PUSKAS Working Paper Series

PWPS# 2018 - 03

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(March 2018)

BAZNAS
Badan Amil Zakat Nasional

Patient Satisfaction Surveys and Quality of Care: An Information Paper of BAZNAS Free Hospital, Indonesia

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Presented at the International Conference on Business, Humanities and Education (ICBHE 2018) at Bayview Beach Resort, Batu Ferringhi, Penang, Malaysia
3 - 4 March 2018

Abstract

The purpose of this paper is to investigate the patient satisfaction surveys and quality of care BAZNAS free hospital development. The hospital built through the waqf and zakat integration scheme. In Islam, zakat and waqf are decidedly in *Maqasid al-Shari'ah* concept to overcome the poverty problem and fulfillment the basic needs. The joint elements are needed to obtain the highest utility as part of the social obligations which can contribute to improving the quality of life. The paper will demonstrate that zakat and waqf integration plays an essential role in providing a better life for the poor. The surveys conducted on May-July 2017 by the 400 patients in four different branches (Jakarta, Makassar, Sidoarjo and Pangkalpinang). This paper founds that zakat, and waqf integration has brought benefits for the poor as well the quality of life among them can be further enhanced. BAZNAS Free Hospitals has proven to play a vital role in the Sustainable Development Goals (SDG's) related to global health and well-being.

Keywords: Zakat, Awqaf Development, Awqaf Land, Integrating zakat.
JEL Classification: E6, H2, H3

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1. Introduction

Islam contains of various rules needed by human beings. The rule is a life guide that can bring happiness, both in the world and in the hereafter. Also, Islamic law is believed to be the solution to all the problems faced by humans, one of the answers is zakat and waqf.

The word of zakat comes from zaka-yazku which means to grow or develop. Ali bin Abi thalib, said: *"Wealth decreases when distributed, and knowledge increases when distributed"*. Secondly, zakat means good or holy, as the word in surah Maryam 19: 13. Secondly, zakat means good or holy, as the word in Surah Maryam 19: 13. Third, zakat means praise and sanctifies, as mentioned in surah al-Najm: 32.

There are several definitions of zakat. According to the Hanafi madhhab, zakat is giving certain property ownership to certain people. According to the Maliki madhhab, zakat is a property owned by the person who has fulfilled conditions such as nisab, haul except for mining and agriculture. According to Shafii madhhab, zakat is a special treasure with specific properties given to a particular group, as described in the surah Attaubah verse 60. According to Hambali madhhab, zakat is the obligation on specific property to be given to a specific group at a specific time.[5]

Waqf literally means al-Habsu which means holding[6]. In term, the madhhab has various definitions. According al-Sharkhasi of Hanafi madhhab, waqf is withholding assets[7]. Maliki says waqf is a benefit within a certain time period, even though ownership is still the owner's right[8]. Imam Nawawi said to hold back something that interests can be taken while keeping the goods by deciding the right of management to be utilised in the field of virtue as a means of getting closer to Allah SWT[9]. According to Imam Ibn Qadamah of Hanbali madhhab, waqf is to hold assets and take advantages[10].

Zakat and waqf is an essential institution in an Islamic economic framework for poverty alleviation and economic welfare. In this paper, we explore how much potential the integration of zakat and waqf financing to meet the development challenges, to obtain the highest utility in the free health services for the poor.

The paper proceeds as follows. In the next section, we discuss the interlink between the zakat and waqf and *Maqasid al-Shari'ah*. Then, in Section 3, we discuss the economic potential of zakat and waqf by reviewing from the previous studies. In Section 4: we look at the zakat-waqf financing model in the BAZNAS Free Hospitals or Rumah Sehat Baznas (RSB). Finally, in Section 5, the result of impact and quality services of BAZNAS Free Hospitals to the beneficiaries.

2. Maqasid Shari'ah: Interlink Zakat-Waqf

Maqasid Shari'ah can be divided into 3 (three) parts: First: Primary Objectives (al-Dharuriyyat). Primary needs become the determinant of the achievement of religious and world welfare. If this need is not achieved, then the world's benefits cannot be obtained. Thus *Dharuriyyat* mean the primary requirements that are needed by humans in their

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[5] Bahuti, *al-Raudl al-Murbi'*, h.1/107

[6] *Mu'jam Maqayis al-Lugah,* 6/135. Lisan al-'Arab, 9/259,

[7] Al-Sarkhasi, *al-Mabsut*, 12/27.

[8] Ibn Arafah, *Sharh Mian al-Halil*, 4/34..

[9] *Al-Majmu Sharh al-Muhaddzb*, 14/219.

[10] Ibnu Qudamah, *Al-Muqni fi Fiqh al-Imam Ahmad'*, 2/30.

life.[11] al-Ghazali in al-Mustasfa and al-Syatibi in al-Muwafaqat categorize these primary needs into 5 (five) framework: faith (al-Din), life (al-Nafs), intellect (al- Aql), progeny (al-Nasl) and wealth (al-Mal).[12]

Faith protection (*Hifz al-Din*): The poor Muslim community often finds it difficult access to health. In these circumstances, they are often the target of missionaries in apostasy projects. On this basis, the construction of hospitals dedicated to the poor and needy can be categorized in keeping the religion of the Muslims. In the implementation, the establishment of the hospital can be taken from the Waqf funds, while the operational costs are taken from asnaf *faqir*, miskin (the poor), *gharimin* in the existing zakat funds.

Life protection (*Hifz al-Nafs*): zakat and waqf became one of the solution systems in achieving the salvation of the human soul from the destruction and extinction. In practice, there are several types of waqf in the human soul protection, among others; waqf of wells, waqf of clean water sanitation, and others13. As well as the high cost of drugs and hospitals, often causing the poor cannot get access to adequate treatment. In this context, it becomes imperative to build a hospital devoted to poor and needy patients.

Intellect protection (*Hifz al-Aql*): Intellect or mind is the principal object of responsibility. Who does not have a healthy mind, is not burdened to run the Shari'a. It becomes crucial if zakat and waqf pioneers in maintaining the privilege of intellect protection and purity.

Progeny protection (Hifz al-Nasl): Progeny becomes the determinant of survival. Therefore, the Shari'a guards all that may interfere with and solve this sustainability. In the modern life, one of the threats of apostasy committed by missionaries is to provide free medical treatment and free birth fees to the poor. One of the conditions imposed for the beneficiaries to give their babies to be baptized. From this issue, it can be seen how important to build a free hospital for the poor and needy families, zakat and waqf financing can reach this way.

Wealth protection (*Hifz al-Mal*): In the Islamic concept property is essentially belonging to God (Allah), man is given trust to manage. Zakat and waqf cannot be accomplished except involving property, this basis describes zakat and waqf is an integral concept in Islamic treasure in order to wealth protection.[14]

Secondly: Secondary need (*al-Tahsiniyyat*): The goal of this need is to ease and eliminate difficulty. In Islamic Shari'ah this category like the law of *rukhshah* (lightening), allowing not fasting for the traveler, penalty *diyat* (fines) for a person who kills accidentally and others.[15] Third: Tertiary Needs (*al-Tahsiniyyat*). The definition is a need that does not threaten the existence of life and does not cause difficulties if not met. This level in the form of complementary needs, according to customs to avoid tired eyes based on norms and morals.

3. Economic Potential of Zakat and Waqf

Shaikh (2016) estimates potential Zakat collectable in 17 member countries of Organization of Islamic Cooperation (OIC). He finds that Zakat to GDP ratio exceeds Poverty Gap Index

[11] Al-Syatibi, Ibrahim bin Musa, *al-Muwafaqat*. Beirut: Dar al-Ma'rifah, 2/8.

[12] Al-Syatibi, *al-Muwafaqat*, 1/417 dan 2/10.

[13] Ahmad al-Sa'd (2003), *al-Malamih al-Asasiyyah Baina Nidham al-Waqf wa al-Iqrisad.* Journal Mu'tah, Jami'ah Mu'tah, edisi 8/1910.

[14] Yusuf al-Alam (1993), *Al-Maqasid al-'Ammah li al-Shari'ah al-Islamiyyah.* Riyad: al-Dar al-Islamiyyah li al-Kitab al-Islami, 486.

[15] Al-Syatibi, al-Muwafaqat, 2/11.

to GDP (PGI-GDP) ratio except in 3 countries with poverty line defined at $1.25 a day. He shows that the aggregate resources pooled together from the potential Zakat collection in 17 OIC countries will be enough to fund resources for poverty alleviation in all 17 OIC countries combined16. Azam et al. (2014) and M. Akram & Afzal (2014) in an empirical study for Pakistan argue that Zakat disbursement among the poor, needy, destitute, orphans and widows has played a significant role in poverty alleviation.

Using aggregate data for Malaysia, Suprayitno et al. (2013) find that Zakat distribution has a positive, but small impact on aggregate consumption17. Abdelmawla (2014) argue based on empirical evidence using aggregated data for Sudan that Zakat along with educational attainment significantly reduced poverty in Sudan18. Hassan & Jauanyed (2007) estimate that Zakat funds can replace the government budgetary expenditures ranging from 21% of Annual Development Plan (ADP) in 1983-84 to 43% of ADP in 2004-2005[19]. For Malaysia, Sadeq (1996) finds that about 73% of the estimated potential Zakat collection will be needed annually to change the status of hard-core poor households to a status of non-poor families in Malaysia. Ibrahim (2006) contends in an empirical study for Malaysia that Zakat distribution reduces income inequality. His analysis reveals that Zakat distribution reduces poverty incidence, reduces the extent of poverty and lessens the severity of poverty20. Firdaus et al. (2012) estimate the potential of Zakat in Indonesia by surveying 345 households. Their results show that Zakat collection could reach 3.4% of Indonesia's GDP, which can help in reducing poverty to a large extent..

Some other studies also show the comparative potential of Zakat as a superior tool for poverty alleviation among other poverty alleviation institutions. Hasbi Zaenal et al. (2017) assess the effectiveness of Zakat as an alternative to microcredit in alleviating poverty in Yogyakarta, Indonesia. Through the Global Poverty Index technique, the study reveals that the impact of Zakat as the capital assistant scheme has proven significantly increases both income and expenditure of the recipients in comparison to the microcredit programs[21].

Some studies like Nadzri et al. (2012) recommend integrating the various poverty alleviation and redistribution tools for creating synergies. The effectiveness of Zakat institutions may improve by collaborating with other institutions such as Microfinance institutions[22]. Shirazi (2014) suggests that the institutions of Zakat and Waqf (charitable trust) need to be integrated into the poverty reduction strategy of the Islamic Development Bank (IDB) member countries. The proceeds of these institutions should be made as part of their pro-poor budgetary expenditures23. Hassan (2010) suggests a model which combines Islamic Microfinance with two traditional Islamic tools of poverty alleviation such as Zakat and Waqf

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[16] Shaikh, S. (2016). Zakat Collectible in OIC Countries for Poverty Alleviation: A Primer on Empirical Estimation. *INTERNATIONAL JOURNAL OF ZAKAT, 1*(1), 17-35. Retrieved from http://www.puskasbaznas.com/ijaz/index.php/journal/article/view/3

[17] Suprayitno, E., Kader, R. A., & Harun, A. (2013). "The Impact of *Zakat* on Aggregate Consumption in Malaysia", *Journal of* Islamic *Economics, Banking and Finance*, *9*(1), 39 – 62.

[18] Abdelmawla, M. A. (2014). "The Impacts of Zakat and Knowledge on Poverty Alleviation in Sudan: An Empirical Investigation (1990-2009)", Journal of Economic Cooperation and Development, 35(4), 61 – 84.

[19] Hassan, M. K. & Jauanyed, M. K. (2007). "Zakat, External Debt and Poverty Reduction Strategy in Bangladesh", Journal of Economic Cooperation, 28(4), 1 – 38.

[20] Sadeq, A. H. M. (1996). "Ethico-Economic Institution of Zakat: An Instrument of Self Reliance and Sustainable Grassroots Development", IIUM Journal of Economics and Management, 12(2), 47 – 69.

21 Hasbi Zaenal, M., Dwi Astuti, A., & Solihah Sadariyah, A. (2017). Change of the Poverty Rate Index on the Productive Zakat Impact: Case Study from BAZNAS Bantul Yogyakarta. *Puskas Working Paper Series (PWPS)*, . Retrieved from http://www.puskasbaznas.com/publication/index.php/workingpaper/article/view/58

[22] Nadzri, F. A.; A. Rahman, R. & Omar, N. (2012). "Zakat and Poverty Alleviation: Roles of Zakat Institutions in Malaysia", International Journal of Arts and Commerce, 1(7), 61 – 72.

[23] Shirazi, N. S. (2014). "Integrating Zakat and Waqf into the Poverty Reduction Strategy of the IDB Member Countries", Islamic Economic Studies, 22(1), pp. 79 – 108.

(charitable trust) in an institutional setup[24]. Norazlina & Rahim (2011) identify that there are many types of programs that could be funded by Zakat such as providing education for the poor, the establishment of schools, vocational training and rehabilitation for Zakat recipients to make them more productive, establishment of agriculture and cottage industries, provision of fixed asset and equipment to small business projects, provision of working capital, building of low-cost housing and providing medical treatment and health care [25].

Meanwhile, regarding waqf land potential, there are a lot of opportunities for improvement of waqf lands in the Islamic development countries. Data reveals that less than half of thousands acreage of waqf lands are having a high potential for economic development. Unfortunately, some constraints restrict the smooth flow of land supply onto the market for development purposes. For example, Healey (1992), empirically investigates the sources of waqf land supply constraints for development in Kota Bharu District, Kelantan and find ways to unlock the macro and micro factors that constrain the potential economic values of waqf lands[26]. Whereas related to this Monzer (1995) stated the permanent nature of waqf results in the accumulation of wealth for a healthy Islamic society at large. With these waqf properties that are devoted to provide a capital asset that produces an ever-increasing flow of revenues/usufructs to serve its objectives in Islamic society. This vast accumulation of waqf plays an essential role in the social life of Muslim communities[27].

4. BAZNAS Free Hospital Financing Model

This section explores how the National Zakat Board (BAZNAS) Indonesia in cooperation with the waqf institution in provided necessary social and public infrastructure in the form of free health facility for the poor and to act as a permanent social safety net.

Today, most of the Muslim majority countries are more miserable than the other countries on average. Most of the poverty reside in Africa, and Asia and bulk of the Muslim majority countries are located in these continents. It is estimated that 1.37 billion of the world total population of 7.1 billion live on $1 per day. In the 57 OIC member countries, which constitute around 1.6 billion people, 31% of the total population lives below the poverty line of $1.25 per day (Alpay & Haneef, 2015).

If we look at health expenditure of GDP in the Figure, the Muslim majority countries had on average lower value as compared to the high income and the middle-income countries. Muslim majority countries had on the average lower availability of health infrastructure as compared to the top income and the middle-income countries. This could partly be because of lower per capita income, lower health expenditure allocation as a percent of total expenditure and high population growth rate in the Muslim majority countries.

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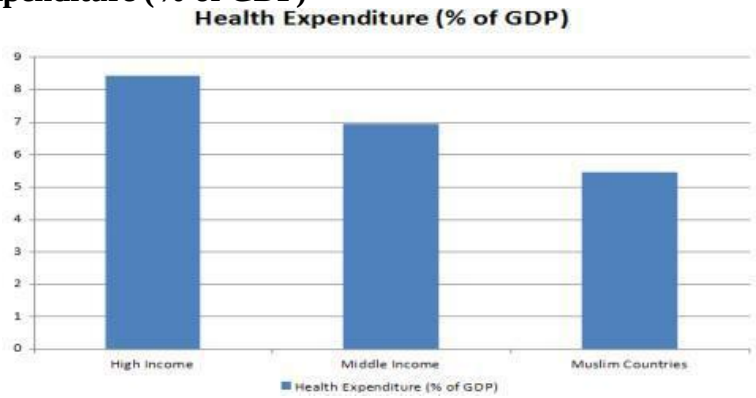
[24] Hassan, M. K. (2010). "An Integrated Poverty Alleviation Model Combining Zakat, Awqaf and Microfinance", in Seventh International Conference-The Tawhidi Epistemology: Zakat and Waqf Economy, Bangi, Malaysia.

[25] Norazlina A. W. & A. Rahim, A. R. (2011). "A Framework to Analyse the Efficiency and Governance of Zakat Institutions", Journal of Islamic Accounting and Business Research, 2(1), 43 – 62.

[26] Healey P. (1992). The Reorganisation of State and Market in Planning, Jurnal Urban Studdies, Vol.29, No 3.

[27] Monzer Khaf. (1995). "Awqaf and Its Modern Applications" in the Oxford Encyclopedia of Modern Islamic World, New York: Oxford University Press

Figure 1: Health Expenditure (% of GDP)



Source: World Development Indicators (WDI), World Bank

If the institution of zakat and waqf can help in alleviating poverty and help the poor people, then it can contribute in promoting the *Maqasid al-Shari'ah*, which is to protect and preserve it to become vulnerable, can helps a person to afford essential basic needs, can enable people to provide critical life's health, and then it will help make them more happiness in future.

4.1 BAZNAS Free Hospitals

BAZNAS Free Hospital or we called Rumah Sehat Baznas (RSB) is one of BAZNAS programs to facilitate free health services for the poor and accommodate to a more prominent hospital. BAZNAS Free Hospitals until the year 2016 has two categories facilities: Inside Building and Outside Building. Inside Building this form of health services delivery for the poor inside hospital building included the following services: (1) General Poly, (2) Inpatient Poly, (3) Laboratory, (4) Mass Cataract Surgery, (5) Radiology, (6) Dental Poly, (7) Maternal & Child Health Poly, (8) Healthy Family Building, (9) Specialist Poly, (10) Hypertension & Diabetes Center Poly, (10) Referral Service, (11) Social Psychology, and (12) Nutrition Poly.

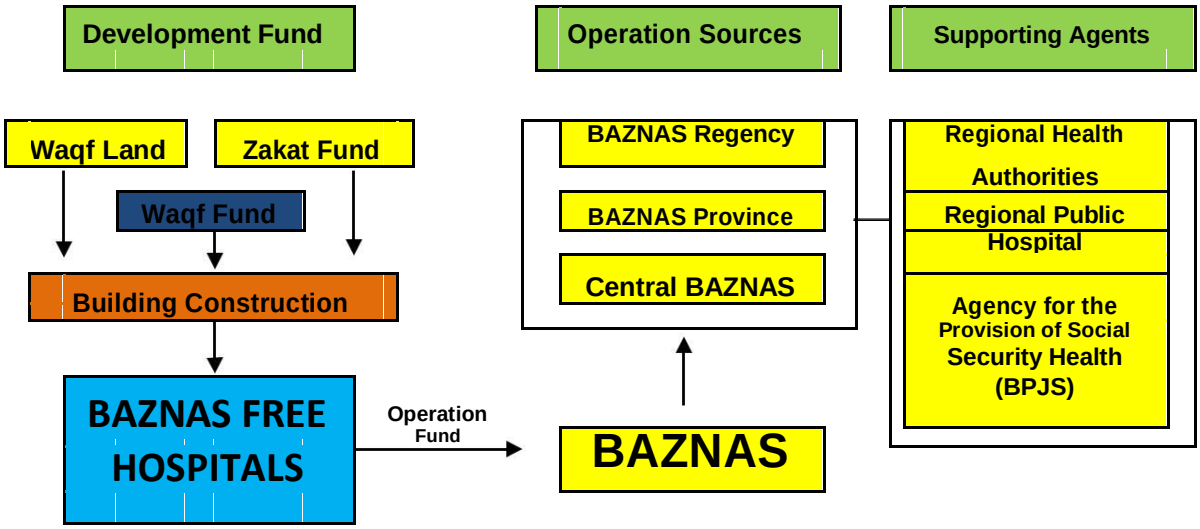
Whereas outside building this form of health services delivery for the poor outside hospital building, included the following services: (1) Pre-Prosperous Family Partners, (2) Nutrition Center, (3) Healthy School Children's Program, (4) Mass Circumcision, (5) Village Drug Post, (6) Hypertension & Diabetes Center, (7) Healthy Community, (8) Healthy Cadres, (9) Tuberculosis Center, (10) Health Center, (11) Mobile Health Unit, and (12) Elderly Center.

4.2 Zakat-Waqf Financing Model

BAZNAS Free Hospitals built by combining zakat fund and waqf land, where the land financed by the waqf land, the building funded by waqf fund and zakat fund combination, while the health facilities, medicines, doctor salaries, nurse salaries and other operational costs fully funded by zakat fund (BAZNAS) as in figure 2. Until 2016, BAZNAS Free Hospitals has established in five cities i.e. Jakarta, Yogyakarta, Sidoarjo, Makassar, and Pangkalpinang and has served 213,46928 of the poor with details in Jakarta 52,429 people, Yogyakarta 49,048 people, Sidoarjo 50,851 people, Makassar 53,848 people and Pangkalpinang 5,293 people.

[28] BAZNAS Healthy House Report, 2016

Figure 2: BAZNAS Free Hospital Financing Model



Source: Interview (2017)

First, RSB in Jakarta Realized in collaboration with waqf foundation of Sunda Kelapa Great Mosque which is currently located in the vicinity of Sunda Kelapa Great Mosque Complex Jl. Taman Sunda Kelapa No.16 Menteng Central Jakarta, standing on a land area of approximately 200m2 and building area of 1000m2. During 2016 RSB Jakarta has total services of 6211 households with a total of 19,404 people, and able to serve up to 54,429 of the poor with the composition inside building facilities 15,291 people and outside building services 39,138 people.

Second, RSB in Yogyakarta realised in cooperation with waqf foundation of Universitas Islam Indonesia (UII) located in West Imogiri Road Km.7.5 Bibis Timbul Harjo Sewon, Bantul, Yogyakarta with the total land area 1.477m2 and building area 859m2. During 2016 RSB Jakarta has complete services of 7.692 households with a total of 19.887 people, and able to serve up to 51,041 of the poor with the composition inside building services 30.012 people.

Third, RSB in Sidoarjo realised in collaboration with waqf foundation Al-Chusnaini located at Street Raya Sukodono Gedangan, Sukodono District, Sidoarjo Regency, East Java. During 2016 RSB Jakarta has total services of 6.442 households with a total of 16.153 people, and able to serve up to 50,851 of the poor with the composition inside building services 19,730 people and outside building services 26,656 people.

Fourth, RSB Makassar realised in cooperation with waqf foundation, University of Muslim Indonesia (YW-UMI) located at Jalan Urip Sumohardjo No. 264, Km 5, Karampuang, Panakkukang Makassar 90232 with land area 600m2 and building area 383m^2.

Fifth, RSB in Pangkalpinang in cooperation with waqf foundation of PT. Timah located at Jalan R.E. Martadinata, Pangkalpinang with a land area of 2.390m2, 840m2 main building areas, and building area of mess 188.9m2. During 2016 RSB Jakarta has total services of 1741 households with a total of 5.502 people, and able to serve up to 5,293 of the poor with the composition inside building services 2,905 people and outside building services 2,388 people.

5. Patient Satisfaction Surveys and Quality of Care: Survey 2017

This study aimed to identify the satisfaction value of services provided by BAZNAS Free Hospital or Rumah Sehat Baznas (RSB). This survey based on a study conducted over a period of three months (May-July 2017) by 400 beneficiaries in four different branches RSBs (Jakarta, Makassar, Sidoarjo and Pangkalpinang).

Figure 2: Statistics of Beneficiaries Characteristics

Characteristics	Jakarta	Makassar	Sidoarjo	Pangkalpinang
Gender				
Male	27.00%	22.00%	17.17%	23.00%
Female	73.00%	78.00%	82.83%	77.00%
Age				
<17	1.01%	1.00%	3.00%	4.00%
17-25	3.03%	7.00%	9.00%	10.00%
26-35	7.07%	25.00%	18.00%	19.00%
36-45	22.22%	26.00%	22.00%	20.00%
46-60	40.40%	28.00%	40.00%	23.00%
>60	26,26%	13.00%	8.00%	24.00%
Occupation				
Housewife	71.43%	66.00%	57.00%	68.37%
Student	1.02%	1.00%	6.00%	5.10%
Seller	6.12%	3.00%	5.00%	0.00%
Farmer	0.00%	0.00%	6.00%	3.06%
Employee	4.08%	6.00%	12.00%	2.04%
Others	17.35%	24.00%	14.00%	21.43%
Education				
Uneducated	2.02%	10.00%	5.05%	5.10%
Elementary	31.31%	37.00%	44.44%	36.73%
Junior High	28.28%	28.00%	23.23%	19.39%
Senior High	36.36%	24.00%	25.25%	27.55%
Others	2.02%	1.00%	2.02%	11.22%
Income (IDR)				
< 500,000	36.36%	39.39%	62.00%	44.29%
500,000-1,000,000	34.09%	35.35%	21.00%	32.86%
1,000,000-2,000,000	19.32%	14.14%	11.00%	18.57%
2,000,000-3,000,000	9.09%	9.09%	6.00%	4.29%
> 3,000,000	1.14%	2.02%	0.00%	0.00%
Family Members				
1-2 people	68.18%	30.61%	50.00%	47.06%
3-5 people	21.59%	45.92%	46.00%	45.88%
>5 people	10.23%	23.47%	4.00%	7.06%
Member of RSB				
Yes	97.73%	95.00%	98.00%	98.00%
No	2.27%	5.00%	2.00%	2.00%
Source of Info about RSB				
Friends/Relatives	85.86%	69.00%	78.00%	65.31%
Website	1.01%	0.00%	0.00%	0.00%

Newspaper	0.00%	0.00%	0.00%	0.00%
Social Media	1.01%	1.00%	0.00%	0.00%
Others	12.12%	30.00%	22.00%	34.69%
Membership Duration				
<1 year	20.62%	28.57%	18.18%	41.24%
1-3 years	26.80%	30.61%	52.53%	58.76%
>3 years	52.58%	40.82%	29.29%	0.00%
Reasons for Choosing RSB				
Reputation	21.00%	14.00%	13.00%	20.00%
Recommendation	11.00%	4.00%	12.00%	4.00%
Facilities	17.00%	37.00%	18.00%	47.00%
Location	39.00%	42.00%	42.00%	36.00%
Fee	58.00%	69.00%	79.00%	61.00%
Doctor	37.00%	50.00%	39.00%	35.00%
Insurance	2.00%	1.00%	1.00%	1.00%
Others	10.00%	12.00%	11.00%	3.00%
Transportation to get to the RSB				
Private	20.83%	37.50%	95.96%	75.00%
Public	72.92%	38.64%	1.01%	10.71%
Rent	6.25%	23.86%	3.03%	14.29%
Average Frequency of Visits				
Inpatient	2.71 times	0 times	1.13 times	0 times
Polyclinic	9.71 times	123.10 times	27.23 times	8.55 times
Emergency Room	1.88 times	0 times	1 times	0 times
ICU	0 times	0 times	0 times	23 times
Others	6.7 times	10.75 times	11 times	3.22 times
Occation				
Medical Exam	42.00%	28.00%	56.00%	27.00%
Get Medication	65.00%	91.00%	66.00%	73.00%
Get Treatment	2.00%	0%	0%	0%
Others	1.00%	0%	12.00%	0%

Source: Primer Data 2017 (proceed)

Based on a survey conducted on 400 random beneficiaries, the majority who receive this free health service are female. Based on age classification, the most is between 46-60 years. Based on job classification, most of them are housewives. Based on education, most are elementary school graduates. Based on education income, most are 500,000-1,000,000 per month. Based on family members most are have 1-5 members. Based on the reasons for choosing RSB most are because of free services.

Figure 3: Statistics of Quality Satisfaction Services

Item		Jakarta		Makassar		Sidoarjo		Pangkalpinang		Averages	
Service facilities are available at RSB			4,222		4,62		4,49		4,33		4,416
Proximity of RSB location distance			3,701		4,38		4,29		4,00		4,093
Easy access transportation			3,827		4,51		4,39		4,11		4,209
Cleanliness and comfort environment			4,229		4,64		4,72		4,41		4,499
Availability and completeness information			4,041		4,46		4,57		4,19		4,316
Employee membership	look neat, clean, and close *aurat*	4,33	4,330	4,586667	4,67	4,683333	4,72	4,43	4,45	4,51	4,542
	provide services with an easy and fast process		4,354		4,57		4,68		4,41		4,505
	friendly, informative, and responsive		4,320		4,52		4,65		4,41		4,476
Registration officer/ / *front office*	look neat, clean, and close *aurat*	4,34	4,414	4,533333	4,58	4,653333	4,68	4,48	4,55	4,50	4,556
	provide services with an easy and fast process		4,357		4,54		4,66		4,40		4,489
	friendly, informative, and responsive		4,247		4,48		4,62		4,48		4,458
Nurses in General poly and Emergency Room	look neat, clean, and close *aurat*	4,30	4,371	4,54	4,61	4,596667	4,62	4,38	4,41	4,45	4,502
	skilled and accurate in doing the action		4,263		4,47		4,59		4,30		4,405
	friendly, informative, and responsive		4,263		4,54		4,58		4,44		4,457

Doctors in General poly and Emergency Room	look neat, clean, and close *aurat*	4,28	4,429	4,536439	4,62	4,6275	4,69	4,41	4,51	4,46	4,561
	skilled and accurate in diagnosing the patient's illness and taking action		4,357		4,54		4,63		4,38		4,478
	can be requested by the presence of assistance easily (eg via sms / phone) in dealing with patient complaints		4,011		4,41		4,55		4,21		4,296
	friendly, informative, and responsive		4,333		4,58		4,64		4,54		4,523
Doctors in hypertension and diabetes poly	look neat, clean, and close *aurat*	4,30	4,402	4,483755	4,52	4,4775	4,51	4,52	4,53	4,52	4,53
	skilled and accurate in diagnosing the patient's illness and taking action		4,379		4,51		4,53		4,50		4,51
	can be requested by the presence of assistance easily (eg via sms / phone) in dealing with patient complaints		4,129		4,46		4,48		4,54		4,48

	friendly, informative, and responsive		4,277		4,45		4,39		4,53		4,53
Midwife in Mother and Child Health (KIA) Poly	look neat, clean, and close *aurat*	4,08	4,167	4,453804	4,50	4,5175	4,52	4,26	4,30	4,33	4,371
	skilled and accurate in diagnosing the patient's illness and taking action		4,000		4,40		4,50		4,22		4,280
	can be requested by the presence of assistance easily (eg via sms / phone) in dealing with patient complaints		4,130		4,45		4,50		4,16		4,309
	friendly, informative, and responsive		4,038		4,47		4,55		4,37		4,355
Laboratory personnel	look neat, clean, and close *aurat*	4,27	4,356	4,498843	4,55	4,53	4,53	4,25	4,32	4,39	4,437
	provide service of laboratory result fast		4,286		4,49		4,52		4,19		4,371
	skilled and accurate in doing the action		4,215		4,48		4,53		4,22		4,361
	friendly, informative, and responsive		4,228		4,48		4,54		4,29		4,385

Pharmaceutical employee	look neat, clean, and close *aurat*	4,30	4,330	4,516338	4,54	4,61	4,60	4,38	4,34	4,45	4,451
	provide services		4,323		4,53		4,61		4,38		4,461
	skilled and accurate in doing the action		4,247		4,45		4,61		4,37		4,419
	friendly, informative, and responsive		4,302		4,55		4,62		4,43		4,476
Dentist	look neat, clean, and close *aurat*	4,28	4,434	4,490844	4,52	4,48	4,51	4,21	4,29	4,36	4,440
	skilled and accurate in diagnosing the patient's illness and taking action		4,313		4,48		4,49		4,25		4,384
	can be requested by the presence of assistance easily (eg via sms / phone) in dealing with patient complaints		4,111		4,48		4,47		4,07		4,283
	friendly, informative, and responsive		4,256		4,48		4,45		4,22		4,351
Psychologist	look neat, clean, and close *aurat*	4,26	4,350	4,404321	4,44	4,43	4,41	4,45	4,46	4,44	4,43
	skilled and accurate in diagnosing the		4,311		4,44		4,47		4,43		4,42

	patient's illness and taking action										
	can be requested by the presence of assistance easily (eg via sms / phone) in dealing with patient complaints		4,085		4,38		4,44		4,38		4,40
	friendly, informative, and responsive		4,283		4,35		4,47		4,50		4,44
Emergency medical services procedures can be done immediately (without the need for an agreement)			4,143		4,31		4,47		4,10		4,255
RSB can provide all the necessary services and has to deal with patient complaints			4,022		4,32		4,42		4,22		4,246
RSB can accommodate the needs of patients in performing administrative processes with online systems (eg via phone, website, SMS)			3,943		4,30		4,16		4,09		4,124
RSB can provide integrated patient medical information (complete medical resume eg for referrals to other hospitals that include medical measures, lab results, etc.)			4,077		4,37		4,58		4,22		4,313
RSB has a clear, easy-to-find guide in providing direction to patients			4,126		4,34		4,53		4,27		4,315
RSB has a waiting room, treatment rooms, beds, medical equipment,			4,232		4,38		4,61		4,39		4,402

medicines, toilet and adequate sanitation										
RSB provides assurance to the patient if a problem arises from the medical action performed		4,080		4,27		4,50		4,15		4,251
RSB provides comprehensive medical and pharmaceutical equipment in accordance with applicable standards		4,258		4,41		4,61		4,30		4,394

Note Score: 1 = Very Bad; 2 = Bad; 3 = Enough; 4 = Good; 5 = Very Good

Source: Primer Data 2017 (proceed)

The results it can be concluded that the beneficiaries in average expressed satisfaction with in average value 4 (good).

6. Conclusion

In this paper, we can learn there are five foundational goals, also known as '*Maqasid al-Shari'ah'*, include protection of faith, life, progeny, intellect and wealth. Zakat and waqf are decidedly in line with the Maqasid al-Shari'ah concept to fulfillment the basic needs of the poor. Through this we learn that to revive the waqf land there needs to be a financing collaboration with other institution especially zakat institution as did by BAZNAS Free Hospital of Rumah Sehat Baznas (RSB) development. Here, zakat and waqf project has proven to play an essential role in meeting sustainable development goals related to global health and well-being.

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Appendix 1: Form of Survey

BAZNAS
Badan Amil Zakat Nasional

QUESTIONER OF *RUMAH SEHAT BAZNAS* SERVICES

Research Purposes:

This study aimed to identify the satisfaction value of services provided by *RumahSehat BAZNAS* (RSB). The results of this study will be used to support the performance and performance of RSB services.In addition, the results of this study are also used developing zakat research conducted by Center of Strategic Studies of BAZNAS (PUSKAS BAZNAS).

Instructions:

Put cross mark (x) on each of the questions below for the selection and answer questions section with the fields in the provided fields.

A. PERSONAL INFORMATION

1. Name :
2. No. HP/Email :
3. Gender : a. Male b. Female
4. Address :
5. Age : a. <17 year b. 17-25 year
   c. 26-35 year d. 36-45 year
   e. 46-60year f. >60 year
6. Occupation : a. Housewife b. Student/College student

c. Trader d. Farmer

e. Employees f. Others .....

7. Last Education: a. Never School
   b. Elementary School
   c. Junior High School
   d. Senior High School
   e. Lainnya

8. Net Income : a. < IDR 500.000 b. IDR 500.000 - IDR1.000.000 c. IDR 1.000.000 – IDR 2.000.000 d. IDR 2.000.000 – IDR 3.000.000 e. > IDR 3.000.000

9. Dependents number in the family :
   a. 1-2 people b. 3-5 people c. >5 people

10. RSB member card : a. Have b. Do not have

<u>Note</u>: If you have an RSB member card or have ever received services at RSB, please proceed to the following questions.

11. Where are you know the information about RSB :
    a. Friends/Family
    b. Website
    c. Newspaper
    d. Social Media
    e. Others, specify

12. How long it has been : a. <1 year b. 1-3 year c. >3 year

13. Why are you choose to visit RSB (can be selected more than one answer) :

    a. Good reputation
    b. Recommendation from friends/family
    c. Facilities are complete
    d. Easy to reach by a location
    e. Free of charge
    f. Doctor's suitability

g. Guaranteed by insurance
h. Others, specify

14. What kind a transportation used to RSB :
    a. Private vehicle
    b. Public transportation
    c. Borrow/ rentalvehicle

15. What kind of section that visited and how many times you are visited to RSB as patient (can be selected more than one answer):
    a. Inpatient (…) times
    b. Polyclinic (…) times
    c. Emergency departments (…) times
    d. ICU (…) times
    e. Others, specify

16. Activites are often performed in RSB as a patient (The last three years, can be selected more than one answer) :
    a. Check-up
    b. Get treatment
    c. Medical treatment
    d. Others, specify

B. Quality of RSB

Services <u>Instruction</u>:

Put a checklist on each of the statements below by selecting the values for the reality experienced and the expectation to improve the quality of service from *RumahSehat BAZNAS* (RSB).

Note Score: 1 = Very Bad; 2 = Bad; 3 = Enough; 4 = Good; 5 = Very Good

No	Statement	Score				
		1	2	3	4	5
1	Service facilities are available at RSB					
2	Proximity of RSB location distance					
3	Easy access transportation to RSB location					

4	Cleanliness and comfort environment of RSB					
5	Availability and completeness the information					
6	**Employee membership**look neat, clean, and close *aurat*					
7	**Employee membership**provide services with an easy and fast process					
8	**Employee membership**friendly, informative, and responsive					
9	**Registration officer/ *front office***look neat, clean, and close *aurat*					
10	**Registration officer / *front office***provide services with an easy and fast process					
11	**Registration officer / *front office***friendly, informative, and responsive					
12	**Common poly nurses and IGD** look neat, clean, and close *aurat*					
13	**Common poly nurse and IGD** skilled and accurate in doing the action					
14	**Common poly nurse and IGD** friendly, informative, and responsive					
15	**General clinic doctor dan IGD** look neat, clean, and close *aurat*					
16	**General clinic doctor dan IGD** skilled and accurate in diagnosing the patient's illness and taking action					
17	**General clinic doctor dan IGD** can be requested by the presence of assistance easily (eg via sms / phone) in dealing with patient complaints					
18	**General clinic doctor dan IGD** friendly, informative, and responsive					
19	**Doctors of hypertension and diabetes** look neat, clean, and close *aurat*					
20	**Doctors of hypertension and diabetes** skilled and accurate in diagnosing the patient's illness and taking action					
21	**Doctors of hypertension anddiabetes** can be requested by the presence of assistance easily (eg via sms / phone) in dealing with patient complaints					
22	**Doctors of hypertension anddiabetes** friendly, informative, and responsive					
23	**Midwife of mother and child health (KIA)**look neat, clean, and					

	close *aurat*					
24	**Midwife KIA** skilled and accurate in diagnosing the patient's illness and taking action					
25	**Midwife KIA** can be requested by the presence of assistance easily (eg via sms / phone) in dealing with patient complaints					
26	**Midwife KIA** friendly, informative, and responsive					
27	**Laboratory personnel** look neat, clean, and close *aurat*					
28	**Laboratory personnel** provide service of laboratory result fast					
29	**Laboratory personnel** skilled and accurate in doing the action					
30	**Laboratory personnel** friendly, informative, and responsive					
31	**pharmaceutical employee** look neat, clean, and close *aurat*					
No	**Statement**	**Score**				
		1	2	3	4	5
33	**pharmaceutical employee** skilled and accurate in doing the action					
34	**pharmaceutical employee** friendly, informative, and responsive					
35	**Dentist** look neat, clean, and close *aurat*					
36	**Dentist**skilled and accurate in diagnosing the patient's illness and taking action					
37	**Dentist**can be requested by the presence of assistance easily (eg via sms / phone) in dealing with patient complaints					
38	**Dentist**friendly, informative, and responsive					
39	**Psychologist**look neat, clean, and close *aurat*					
40	**Psychologist**skilled and accurate in diagnosing the patient's illness and taking action					
41	**Psychologist**can be requested by the presence of assistance easily (eg via sms / phone) in dealing with patient complaints					
42	**Psikolog** friendly, informative, and responsive					
43	Emergency medical services procedures can be done immediately (without the need for an agreement)					

44	RSB can provide all the necessary services and has to deal with patient complaints					
45	RSB can accommodate the needs of patients in performing administrative processes with online systems (eg via phone, website, SMS)					
46	RSB can provide integrated patient medical information (complete medical resume eg for referrals to other hospitals that include medical measures, lab results, etc.)					
47	RSB has a clear, easy-to-find guide in providing direction to patients					
48	RSB has a waiting room, treatment rooms, beds, medical equipment, medicines, toilet and adequate sanitation					
49	RSB provides assurance to the patient if a problem arises from the medical action performed					
50	RSB provides comprehensive medical and pharmaceutical equipment in accordance with applicable standards					

***Disclaimer**: The data provided only be used for research purposes and will not be given to third parties.