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Integrated Islamic Philanthropy for Equitable Healthcare Access: A Case Study of Muhammadiyah Hospital

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Abstract: This study examines the integration of Islamic philanthropy within hospital settings, with a particular focus on Muhammadiyah Hospital in Ponorogo, Indonesia, to strengthen access to affordable healthcare for marginalized communities. The research is motivated by the limited scholarly attention to the incorporation of ZISWAF and corporate social responsibility (CSR) mechanisms in healthcare service practices, which represents a significant gap in contemporary Islamic philanthropy literature. Employing a qualitative research design, data were collected through interviews with philanthropic unit managers, hospital administrators, and beneficiaries of philanthropic programs. The findings reveal that Islamic philanthropy is integrated through a synergistic governance model that optimizes ZISWAF funds. Zakat and infaq are utilized to cover essential healthcare costs, with infaq serving as a complementary source when zakat eligibility criteria do not apply. Meanwhile, waqf contributes to the procurement of fixed assets, including buildings and patient facilities. The integrated philanthropic unit within the hospital functions as a consolidating entity for managing ZISWAF funds. This integration substantially enhances healthcare accessibility for underserved populations. The study contributes to the literature by conceptualizing an Islamic philanthropic integration model for hospital contexts and proposing the inclusion of CSR as an additional funding stream supporting healthcare-based philanthropic initiatives.

Keywords: Affordable Healthcare; Hospital; Integration; Islamic Philanthropy

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INTRODUCTION

Islamic philanthropy is an instrument that promotes justice and social welfare in Islam. The instrument is in the form of zakat, infaq, shadaqah, and waqf (often referred to as ZISWAF) (Alam et al., 2022; Hariyanto et al., 2020; Lita, 2021; Widiastuti et al., 2022). Islamic philanthropy has two aspects for Muslims, namely, the religious and the socio-economic. The first aspect means that ZISWAF is an obligation of Allah to Muslims and a form of obedience of a Muslim to his God (Chetioui et al., 2023; Ghaouri et al., 2023). The second aspect means that ZISWAF is a form of socio-economic concern and sensitivity of Muslims to others (Masrizal et al., 2023; Zahri et al., 2023).

ZIS and waqf have enormous potential instruments of justice and social welfare (Herianingrum et al., 2023; Jatmiko et al., 2023; R. Rizal et al., 2023). The expected value of Zakat in Indonesia in 2021 was IDR 327.6 trillion. The immense potential of zakat stems from its various forms. The total amount of zakat includes IDR 144.5 trillion from corporate Zakat and IDR 139.07 trillion from income and service. Despite the immense potential of zakat in Indonesia, the amount of zakat funds collected has only been cashed in at IDR 71.4 trillion (Safutra, 2021). The actualization of zakat has only attained approximately 21.8% of its total potential. All parties are responsible for maximizing the amount of zakat collected.

Compared to the potential of zakat, waqf in Indonesia also possesses considerable capacity. The national waqf potential is valued at IDR 217 trillion, equivalent to 3.4% of

Indonesia's gross domestic product (GDP). The source of potential lies solely in the cash waqf provided by a limited number of 74 million middle-class individuals (Novita & Nidia, n.d.). The waqf as a whole may be significantly larger than what the meager evidence indicates. With the potential of these two great Islamic philanthropic instruments, ZIS and waqf can significantly support the realization of society's equal welfare and economic justice.

In realizing justice and social welfare, almost all countries face significant challenges related to poverty and welfare problems. All nations encounter challenges related to income and welfare disparities (Kailani & Slama, 2020; Rimpeng, 2022). To promote justice and social welfare, Islam offers many mechanisms such as Zakat, Infaq, Sadaqah, and Waqf (often referred to as ZISWAF) (Alam et al., 2022; Hariyanto et al., 2020). While ZIS and waqf may vary in their implementation procedures and rules, their fundamental purpose remains consistent. When effectively coordinated, the integration of ZIS and waqf can mutually reinforce one another to achieve equitable welfare and social justice (Ahmad et al., 2021; Setiyowati, 2019).

To realize the welfare of the people, a hospital is one of the public facilities that economically weak and often unaffordable people need in terms of cost (Lestari, 2010; Sodikin, 2020). ZIS funds and waqf can support financial needs in the health sector. Prompt allocation of ZIS and waqf funds is crucial for impoverished individuals requiring healthcare services. The philanthropic fund is anticipated to alleviate the challenges faced by underprivileged communities in accessing healthcare. Although health funds are vital for the community, the distribution of ZIS funds for the health sector is the least compared to other fields (Ahmad et al., 2021).

Some scholars have initiated studies on the integration of ZIS and waqf. Indeed, few scholars have previously formulated theories about the integration of zakat and waqf, such as Hassan (2010), Hassanain (2015), Indrawan (2018), Ascarya (2018), Zainal (2017), and Sulistyowati (2018). Nevertheless, integrating zakat and waqf in hospitals, which are extremely valuable and required by the poor, is not the subject of any research. The study conducted by Zainal et al. is, in fact, pertinent to the hospital. However, the primary objective of their research was to evaluate the impact and quality of hospital services implemented by Islamic philanthropy institution (BAZNAS) in the community.

Furthermore, while corporate social responsibility (CSR) constitutes a well-established component of organizational social engagement, its potential role as a complementary instrument within Islamic philanthropic governance in healthcare settings has been under-examined. This indicates a gap not in the conceptualization of ZISWAF integration itself, but in contextualized institutional analyses that demonstrate how integrated models function in practice, especially in hospitals that cater to economically vulnerable groups.

To address these gaps, this study investigates the governance and practical integration of ZISWAF at Muhammadiyah Hospital in Ponorogo, Indonesia. Specifically, the study aims to (1) explain the role of each ZISWAF instrument (zakat, infaq, sedekah, and waqf) in supporting access to health, (2) analyze the implementation of Islamic philanthropy integration (ZISWAF) at Muhammadiyah Hospital Ponorogo, and (3) propose an integrated model of Islamic philanthropy that includes CSR to enhance sustainability and social impact. This research is essential to enhance the governance of Islamic philanthropy, particularly in the health sector. Although ZIS and waqf have different distribution characteristics, they will provide more positive value if they synergize. ZIS and waqf will be able to complement each other in realizing the welfare of the people.

This study makes new contributions by (1) Providing empirical evidence on ZISWAF governance at Muhammadiyah Ponorogo Hospital, which can be a reference for similar institutions, (2) Formulating an Islamic philanthropy integration model (ZISWAF) applied in hospitals, which has not been widely explored in previous literature, and (3) Introducing CSR

as an additional source in the Islamic philanthropy integration model to strengthen the sustainability of health programs. Thus, this study enriches the literature on Islamic philanthropy and offers practical solutions to improve access to health for marginalized communities through more effective resource integration.

Shirazi researched zakat and waqf in IDB member countries. Based on the results of his research, zakat, and waqf institutions need to be integrated into the poverty alleviation strategies of IDB member countries. However, Shirazi's research is still limited to recommendations and has not resulted in a concept of integration of zakat and waqf (Shirazi, 2014).

Hassanain offers efforts to integrate zakat and waqf at a more explicit conceptual level. In his writing, Hassanain reviewed some literature on microfinance models that simultaneously combine the principles of zakat and waqf. Three models are studied: Waqf-based Sharia Microfinance Institutions, Zakat and Waqf Microfinance Institution Organization Model, and Integrated Waqf and Zakat Microfinance Model. In line with the doctrine of microfinance, Zakat and Waqf are the most suitable tools to help the poor who need financing, and they can ultimately be effective for poverty alleviation. This paper recommends integrating microfinance models into the overall economic policy (Hassanain, 2015).

Furthermore, Indrawan and Herman (2018) also developed an integrated Zakat and waqf fund management model. This model was designed to handle displaced victims through ZIS and waqf. In this model, funds from institutional donors are only channeled to charity pooling funds. Meanwhile, individual donor funds will be channeled to charity pooling and reserve funds.

In addition, Ascarya (2018) formulated another model that integrated Islamic social finance and Islamic commercial finance. This model was developed to manage philanthropic funds in Islamic microfinance institutions (BMT) that function as commercial and social financial institutions. In addition to investing in the real sector commercially, this institution also manages social funds, especially zakat and waqf, to lift the socio-economic conditions of the poor and society.

RESEARCH METHODS

This qualitative research explored the governance of ZIS and waqf at the Islamic hospital in Ponorogo, namely Muhammadiyah Hospital. This research was field research. Based on the purpose of the study, the material object in this study was the governance of ZIS and waqf by an Islamic philanthropy institution in Muhammadiyah Hospital in Ponorogo, Indonesia.

Primary data were gathered through in-depth, semi-structured interviews, direct observations, and document analysis. Interviews were conducted using a thematic guide that focused on fund governance, targeting mechanisms, transparency practices, and integration challenges. Purposive sampling was used to select informants who were directly involved in or affected by the management and utilization of Islamic philanthropic funds. The study involved six key informants, consisting of one manager of the Service Office (SO) of LAZISMU at Muhammadiyah Hospital (R1), one hospital management (R2) that provides information on financial coordination, patient pathways, and integration of philanthropic funds with hospital operations, one executive member of LAZISMU Ponorogo City (R3), one donor (R4), and two beneficiaries (patients) (R5 and R6). This diversity of informants enables triangulation between managerial, operational, donor, and recipient perspectives, thereby strengthening the credibility and validity of findings.

Secondary data were collected from hospital documents, the SO financial reports, annual activity reports, program descriptions, and internal guidelines. This documentation

enriched the analysis and supported triangulation. All informants participated voluntarily, and anonymity was ensured through the use of pseudonyms. Ethical approval was granted by the internal ethics committee of the institution.

RESULTS AND DISCUSSION

ZISWAF Fundraising in Muhammadiyah Hospital Ponorogo

Zakat, Infaq, Shadaqah, and Waqf (ZISWAF) are potentials that have an essential role in helping the poor access health services in hospitals, including Muhammadiyah Hospital (MH) in Ponorogo. R1, manager of the Service Office (SO) of LAZISMU at MH, explains that ZISWAF at MH is managed by the Service Office (SO) of LAZISMU (Islamic philanthropic institution) affiliated with Muhammadiyah. The operation of the SO adheres to a structured network system, which is networked with the Islamic Philanthropy Institution above it and not as a corporation.

Based on an interview with R1, R2, and R3, ZIS funds at MH are sourced from 2.5% of employee salaries deducted by the Hospital Finance Department. The funds were subsequently transferred to the SO account. The funds were subsequently deposited into the Ponorogo Branch Office of the LAZISMU. The SO can obtain philanthropic funds by submitting a program proposal to the Ponorogo Branch Office. This model is called MANTAP (One-Stop Management).

In addition, according to R1, the SO also raises incidental philanthropic funds. This fund is called an unbound fund. For example, during Eid al-Adha and Ramadan, the SO raised funds for the Qurban and Sembako Ramadhan Programs.

In the context of waqf, it is worth noting that in 2019, the SO at MH initiated a fundraising campaign to finance the construction of a facility including 35 rooms dedicated to accommodating inpatients. The SO provided different denominations of waqf to fund the construction of 35 inpatient rooms. R1, the manager of the SO at MH, stated:

"In 2019, we once raised waqf funds, and we named it "Shodaqoh Jariyah Construction of Inpatient Rooms Integrated Service Building" to donors in the form of complete patient room facilities totaling 35 rooms with different nominals. For classes 1, 2, and 3, the rooms are worth IDR 30 million, the VIP rooms are worth IDR 40 million, and the VVIP is worth IDR 50 million. Socialization was done through the media and a network of figures and ulama of the Muhammadiyah organization. From the fundraising program, we procured 33 patient room facilities."

The management of ZISWAF funds, derived from managing patient rooms, is exclusively overseen by the SO. It is stipulated that 2.5% of the room rental fees are entrusted to the SO for management purposes, acting on behalf of the donors. This practice adheres to the conditions outlined in the Certificate of Shadaqah Jariyah. R4, one of donors, states:

"I was offered the opportunity to participate in the endowment for the construction of the Ahmad Dahlan Building. I contributed a waqf for two VIP rooms, each valued at 40 million rupiah. I dedicated this waqf in the name of my parents. My hope is that my parents will continuously receive ongoing rewards (shadaqah jariyah) through the waqf of these rooms. Some of my friends also joined together to endow one Class-3 room valued at 30 million rupiah."

According to R1, the idea of this waqf program originated from a seminar on philanthropy for hospitals organized by Gadjah Mada University. The regional LAZISMU manager then presented the seminar results to the board of directors and MH owners. Based on the agreement between the Board of Directors of MH and the manager of LAZISMU, the construction of the new hospital building uses waqf-based donations.

ZISWAF for Wealth in Muhammadiyah Hospital Ponorogo

Based on interview with R1 and the SO documents, the SO distributes and utilizes the ZISWAF funds for several programs: health, social-dakwah, education, and economics. Within the health program, the SO allocated philanthropy funds to provide aid for health costs, offer complimentary ambulance services, and implement various healthcare activities. Health cost assistance is designed to support patients classified as class 3. Patients classified as class 2 or higher are ineligible to get assistance. The aid mechanism is subject to conditions through the implementation of submission-based protocols.

According R5 and R6, the family of the patient, who is experiencing financial hardship, often completes the application form to request the allocation of a room. This form is then forwarded to the service unit and submitted to the SO afterward. The delivery method involves providing cash either by delivering it to the patient's address or by allowing the patient to pick it up during their appointment, contingent upon the hospital fee administration being paid in its entirety. If the patient has not fulfilled their payment obligations, the outstanding amount is promptly subtracted from the total treatment charge.

In the context of social-dakwah, the SO allocates charitable resources towards the Peduli Dhuafa and Kaum Renta Program, Peduli Panti Asuhan, and Indonesia Disaster Preparedness initiatives. The Peduli Dhuafa and Kaum Renta Program involves the distribution of food packages to economically disadvantaged individuals residing in various locations within the Ponorogo region by the SO. The participants were recruited through submissions made by employees of Muhammadiyah Hospital, who matched the eligibility criteria of being *mustahiq*. Subsequently, the employee has to deliver the assistance package to the receiver. Providing essential sustenance for impoverished individuals encompasses regular and irregular occurrences. The essential food package is regularly distributed monthly through the designated employee or by direct delivery to the recipients residing in the Ponorogo city region. In the interim, allocating cash to multiple orphanages in Ponorogo, directly or via the Indonesia Disaster Preparedness Program, is not a regular occurrence. Furthermore, there exist various humanitarian initiatives aimed at distributing funds, such as the Ramadhan Peduli Covid-19 Program, the Romadhon Gifts for pedicab drivers, teachers at Taman Pendidikan Al-Qur'an and Covid-19 volunteers, and the Qurban Program for humankind.

Within the Education program, the SO allocates financial resources to various initiatives: the Mentari Scholarship Program, the Sang Surya Scholarship, the Save Our School campaign, and the Goes to Campus project. The Mentari Scholarship is designed to support junior and senior high school students, whereas the Sang Surya Scholarship specifically targets university-level students. The Save Our School initiative is allocated to educational institutions to support students, school infrastructure, and teacher remuneration. R1, the SO officer, said that the economic empowerment program is among the initiatives developed by the SO. However, the program has been unsuccessful in identifying the appropriate pattern.

Integrated Islamic Philanthropy to Optimize the Role of ZISWAF in Hospital for Affordable Healthcare

Islamic philanthropy is a concept in Islam that provides justice and equal welfare for everyone, especially the poor (Hassanain, 2015). ZISWAF is an essential instrument in Islam to overcome the problem of poverty and improve people's welfare. ZIS can increase the purchasing power and welfare of *mustahiq* and positively impact macroeconomic circulation. Meanwhile, waqf provides material infrastructure for the community and creates a source of income that can be used for social welfare improvement activities, both at the micro and macro levels (Sulistyowati, 2018).

The potential of Islamic philanthropy in Indonesia is enormous. This great potential opens up space for philanthropic activism in institutions and communities. Philanthropy is not only a concern for individuals or groups. The state is also often present in supporting and even involved in philanthropic governance through policies, regulations, and even establishing philanthropic institutions (Makhrus, 2018). The great potential of philanthropy in Indonesia is supported by cultural and religious factors that encourage it.

Based on the great potential of Islamic philanthropy, if this potential can be explored deeper and optimized, it will increase the community's social welfare. In addition to this optimization through increasing public awareness and trust in Islamic philanthropic institutions, another effort to optimize Islamic philanthropy is by integrating ZIS and waqf management with Islamic philanthropic institutions as the spearhead. This integration needs to be done because ZIS and waqf have the same direction and purpose. Thus, the two can synergize and be more optimal for community welfare.

Several academics and practitioners have worked to optimize the role of ZISWAF by integrating the roles of the two. Based on several previous studies, several researchers have begun to integrate ZIS and waqf. There have been several researchers who have developed models of integration of ZIS and waqf, such as Kabir (2010), Hassanain (2015), Indrawan (2018), Sulistyowati (2018), Zarfi (2019), and Rizal (2020). However, none of these studies have formulated an integration model of ZIS and endowments for health access, such as in hospitals. Access to health is very urgent and needed by underprivileged communities. In addition, optimizing ZIS and waqf in hospitals in an integrated manner is essential as a form of commitment, care, and empathy for others to get adequate health access.

Based on the characteristics of each type, Islamic philanthropy becomes more optimal in overcoming poverty and realizing welfare and social justice if managed in an integrated manner. Zakat, with its characteristics, can be distributed to meet the basic needs of *mustahiq* (recipients) that are short and medium-term, such as clothing, food, and shelter needs. These needs are *dharuri* (essential) and become the basic needs of human life. Although productive zakat has begun to become an option in the utilization of zakat, following Law No. 23 of 2011 zakat can be used for productive efforts in the context of handling the poor and improving the quality of the community if the basic needs of *mustahiq* have been met.

Infaq/shadaqah is a supplement that complements the function of zakat in meeting short-, medium- or long-term needs. If the needs of the *dharuri* cannot be met through zakat instruments, *infaq/shadaqah* can complete it. Some components that cannot be fulfilled through zakat, because zakat is limited to only eight groups, can be covered by *infaq/shadaqah*. *Infaq/shadaqah* is a donation of wealth for good. The alms are issued for the way of God. Thus, *infaq/shadaqah* is complementary and more flexible in its utilization.

Meanwhile, waqf is an Islamic philanthropy that serves to meet the needs of assets needed by the community and for the public interest. Waqf is long-term, and it includes land, buildings, and infrastructure facilities that many people need. Even now, waqf has developed into cash waqf and stock waqf. Waqf is included in the long-term category because waqf, regardless of its original owner, cannot be granted, inherited, or traded (Kholifah et al., 2021).

Based on ZISWAF governance data at Muhammadiyah Hospitals in Ponorogo, optimization of ZIS and waqf through the integration of both began to be initiated by the SO in MH. The SO in MH has started to make efforts to synergize ZIS and waqf through the utilization of ZIS and waqf. The SO in MH distributes ZIS funds to the basic needs of recipients (*mustahiq*) in the health, educational, economic, and social fields. Meanwhile, to support health access infrastructure, the SO in MH makes it happen through productive waqf in the form of patient room endowments. 2.5% of the revenue earned from using the patient rooms is given to the SO and distributed to the *mustahiq*, among others, to ease the cost of health services at MH (R1).

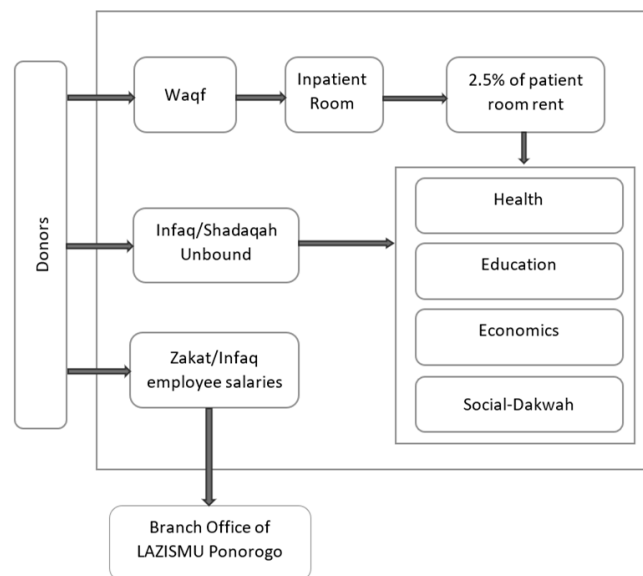


Figure 1. The Governance of Islamic Philanthropy Funds in Muhammadiyah Hospital
Source: Developed by Author

The integration of ZIS and waqf at Muhammadiyah Hospital positively impacts the welfare of the poor, especially in providing affordable health services. Through this integration, the SO in MH can assist 51 people and 10 agencies with a total fund of Rp. 126.8 million. The distribution includes health, education, economy, and social-dakwah (R1).

Potential funds that have not been managed in an integrated manner by the SO in MH are hospital CSR funds. The CSR funds are an additional source of funds that ZISWAF managers can use to administer them in an integrated manner. There has been growing attention and engagement in the recent comprehension and application of corporate social responsibility (CSR) (Koleva, 2021). CSR asserts that corporations are obligated to behave in a manner that supports and improves societal objectives beyond their economic interests (Ananzeh, 2023). While considerable research has been conducted to examine the relationship between corporate social performance and corporate economic performance (CEP), philanthropy has been relatively overlooked. It is believed that corporate philanthropy is a vital component of CSR (Carroll, 1991). As business entities, Islamic hospitals can direct CSR towards social welfare. This mission is consistent with the objective of Islamic philanthropy. Therefore, Islamic philanthropy and hospital CSR administration can be integrated.

In Muhammadiyah Hospital, the officer manages CSR funds independently, without the involvement of the SO (R2). These CSR initiatives may coincide with the hospital's implementation of ZISWAF. Both ZISWAF and CSR are committed to achieving welfare and social justice. Based on the critical data, the author formulates the Islamic Integrated Philanthropy Model in Hospitals so that social funds in hospitals can be more effective, and on target, and there is no overlap in the receipt of social funds by *mustahiq* (target). The author offers an integration model of ZIS and waqf (Islamic Integrated Philanthropy Model) in hospitals so that the role and function of ZISWAF can be more optimal and further improve community welfare.

Drawing upon the provided data, the author proposes the Integrated Islamic Philanthropy Model in Hospitals, which aims to enhance the efficacy and precision of social funds allocated to hospitals while ensuring that the receipt of social funds by *mustahiq* (targets) does not overlap. The author proposes an Islamic Integrated Philanthropy Model of ZIS and

waqf for hospitals, aiming to optimize the role and function of ZISWAF and further enhance community welfare in the health sector.

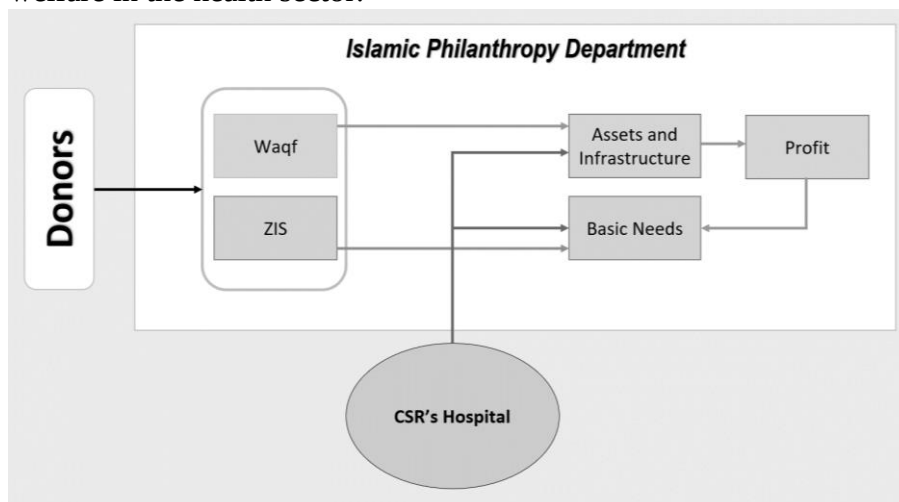


Figure 2. Integrated Islamic Philanthropy Model in Hospitals
Source: Developed by Author

Figure 2 illustrates the Integrated Islamic Philanthropy Model in Hospitals, designed to optimize Islamic social funds' role in improving access to health services for poor and marginalized groups. This model combines four main sources of philanthropic funds from hospitals: zakat, infaq/shadaqah, waqf, and corporate social responsibility (CSR). Each source of funds has a specific and complementary role. Zakat is used to meet the short-term and urgent needs of patients from the mustahiq group, such as assistance with medical expenses and medicines. Infaq and shadaqah act as complements, reaching the needs of patients that cannot be covered by zakat or providing additional assistance for general patients. Waqf is used to meet long-term needs by providing fixed hospital assets, such as the construction of inpatient rooms or medical facilities. Meanwhile, hospital CSR funds are directed to support external social programs, such as public health services, counseling, and additional subsidies for underprivileged patients.

Through an integrated governance system, this model enables the efficient distribution of social funds, avoids overlapping assistance, and ensures that funds are allocated according to the characteristics and rules of each source. In addition, this integration creates sustainability in social financing because waqf provides a long-term source of income, and CSR can be a flexible complementary fund. Implementing this model increases access to equitable and affordable health services for the poor, strengthens the legitimacy of philanthropic institutions, and increases accountability and transparency in managing social funds. In the context of the Muhammadiyah Ponorogo Hospital, this model has been implemented through synergy between the philanthropic institution LAZISMU and hospital management, such as in the program of building 33 inpatient rooms through waqf and subsidizing medical costs through zakat and infaq. This model can be replicated in other Islamic hospitals with adjustments to the local context and institutional capacity and a joint commitment between the hospital and the social fund management institution.

CONCLUSION

The study highlights the critical role of Islamic philanthropy in enhancing healthcare accessibility for marginalized communities. By integrating zakat, infaq, sadaqah, and waqf (ZISWAF) funds, Muhammadiyah Hospital has successfully implemented a structured philanthropic model that reduces healthcare costs for underprivileged patients while simultaneously supporting hospital infrastructure. This research further introduces the

Integrated Islamic Philanthropy Model in Hospitals, which incorporates corporate social responsibility (CSR) as an additional funding source to optimize financial sustainability. The findings emphasize that effective governance and synergy between ZISWAF and CSR can enhance healthcare affordability and sustainability. This model provides a framework that can be replicated and adapted in other Islamic-based healthcare institutions to maximize the impact of social funds.

Theoretically, this study extends the literature on Islamic philanthropy by proposing a structured integration of ZISWAF and CSR in hospital management. It addresses a gap in previous research by demonstrating how Islamic philanthropic funds can be systematically allocated to meet both short-term and long-term healthcare needs. The study provides actionable insights for hospital administrators, philanthropic institutions, and policymakers in managing Islamic social finance for healthcare. Hospitals can ensure more equitable healthcare services, efficient resource distribution, and reduced patient financial barriers by implementing an integrated philanthropic model.

Despite its contributions, this study is limited to a single case study in Indonesia. Future research could explore the applicability of this model in different socio-economic and cultural contexts, including comparative analyses with Islamic hospitals in other countries. Additionally, a quantitative assessment of the financial impact of ZISWAF integration could further validate the effectiveness of this approach.

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