

Islamic-based Organization in Indonesia: Role of Muhammadiyah in Health Improvement

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Abstract: Faith-based organizations (FBOs) or religious groups have provided healthcare in developing countries for over a century. This paper focused on the role of Muhammadiyah, which was established in the early 20th century, as an Indonesian Islamic group through its consistent reform movement for community empowerment of the Indonesian people. Since the beginning of its establishment, Muhammadiyah is consistent with and has paid much attention to the importance of education and health service to improve the quality of life of the Indonesian people. The health services are not only for the members of Muhammadiyah or Muslim people but also for all the people of the country and the world, the global health in the international network. The importance of this study lies in the existence of Muhammadiyah as a faith-based organization which plays some roles of the state responsibility in the health aspect, that is to make healthier people.

1 INTRODUCTION

The Existence of a Religious Group to Promote Health

The social determinants of health framework are the current dominant paradigm in public health and epidemiology. Religion is a vital aspect of human experience and should be included as a Social Determinant of Health. (Idler, Blevins, Kiser, & Hogue, 2017). Faith is generally a dominant force in the lives of individuals and communities worldwide. For centuries, faith-based organizations (FBOs) or religious group have played a significant role in the national and global effort to promote health and well-being, especially among the poor. Owing to insufficient local resources, FBOs initially concentrated on building hospitals and clinics, as well as training healthcare workers to improve their capability and access to affordable health services. The scope of FBO-run activities has developed over time and FBOs are now considered essential providers of health care, particularly in low-resource settings. The World Development Report called for the greater use of nongovernmental organizations (NGOs), particularly FBOs, to improve service quality and fill the existing gaps in healthcare services

(Widmer, Betran, Merialdi, Requejo, & Karpf, 2011). FBOs work daily to better the world and their communities by taking care of those in need. They play an enormous role in providing health information and health care all over the world, for example, FBO hospitals and clinics are often the most respected and trusted health care providers in communities of all sizes (Banda, Ombaka, Logez, & Everard, 2006). The religious groups are no doubt as significant players in the delivery of healthcare, particularly in rural or hard-to-reach areas that are not adequately served by the government.

Muhammadiyah is one of the religious groups initiated by the educated Indonesian people, established to uphold and reverse Islam in order to realize the real Islamic society. (Elhady, 2017). Muhammadiyah efforts in health aspect are implemented in the form of charity and services, program, and activities. It has been mentioned in Muhammadiyah bylaws article 3(g) Increasing health quality and public welfare (Muhammadiyah, 2007).

Muhammadiyah organization was chosen as the subject matter of this paper due to its reformist orientation since its establishment in Indonesia. This organization is responsive to health problems. Its programs and facilities in health are well-known as charitable efforts. Since it is a religious organization, its religious law tends to predominate in its healthcare

delivery in the community. Muhammadiyah has several health services facilities that include hundreds of clinics and hospitals in many parts of Indonesia. It also has some autonomous organizations such as the Women's League (Ind. 'Aisyiah), the Association of Muhammadiyah Students, Muhammadiyah Youth, the Young Women's League, which conducting activities with their objectives. Those autonomous involve themselves in many health programs without leaving their religious principles. Muhammadiyah also has many experiences with overseas funding organization in the health program, which can be shared with other Islamic organization (BKKBN, 2002). The existence of Muhammadiyah charity business continues to grow to date and the commitment of its cadres in various geographical regions of Indonesia, both in rural and urban areas, makes this organization play a significant role in the community, especially in the fields of education and health.

The Establishment of Muhammadiyah

Muhammadiyah is the oldest and a reformist socio-religious organization in Indonesia. It was established in 1912 by Kyai Haji Ahmad Dahlan in the city of Jogjakarta. Reformist means that Muhammadiyah aims to adopt a modern Islām to Indonesian life, by making them free of superstition and syncretism. Now, records prove that Muhammadiyah has more than 29 million members all over Indonesia and abroad. It is usually said that Muhammadiyah is the second largest Islamic organization in Indonesia, just behind its rival Nahdatul 'Ulama (BKKBN, 2002).

In a way that has exceeded this century, Muhammadiyah has been proven to provide a powerful influence on the social and theological reform during people's lives through the development of Islamic theology and education and social welfare (Elhady, 2017). Since the beginning, Muhammadiyah and its affiliated women's organization, 'Aisyiah, though technically autonomous, have been collaborating on education, charity, healthcare, and many forms of social affairs throughout Indonesia and abroad, by building many schools and universities, as well as hospitals and clinics. By the end of 2014, it was reported that there are 176 universities, 14,346 kindergartens, 2,604 elementary schools, 1,772 secondary schools, 1,143 high schools, 102 Islamic boarding school (*pesantren*), and 15 schools for students with special needs. There are currently 457 hospitals and clinics, 421 orphanages, 54 nursing houses. In need of *tablīgh* (to reach out the message), there are 6,270 mosques and 5,689 prayer

houses. The economic department has 437 banks (*BMT* or *Baitul Mal wa Tanwil*) 762 credit unions (*BPRS*, *Bank Perkreditan Rakyat Syariah*), and 25 publishing houses. All of the numbers attest to the Muhammadiyah's great contributions for the enlightenment and wellbeing of the nation and of the gradual improvement abroad (Ali, 2015).

The Scope of Muhammadiyah's Role in the Health Sector

The Ideology and Movement: The Implementation of *Tawhidi* Principle (the Theology of Al- Ma'uun)

The existence of Muhammadiyah business charity in the field of health is based on the Muhammadiyah Citizens' Islamic Life Guidelines (*PHIWM*). The Muhammadiyah charity effort in the field of health is part of the Muhammadiyah charity that functions as a media of *da'wah* (issuing a summons), as the end of the preaching of the *Amar ma'ruf nahi munkar* (commanding the good and forbidding the evil) and *tajdid* (renewal) originating from the *Qur'an* and *As-Sunnah* (all the traditions and practices of the Prophet) (Chapter II Article 2. The Identity of *PHIWM*). And also especially the excellence, trustworthiness, honesty, professionalism, mission orientation, general welfare, reliability, impartiality, and obedience to the realization of increasing public health in achieving goals and the intention of the affiliation is "enforcing and upholding the religion of Islam so that the true Islamic community is realized" (Chapter III. Articles 4 and 5: Principles and Objectives of *PHIWM*) (MPKU, 2018).

The idea of *fastabiqul khairat* (competition in goodness) also deeply inspired Muhammadiyah's activities through the establishment of massive numbers of M/A's schools and clinics, which is the main focus of the organization as well as their quality and thus continued improvement. The spirit of "enlightened Islam" ("*Islam Berkemajuan*") becomes a guideline for Muhammadiyah elements to be more proactive and responsive as well as providing solutions to current problems. To this end, Muhammadiyah needs modern and responsive management, led by strong and capable leaders along with a strong vision for the future. Otherwise, the notion of its progressive Islam will be a mere tagline rather than concrete action. One of the preferences of "*Islam Berkemajuan*" (Enlightened Islam) in health aspect means that there should be an institutionalization of charity aimed to solve the

problems in the present and future, based on the scripture and *Hadith/Sunnah*. For instance, the establishment of hospitals and other health facilities are part of the practice of Surah *Al-Ma'un*. Thus, Muhammadiyah should be well-prepared to overcome current health problems and benefit the most from today's global health issues. The rapid development of information and technology also provide tools for Muhammadiyah to contribute through innovations and creativity for Indonesia's health sector development. One of the centers of excellence promoted by Muhammadiyah is the *Al Ma'un*-based health service movement. The spirit of this health service is the embodiment of the spirit of KH Ahmad Dahlan (founder of Muhammadiyah) together with H. Muhammad Syoedja 'in pioneering the first indigenous "hospital" in Indonesia that was called the PKO (*Penolong Kesengsaraan Oemoem/* Public Suffering Helper). Polyclinic PKO was born in *Jagang Notoprajan* village, Yogyakarta on February 15, 1923, with the intention of providing health services for the poor, which around the era of the 1980s the name PKO changed to PKU (Community Health Counselor) (MPKU, 2018). The mission of PKO at that time was to care for the sick Muslims according to the lessons of the *Qur'an* and the *Sunnah* of the Prophet. The thing that was done was to distribute "*jariyah*" to the sick. At Muhammadiyah's first hospital, Kyai Haji Ahmad Dahlan (the founder of Muhammadiyah) himself asked for the assistance of a Catholic physician since the Muslim community at the time had no doctor (Samsudin, Kusnadi, Dunda, & Rais, 2017b). This example showed the openness and cooperation of the Muhammadiyah's leaders in social matters of egalitarianism and self-confidence to promote ideas and beliefs.

a. Health Services Delivery

Currently, Muhammadiyah has 105 hospitals with 8082 beds spread throughout Indonesia: over 17 provinces and 305 clinics (Samsudin, Kusnadi, Dunda, & Rais, 2017a). The management of the hospitals and clinics is initiated and managed by Muhammadiyah or 'Aisyiyah, starting from the central leadership, regional leaders, regional leaders, branch managers, and even branches. They are stand-alone, and some are valid as a group. Necessarily, all of those hospitals and clinics are health business charities belonging to Muhammadiyah for *da'wah* and *tajdid* missions. The Chairman of the MPKU (General Health Advisory Council) Muhammadiyah; Mr. Agus Samsudin said that the estimates of total

income range from Rp. 5-6 trillion per year, contributing to health solutions in Indonesia by five percent. While among non-profit private companies, the figure is 15 percent, while the private sector is 10 percent. The number of MPKU clinics compared to primary health care is undoubtedly far behind, less than two percent. He also said that it is not evenly distributed geographically and to date, there are at least ten regions that do not have hospitals.

There are at a minimum of four challenges currently faced by the Muhammadiyah hospital. The main challenge is the national health insurance system with all its rules and implications. Based on the data in January-August 2017, *BPJS* receivable accumulation amounted to 53 billion Rupiahs to Muhammadiyah/'Aisyiyah Hospital Network in East Java. Besides, there were 32 hospitals in Central Java with a total of 300 billion Rupiahs in arrears. *BPJS* stands for "*Badan Penyelenggara Jaminan Sosial*" or Social Insurance Administration Organization. *BPJS* administers the Indonesian Health Insurance or *JKN* for short. Currently, the ratio of patients in each Muhammadiyah Hospital is on average 30 percent of general patients and 70 percent of *BPJS* patients. If the receivables from the third parties are too high, this disrupts the hospital's short-term obligations. For example, payment of doctor's services, medicines and medical devices, employee salaries, etc., that would be worrying for the liquidity of Muhammadiyah/'Aisyiyah Hospital.

Other challenges are the increasingly high competition; the need to increase the internal capacity of Muhammadiyah; and accreditation and fulfillment of various rules set by the government's good governance.

The MPKU has "built 1000 clinical" program so that health services are more evenly distributed, especially for remote and outermost areas. This movement targets that by 2020 Muhammadiyah will have more than 1000 *Pratama* Clinics in partnership with *BPJS* as *FKTP* (*Fasilitas Kesehatan Tingkat Pertama* or First Level Health Facilities) throughout Indonesia. This movement is a cross-assembly program in Muhammadiyah. One of the solutions offered by Muhammadiyah in facing the problem in areas as far away from such as Papua, West Nusa Tenggara is to encourage specialist doctors to practice in the remote regions. Muhammadiyah Hospital and the Faculty of Medicine of Muhammadiyah provide scholarships to medical students to work in Muhammadiyah Hospital and remote areas.

b. Sister Hospital Movement (Network of Hospitals - Clinics - Faculty of Medicine/Health)

Sister Hospital movement is motivated by mostly Muhammadiyah primary care clinics that fail to grow due to, among others, internal mismanagement, the absence of permanent doctors, and weak or nonexistent networking with the fellow Medical/Health Faculty. It is hoped that the Sister Hospital Movement and the Doctor Returning to Muhammadiyah can develop into a Primary Clinic.

Some of the graduates of health workers from Muhammadiyah or 'Aisiyah Higher Education Institutions, reaching 720 doctors per year, thousands of nurses and midwives, hundreds of pharmacists, and supported by 86 hospitals and hundreds of primary care clinics should actively support the formation of Muhammadiyah-inspired health services. Unfortunately, many health workers graduating from the Muhammadiyah Higher Education (*PTM*) did not return to Muhammadiyah and caused the Muhammadiyah Health Facilities cannot fulfill the standard requirement of the health workers and thus recruiting other college graduates. Therefore, Muhammadiyah is now providing scholarships for prospective doctors who want to return to dedicate themselves to the Muhammadiyah Healthcare Enterprises (*AUK*). This scholarship is given to professional students while taking co-ass education, provided that scholarship recipients must serve "n" years to complete co-education.

c. The Academic Hospital (The Academic Health Centre/AHC)

The Academic Health Centre or AHC is a functional organization that combines the functions of education, research functions, and the function of health services from various health institutions. Public hospitals used as educational vehicles are termed "Teaching Hospital" which can be defined as a government or private hospital in cooperation with a government college or private college that interprets its Faculty of Medicine into collaboration.

Today, Muhammadiyah and 'Aisiyah own several hundred non-profit medical clinics and hospitals across Indonesia, but they were not yet prepared to become a hospital/ clinic education network. Even though they are ready to become an educational clinic, but not all policies can be fulfilled. Even though the concept of AHC is very suitable to be applied in Muhammadiyah, it is still not applicable in Muhammadiyah because of minimum socialization.

Not many know about the concept of the Academic Health Centre (Dikaningrum & Listiowati, 2017).

d. The Floating Clinic "Said Tuhuleley" LazisMu

The floating clinic 'Said Tuhuleley' was the first clinic initiated by the *LazisMu* (the Muhammadiyah's Institute of alms (*zakat*) and charity (*shadaqah*) and donation. The floating clinic named "Said Tuhuleley" was built as an attempt from Muhammadiyah to make the healthcare accessible for the poor in remote islands, like in Eastern Indonesia. Said Tuhuleley was from Saparua, Maluku Island, and known as 'fighter of the marginal' in Muhammadiyah. He was persistent in running various programs to improve the welfare of the poor. The floating clinic would provide solutions to health problems in Maluku (Moluccas Island) and also as a part of the implementation of *LazisMu*'s programs in 3T (Outermost, Leading, Left) areas. It operates to provide free health services to the residents at the coastal or islands in Maluku. According to geographical conditions, Maluku has many small and remote islands. Hopefully, the procurement of Floating Clinic will be very helpful for people in the remote area in getting services, not only in terms of health but also of education.

The floating clinic 'Said Tuhuleley' was designed on a vessel with an overall length of 15 meters and a width of 3.50 meters. The ship is equipped with medical room facilities and examination room to provide health services that had been unreachable in Maluku, a province with the lowest number of health workers, only one percent of the health workers in Indonesia (based on data from the Health Ministry in 2014). The floating clinic was inaugurated by Indonesian President, coinciding with the session of Muhammadiyah *Tanwir* (national meeting) on February 24, 2017. The making of floating clinic 'Said Tuhuleley' costs about 2 billion Rupiah and the funds were obtained from the people who have entrusted their donations to *LazisMu*. *LazisMu* operates 6 (six) floating clinics under "Said Tuhuleley" Management. The idea of establishing a floating clinic will also be for the society in Sikka, Nusa Tenggara Timor (*NTT*) because six main islands in *NTT* lacked health facilities.

Community Empowerment for Public Health Problems

a. Specific Public Health Issues Program

Muhammadiyah and 'Aisyiah, in addition to establishing its charity business in the form of health clinics spread across various regions in Indonesia, also held several programs to improve empowerment and quality of public health. The health movement developed has a focus on women, infants, and children. Besides, it concerns about reproductive health and family planning based on health and community services. The movement includes increasing the efforts to reduce maternal mortality through various activities and to reduce infant and under-five mortality with priority programs, such as family planning, immunization, exclusive breastfeeding, initiation of early breastfeeding, balanced nutrition, and child development. Further, since 2010, Muhammadiyah has been actively involved in international networks on reproductive health and family planning, namely the "Faith to Action Network" which is based in Kenya Africa. Muhammadiyah is one of the founders of the network.

One of the excellent programs in the health sector currently run by 'Aisyiah is the TB Care 'Aisyiah Community. According to 'Aisyiah Report of this TB program, this activity is a community-based Tuberculosis prevention program that is part of the Health Assembly program 'Aisyiah under the leadership of the Central Board of 'Aisyiah. Through this program, 'Aisyiah takes part in the development of human health in Indonesia and the achievement of the MDG targets no. 6, which is a decrease in the rate of spread of infectious diseases. The 'Aisyiah TB Care Community Program began in 2002 which at that time was serving as the implementing unit of the Principal Recipient (PR) of the Global Fund donor organization with the Ministry of Health as the primary recipient. This program was carried out in 31 provinces of the 'Aisyiah region. In 2005, 'Aisyiah and the government, in this case, the Ministry of Health received funding from the Global Fund. The government serves in improving health facilities, while 'Aisyiah focuses on supporting the community. This program once covered 33 provinces, but currently only 25 provinces that cover 160 districts, and cities.

In the initial stage, its activities included advocacy to policymakers in the Muhammadiyah-'Aisyiah leadership; advocacy for related parties in the

program to control TB, and DOTS training for health workers in the Muhammadiyah-'Aisyiah health business. In its development, the activities of the program became more specific by expanding the advocacy network through training for preachers and cadres to strengthen 'Aisyiah health cadres at the village level. In this phase, the activity focuses on achieving targets and providing new experiences for 'Aisyiah-Muhammadiyah as a faith-based organization, through Community cadre training and preachers on TB disease control. Cadres who have been equipped with sufficient knowledge, theory, and practice then spread in all sub-districts and directly involved in the community to conduct socialization, screening the findings.

Since 2009, Aisyiah has been chosen as a Global Fund partner as the principal recipient of the funds (Principal Recipient / PR) representing the community groups. The program is called Community TB Care 'Aisyiah. On this occasion Aisyiah coordinated 23 recipients of secondary funds (SR) involving 16 PW (Regional Leader)'Aisyiah, and six other NGO partners. In the 2014-2016 period, 'Aisyiah was trusted to be the primary donor-recipient (PR) through the program which operated in 12 provinces in 48 districts and partnered with several NGOs as recipients of secondary funds (SR). The themes raised in this program are "the Al-Ma'un Spirit and the Synergy of the TB-HIV Program Towards Progressing and TB-Free Indonesian Communities." Since 2016, with the new funding scheme, 'Aisyiah became a Global Fund partner in Indonesia in the prevention of TB and HIV representing CSOs. With the program, in 2016 'Aisyiah managed the programs that spread across 18 provinces, 75 districts in charge of all CSO activities. As for 2017, this program was implemented in 25 provinces in 75 districts. By the program, with the new funding scheme, 'Aisyiah not only focuses on TB prevention and MDR TB, but also mentors TB HIV. To date, the program is developing into 'Aisyiah Community for TB-HIV Care. Muhammadiyah also providing services for people living with HIV / AIDS also for their families or friends (Hamid, 2017).

a. Tobacco Control

The Central Board of Muhammadiyah through Majelis Tarjih and Tajdid has issued a *fatwa* against smoking. After examining the benefits and disadvantages of cigarettes, Majelis Tarjih and Tajdid Muhammadiyah concluded that smoking is included in the category of Haram. This fatwa was taken after listening to various

parties about the dangers of smoking to health and the economy. Besides, Muhammadiyah also conducted a legal smoking review. Based on the meeting of the Majelis Tarjih and Tajdid, finally, it was issued that smoking was unlawful (*Haram*) through the *Fatwa* of the *Majelis Tarjih and Tajdid* Muhammadiyah Central Leader No. 6 / Sm / Mtt / Iii / 2010 concerning the Law of Smoking. This new *fatwa* amended the previous fatwa (in 2007) which stated that smoking is “Mubah”. Changes to the fatwa become legitimate as a decision that will bring benefits by considering the many negative effects of exposure to cigarette smoke. In one of the options, it was advised to those who have not smoked to be obliged to avoid smoking. For those who have smoked, they must try to stop smoking. The fatwa contains binding instructions to all levels of organization as well as charitable business institutions, such as schools, universities, hospitals, mosques, and various Muhammadiyah facilities throughout Indonesia.

Muhammadiyah also established the Muhammadiyah Tobacco Control Centre (MTCC) in 2011. Based on the information of its profile in the MTCC’s website, MTCC is an institution under the University of Muhammadiyah that works towards creating and increasing awareness and willingness of the people of Indonesia to organize themselves in the efforts to reduce the impacts of smoking. The efforts include conducting research and sharing the research results with the Indonesians and other relevant institutions, holding campaigns against tobacco, supporting government policies and institutions that work against smoking, and spreading anti-smoking messages to the Indonesians through any possible means. As of now, the Institution has five full-time researchers based in five different locations, including Yogyakarta, Purwokerto, Magelang, Surabaya, and Mataram,

Since its establishment in 2011, the institution’s main source of funds has been the University of Muhammadiyah. In 2014 it started receiving grants from the John Hopkins School of Public Health for supporting the MTCC’s research activities and expanding research by providing more training to its staff and providing more tools and equipment that are used for the research. Currently, the MTCC reaches out to the Indonesians through many means, such as public campaigns and programs, social media posts, public lectures, media release, public shows, seminars, counseling sessions, publications, publicly displayed designs, and various design to pass various messages and warn about smoking.

b. Health Promoting Hospital/HPH (Promosi Kesehatan di Rumah Sakit /PKRS)

The Central Board of Muhammadiyah has collaborated with the Directorate of Health Promotion and Community Empowerment Ministry of Health Republic of Indonesia this year (2018) in the implementation of health promotion activities in various Muhammadiyah 'Aisiyah (RSMA) hospitals and the target areas of the RSMA in various corners in Indonesia. At the beginning of the year, the implementation was more focused on the implementation of Clean and Healthy Life Behavior (*Perilaku Hidup Bersih dan Sehat/PHBS*) and the establishment of the Alert Village (*Desa Siaga*) in the area built by Muhammadiyah Hospital.

In 2016, MPKU PP Muhammadiyah implemented the PKRS program in the form of development in two Muhammadiyah hospitals. They were Siti Khadijah Hospital in Sidoarjo, East Java and Siti Khodijah I Hospital Makassar, South Sulawesi. The program aims to strengthen the implementation of PKRS in Healthy RSM and Families in each of the Guided Villages that were not covered in 2014. The health theme followed the national priority program called the Movement for Healthy Living Society (*Gerakan Masyarakat Sehat/Germas*) and the Health Program with a Family Approach. In 2017, the collaboration between MPKU Muhammadiyah and the Directorate of Health Promotion and Community Empowerment was aimed at following up the development of the PKRS conducted the previous year. The activity was aimed at increasing community mobilization at Muhammadiyah Hospital and Assisted Village (*Desa Binaan*) of Muhammadiyah in the provinces of East Java and South Sulawesi.

The activities have a positive impact on the development of PKRS in the hospital: the management, the patients, and the community in the related area of the Hospital. Also, there was a commitment from the management of Muhammadiyah-‘Aisiyah Hospital and Muhammadiyah Leaders at the Regional Branch levels to implement PKRS and GERMAS programs on an ongoing basis. In 2018, MPKU PP Muhammadiyah carried out partnership activities in GERMAS Optimization and Movement of Roles and Mass Organizations in the Decrease of Stunting, Elimination of TB and Enhancement of Immunization Coverage and Services conducted at four Muhammadiyah Hospitals in three provinces in Indonesia, Central Java, East Java, and South Sulawesi.

c. Muhammadiyah Disaster Management Center (MDMC)

Indonesia is one of the most vulnerable countries to natural disasters. Many significant disasters have hit the country. Some of them were recorded to be the most devastating natural disasters in the world. Geographically, Indonesia is located on a tectonic plate of which earthquakes are likely to happen. In Indonesia, there are also more than 129 active volcanoes that can erupt at any time. This condition places this country in the shadow of a major disaster.

For disaster management, the Central Board of Muhammadiyah established the Muhammadiyah Central Management Disaster Management Institute (MDMC) which was pioneered in 2007 under the name "Disaster Management Center" and was later confirmed as an institution assigned to coordinate Muhammadiyah's resources in disaster management activities after the Congress in 2010. Muhammadiyah, through its MDMC (Muhammadiyah Disaster Management Center) has played a leading role in organizing other religious groups in Indonesia to bring their weight to bear on the issue – both inside Indonesia and globally (Bush, 2014).

MDMC is engaged in disaster management activities under the definition of disaster management activities both in Mitigation and Preparedness, Emergency Response, and Rehabilitation activities. MDMC adopts an internationally accepted humanitarian and humanitarian ethics code and develops disaster risk reduction missions in harmony with the Hygo Framework for Action. Besides, it also develops a base to build the preparedness of the community, school and hospital levels.

MDMC is engaged in disaster activities throughout the nation by following the territory of the Muhammadiyah legal entity, the Muhammadiyah (Provincial) Regional Leadership and MDMC levels at the Muhammadiyah Regional Leadership (Regency).

MDMC has received many awards for its roles and activities in various disaster and humanitarian response efforts, both at home and abroad. MDMC was also proposed by various parties and was screened by the Ministry of Home Affairs. Last year, MDMC received another award from the Ministry of Home Affairs in the category of Long Time Achievement. This year (2018) MDMC volunteers are still in two newly affected areas, namely in Lombok and Palu. Until now, MDMC is still carrying out rehabilitation and reconstruction assistance.

2 DISCUSSION

Strengths, Weaknesses, Chances, and Challenges in Health and Social Welfare Sectors of Muhammadiyah

a. The Strengths

- 1) Reaching more than a century, Muhammadiyah standpoints are Islamic foundation based on Al-Quran and Al-Sunnah, along with *ijtihad*, so it becomes the biggest modern Islamic movement and gains the trust of the Muslims, the people in Indonesia, and the world.
- 2) The reputation of Muhammadiyah as the biggest modern Islamic movement has been widely accepted nationally and internationally. It increases the support for Muhammadiyah in doing its health and social sector activities locally and nationally, including developing cooperation or partnership in health program with international institutions.
- 3) The organizational network of Muhammadiyah spreads nationwide and in some ASEAN and other countries, thereby facilitating Muhammadiyah to carry out health and social activities in the grassroots level in participation with many regions.
- 4) The fast development of charity and health services quantitatively also becomes the essential assets of resource, facility, and infrastructure for Muhammadiyah organization, and it becomes the significant tool to improve national health status and human life.

b. The Weaknesses

- 1) The fast-growing number of charity and services in health sector is not followed by the improving quality. Therefore, to a certain extent, it is less competitive and innovative in terms of giving contribution to the advancement of the nation.
- 2) Muhammadiyah has not optimized the technology and information to document its activities and achievements so that the management/administration system of charity business in the sectors of health and social welfare lacks an excellent database.
- 3) Muhammadiyah organization does not establish public health system in all level with integrated management, standard service, continuing program, and quality supervision.

c. The Chances

- 1) The recognition from a national and international citizen of Muhammadiyah as one of civil society's pillars in Indonesia opens a chance for vast cooperation in many countries and international institutions. Taking the benefit, Muhammadiyah can increase the quality of charity and health services, as well as other activities.
- 2) ASEAN and International Charter gives an open opportunity for Muhammadiyah to widen its health and social movement to cross the Indonesian borders and enter ASEAN and other countries such as Malaysia, Singapore, Brunei Darussalam, the Philippine, Thailand, and Australia.

d. Challenges/Threats

- 1) The grip of global capitalism affects the development and life orientation into the ones that are based on profit, exploitation, material worship, and worldly pleasure in the life of the world community. It indirectly influences the development of Muhammadiyah's charity and health services, in that it becomes profit-oriented and far away from the theology/ideology of *Al-Ma'un* as a first movement of *PKO* or *Penolong Kesengsaraan Oemoem* (Public Suffering Helper).
- 2) The issue of the accumulation of *BPJS* receivables to the Muhammadiyah / 'Aisyiyah Hospital Network would be worrying for the liquidity of Muhammadiyah / 'Aisyiyah Hospital.

3 CONCLUSION

Muhammadiyah is consistent with its original objective that is to develop the health of the community through religious health service delivery in the efforts to empower and enlighten the community. Within Muhammadiyah, all activities in health aspect may represent an effort at renewal – a contemporary manifestation of its core mission of *da'wah* and social welfare provision. Many pieces evidences have shown that Muhammadiyah, one of faith-based organization, has paid attention to the health service as well as education to improve the life of the people and the nation. Muhammadiyah was determined to inflame the spirit of '*Ta'awwun* for the state' (help and cooperate in the goodness of all elements of the nation). Overall, in its post-centennial

era, Muhammadiyah takes the pivotal role to improve the health of the people in Indonesia.

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