought its land for relocation from HRM waqf benefits with an area of 10,000^{m2}; now located in the Tlogosari village, Semarang, has a complex consisting of a dormitory, mosque, sports arena, classrooms, gardens, and fishpond as well as orphans who are living with a total of 56 boys (2022). They get free meals, clothing, health, and education facilities from elementary to university. [86] Apart from that, MPS Muhammadiyah Semarang also manages five other orphanages.

Every year, this orphanage benefits from HRM waqf to support its operations. And when these benefits are deemed sufficient, they can be productive again by building shops (6) on waqf land donated by another *wāqif* named H. Khoirul Asmara, stipulated for the orphanage. The benefits waqf of HRM is also used to build a lodging complex for the university students of 34 rooms and shops. Apart from being used again for the

[86] Interview with R4.

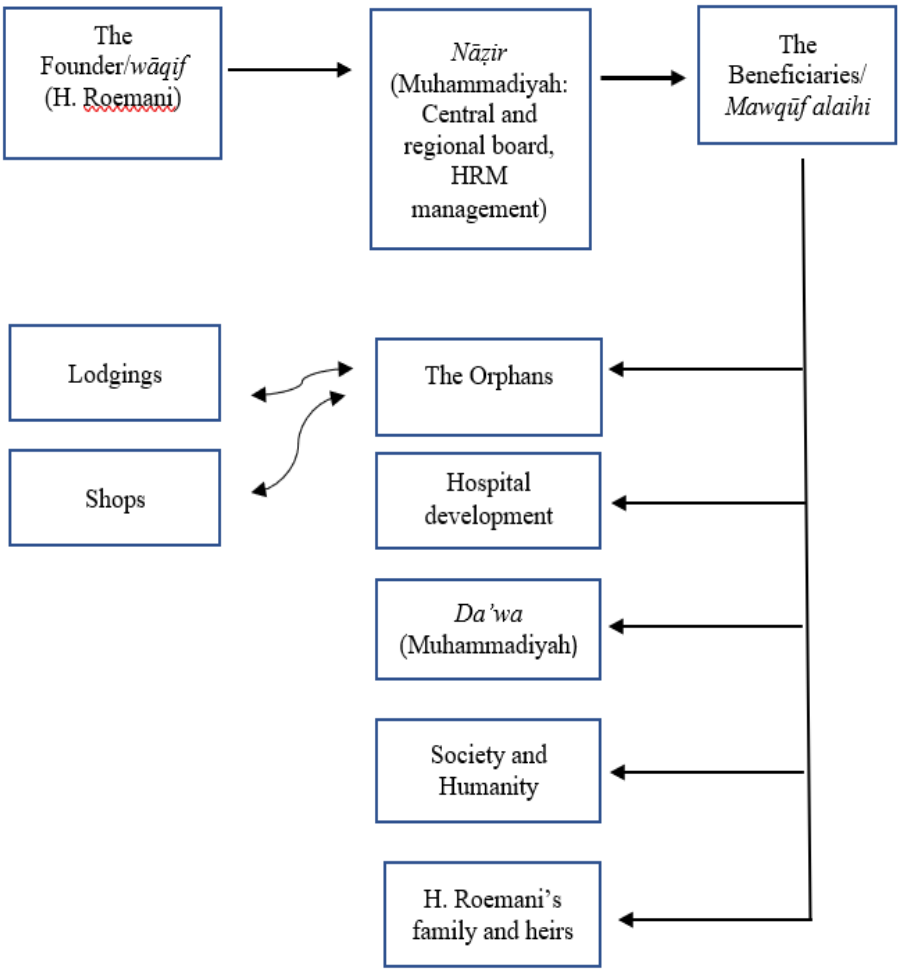
benefit of the orphans, the benefits from the rental of lodging and shops are also used for the benefit of Muhammadiyah *da'wah*.[87]

From here, the HRM waqf by the founder H. Roemani not only provides benefits in the health sector as the main hospital healthcare service entity but also sustains and produces other productive waqf properties in the social and economic sectors. It shows that the sustainability of waqf is not only limited to maintaining the main assets and property but also to creating other waqf assets and properties that even cover all socio-economic sectors. It also indicates that the waqf socio-economic dimension is more obvious than the basic and original dimension in worship.[88]

[87] Interview with R4.

[88] Jonathan Benthall, **'**Financial Worship: The Quranic Injunction to Almsgiving,**'** *The Journal of the Royal Anthropological Institute*, vol. 5/1 (1999): 27, https://doi.org/10.2307/2660961.

Figure 6: The Hospital Roemani Muhammadiyah's Waqf Flow



Sources: Author's elaboration

CONCLUSION

HRM is an institution that provides continuity and change in the development of waqf-based Islamic hospitals, which began in the Prophetic era and has survived to the present.

The HRM waqf document shows that waqf has been a source of funding (financing) for healthcare. It has also become the management and administration system used by Islamic hospitals in providing healthcare services. However, there has been a transformation in terms of this source of funding from what generally appears in the medieval and early modern Islamic periods, where the founders, namely the sultans and elites of the dynasty, as the donors and responsible for the hospital's operational, including the cost of healthcare services to the needy and the poor, changes extend to the founders who come from civil and private class, who usually tend to come from entrepreneurs background, for instance in the case of the Hamdard Foundation which is the same with H. Roemani in the case of HRM.

The alteration has also occurred in terms of the characteristics of free healthcare service provision, from full free service to the needy and the poor (fully free), shifting to several features, ranging from a very nominal charge, free medical service in some services (for example, there is a periodic free medical service program with mobile dispensaries), reduction assistance and lack of service costs, to financing based on health insurance with low premiums for the needy and the poor because they receive subsidies from the government. In the case of HRM, before the launch of national health insurance by the government, many HRM patients were given aid for reducing service fees to free debt services. However, after the launch of the national health insurance, which has a health subsidy scheme for the poor, HRM has become a government partner to serve this class of patients and dominate the types of patients while still providing services for the middle and higher classes. Because, in the Indonesian context, the number of referral hospitals is still lacking, so serving BPJS JKN-based patients is an embodiment of a form of HRM health service as a waqf hospital for the needy and the poor. Even HRM still provides healthcare service assistance to the needy through a hybrid scheme with other Islamic philanthropy funds (*zakāh* etc.)

We argue that this change is closely related to the growth of Muslim populations with the emergence of more complex diseases and outbreaks, for example, Covid-19, so the need for health funds is even greater.

However, this is different from the context of waqf-based hospitals in medieval and early modern Islam, where the population was smaller than in the present era; even at that time, the number of waqf-based hospitals was still insufficient to serve the population, for example in the case of Cairo and Istanbul with several hundred populations only having five hospitals.[89] Thus, waqf-based hospitals like HRM manage their waqf assets and properties commercially to meet these health funds; however, as the basic character of waqf, the hospital's main orientation is non-profit.

HRM as a waqf *mushtarak* entity between the public and family shows how waqf is managed through a tiered administration system based on the foundation (Muhammadiyah), able to grow and develop where orphanage has been demonstrated as special beneficiaries in the waqf document of HRM, which is sustainable and produces other waqf properties and covered all socioeconomic sectors, not only health.

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