



The Making Healthier of Indonesia

Celebrating 100 Years
Muhammadiyah Contribution



Health Division of Muhammadiyah Central Board

**THE MAKING HEALTHIER OF INDONESIA:
Celebrating 100 Years of Muhammadiyah Contribution**

ANIMA SANA IN CORPORE SANO
(A Healthy Mind in a Healthy Body)

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**HEALTH DIVISION
MUHAMMADIYAH CENTRAL BOARD**

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HEALTH DIVISION MUHAMMADIYAH CENTRAL BOARD

It has been 100 years according to the Hijri year or 97 years according to Gregorian calendar that Health Division Muhammadiyah Central Board or The Council of Public Suffering Assistance (in the earlier role) has been contributing in national health improvement. In celebrating the 100 years of contribution, we are proudly present this book as a lovely gift for all Muhammadiyah activists in health empowerment as well as a participation to welcome 48th Congress in Solo, July 1-5 2020.

Nomologically, The Council of Public Suffering Assistance (which is called as PKO in Bahasa Indonesia) had replaced several official name along with organizational dynamics. In 1956, Bagian Penoloeng Kesengsaraan Oemoem (The Council of Public Suffering Assistance) was substituted as Majelis Pembina Kesejahteraan Umat (The Supervising Council of Community Welfare). In 1990, the council adjusted its name and developed into Majelis Pembina Kesehatan (The Council of Health), and then into Majelis Pembina Kesejahteraan Sosial dan Pengembangan Masyarakat (The Supervising Council of Social Welfare and Community Development). In 2000, it was altered into Majelis Kesehatan dan Kesejahteraan Masyarakat (The Council of Health and Community Welfare). Finally, from 2010 till now it is renamed as Majelis Pembina Kesehatan Umum (Health Division Muhammadiyah Central Board).



The core ideas of PKO has been derived into several bodies, namely Majelis Pelayanan Sosial (The Council of Social Services) which takes care of various social services for orphans, people with special needs and disabilities, and elderly parents; Lembaga Penanggulangan Bencana (Muhammadiyah Disaster Management Centre); *Lazismu* as a philanthropic institution of Muhammadiyah; Majelis Pembina Kesehatan Umum (The Supervising Council of Public Health) which focuses on public health services and development, and Majelis Pemberdayaan Masyarakat (The Council of Community Empowerment) which organizes community empowerment programs and marginalized groups.

There are three main thoughts in PKU movement. First, health charity is a means of *dakwah* (carrying Islamic missions) to public, then anyone who participates in this movement should be aware that the movement is a kind of dedication to God. Second, health charity is aimed to be service of others without any discrimination. Third, Muhammadiyah as a modern organization would be consistent in running its activities based on rationalization and professionalism.

This book is the first of two books that are expected to become official handbooks about the Corporation's health projects. The first one focuses on collecting Muhammadiyah's internal documentation, tracking archived records and organizing limited discussions with historical actors. As a sequel, we plan to publish the second book that consist of the outsiders' opinions towards Muhammadiyah's health projects.

MPKU PP Muhammadiyah (Health Division Muhammadiyah Central Board) really appreciates the team preparing this book for more or less than one year, especially to the drafting team: Drs. Agus Kusnadi, Agoes Soelistiyo Dunda, dr. Ahmad Muttaqin Alim, Sp.An., EMDM., Arief Budiman Ch., Deni W. Kurniawan, S.S.I., MA, Husnan Nurjuman, S.Ag., M.Sc., Isngadi Marwah Atmaja, and Drs. M. Iqbal Rais, M.M.; assisted by co-authors: Putri Sakinah, S.I.Kom., Rizki Ramadhan, SH., Lia Karisma Saraswati, M. Kes., and Shira Sahira; the editors and preprint technical team: Dian, Adim and Amin.

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To other parties who contributed to the preparation of this book, which we cannot mention individually; to everyone, we convey *Jazakumullah ahsan jazaa ,jazakumullah khairan katsira*. May Allah gives a better reply and more kindness. Amin.

Finally, we present this book to those health fighters and anyone who takes part in the framework "Menolong Kesengsaraan Oemoem or Assisting for the Relief of Public Suffering".

Wassalam.

**HEALTH DIVISION
MUHAMMADIYAH CENTRAL BOARD**

Chairman,
signed

Dr. M. Agus Samsudin, M.M.
NBM: 551.318

Secretary,
signed

Agoes Soelistiyo Dunda
NBM: 576.347





K.H. Ahmad Dahlan's Quote

"Muhammadiyah these days is dissimilar to Muhammadiyah in the future. You should keep going to school and studying everywhere. Be a teacher, but please return to Muhammadiyah. Be a doctor, but please go back to Muhammadiyah. Be a meester (legal expert), engineer, etc and come back home to Muhammadiyah. "

That is Ahmad Dahlan's calling to the youth

Source: Junus Salam. *K.H. Ahmad Dahlan Amal dan Perjuangannya*. p. 51



Preface



Mohammad Agus Samsudin
Chairman of Health Division
Muhammadiyah Central Board

MPKU INCORPORATED:

Glocal:Think Globally but Act Locally

In Muhammadiyah circle, it is very common to hear the idea of making a corporation or holding in the management of Muhammadiyah's charity service units. The discourse also tends to recommend the holding as a solution for empowering the business aspects of health service in a more professional way. Many Muhammadiyah's activists are aware of the magnitude of the potential of the Corporation that exists in hospitals, universities, High School, Middle School, Elementary School, Orphanage and others. How much does the total value of the assets? Since the assets spread out around many parts of this country, we should store and update the assets information in a big data. It makes sense to do so as Muhammadiyah is one of the bigger conglomerates. Anyway, the organization is still lack of the proper data because there never has a serious program to



count and store the data in detail. This chapter attempts to expose The Supervising Council of Public Health from the aspects of the potential, holding concepts and challenges to disruption and technological change briefly.

Muhammadiyah/'Asyiyah Hospital

When someone asked Prof. Muhammad Yunus, an originator of Grameen Bank in Bangladesh and the Father of Social Entrepreneurship, “what is the definition of social business?”, the Nobel laureate replied “social business is where the shareholder is not interested in the profit, they do not want to take back the profit”. Surely, this spirit is in line with Muhammadiyah Venture Charity. As the owner, Muhammadiyah has never taken its investments back, funders, *waqif* and *infaq* providers never ask for returns from a charity venture. In this context the whole AUM or Muhammadiyah Venture Charity is a social business.

As an entity, a hospital of Muhammadiyah is the representative of Muhammadiyah Central Board with the task of organizing a venture charity, programs and activities in the health sector in accordance with the policies of the respective trustee's level. As an effort to uphold the religion of Islam so that the true Islamic society is realized according to the articles of association. Profits from ventures charity return to the company in the form of: (1) the development of venture charity, (2) support the preaching, and (3) employee welfare.

How big is our contribution to health solutions in Indonesia? MPKU has contributed 5%, among non-private sectors our profit is at 15%, while the private sector is equal to 10% (see the table below). The number of MPKU clinics compared to Public Health centre is certainly very far away, less than 2%. Geographically, they are uneven and up to now there have been at least 10 PWM do not have a hospital yet. As many as 80% of PKU hospitals or Public Health Advisors hospitals are in Java in the most order as follows: Central Java, East Java, DIY, DKI Jakarta, and West Java.

Every year, MPKU serves around 12.5 million patients, which spread in 107 hospitals and 228 clinics. There are 6 type B hos-



Table 1. Development of Number of Hospitals According to Ownership in Indonesia in 2013-2017

Number	Manager/Ownership	2013	2014	2015	2016	2017
1	Public					
	Ministry of Health and Regional Government	676	687	713	730	791
	Indonesian National Army/Police	159	159	169	167	164
	Other Ministries	3	7	8	13	19
	Non-profit Organizations	724	736	705	703	565
	The Number of Public Hospitals	1,562	1,599	1,593	1,613	1,539
2	Private					
	Regional Owned Enterprises	67	67	62	63	50
	Private	599	740	833	925	1230
	The Number of Private Hospitals	666	807	895	988	1280
	The Number of Other Hospitals	2,228	2,406	2,488	2,601	2,819

Source: Indonesia Health Profile of 2015 and 2016, 2017 Ministry of Health Republic of Indonesia (2018).

pitals, PKU Muhammadiyah Yogyakarta Hospital, PKU Muhammadiyah Surakarta Hospital, Muhammadiyah Lamongan Hospital, Siti Khodijah Muhammadiyah Sepanjang Hospital, Jakarta Islamic Hospital Cempaka Putih and Jakarta Islamic Hospital Pondok Kopi. The rest are type C and D. Of these, 87% already accredited, 13 hospitals have not been accredited. Total of employees throughout Indonesia there are more than 1,756 employees, 675 Managers and 1,254 Supervisors.

According to the Ministry of Health (2017), Indonesia has 2,819 hospitals. Until 2016, the number of private hospitals private were more than government hospitals. The role of private hospitals has been getting higher along with the increase of new hospitals which numbered more than 300 in the last 3 years (table 1).The increase was not offset by an increase in the number of new hospitals managed by the public.

There is a little growth and almost stagnant in hospitals managed by the regional government and Ministry of Health. Even the management in hospitals managed by the Indonesian Na-



tional Army/ The Indonesian National Police, other ministries and non-profit organizations tends to decline. Based on ownership, the growth of private hospitals profit is more aggressive than type of other hospitals. The average growth is 17.3%. Public hospital owned by the provincial government only has 7.7%, and other hospitals are not significantly growing. The thing to note is the significant decrease in the number of private non-profit hospitals at the end of 2017. In 2016, non-profit private hospitals, which are mostly managed by foundations and religious organizations, contributed 27% down to 20% in 2017, from the total hospitals in Indonesia (<http://sirs.yankes.kemkes.go.id/rsonline/report/>).

I can say that in terms of management, Muhammadiyah is unique. First, Muhammadiyah becomes the largest hospital network in Indonesia in the category of non-profit or faith base organization with an amount of more than 60%. Second, Muhammadiyah Hospital does not have a holding organization that regulates all aspects organization. Each hospital is independent and responsible to the founder of the level of the central board, regional boards, and branch boards. Third, no private ownership, all assets are the property of the organization. Legally all hospital assets belong to the Central Board of Muhammadiyah, but operationally managed by those who founded it.

Like a business organization, even if it is a social, hospital performances are influenced by internal and external factors. Internal factors are all resources owned by the organization. In the context of the hospital starting from the location, assets, systems, finance and human resources. External factors can change markets, policies, competition and others. A preliminary survey of directors in 38 Muhammadiyah hospitals, said that the change in the BPJS or the Indonesian National Health Insurance system is one of the biggest external challenges (100%) on the side competition (75%) and consumer demands (70%).

Competition increases because of the growth of new private hospitals, while consumer demand is increasing because of the easier access to information. Internally, there are five main challenges, namely digitalization, finance, understanding towards



business, leadership, customer orientation, and management ability. Digitalization is fully realized one of the keys in increasing efficiency and hospital services. Financial challenges arise because of late payment of claims from late BPJS 2-4month, thus disrupting cash flow.

What has been done by MPKU (Health Division Muhammadiyah Central Board)?

It is realized that the market is growing rapidly with all its dynamics, while the business model is developing on Muhammadiyah is community based, striving all resources independently, no capital support like conglomerates. Therefore, the ability of each region or branch in responding to these conditions is very dependent on local capabilities. An anomaly occurs, when there is a branch that is able to manage the type B hospitals while there is one area with great potential is difficult in developing health ventures charity.

Back to the initial statement, how to manage charity venture well? As a social business, it must be financially healthy in order to be sustainable and grow and to be able to grow and develop, it needs a strategy. It is a general framework that provides guidance for actions to be taken and, at the same time, is shaped by the actions taken. It means that there are conditions where before making a strategy, one must be clear about what the final destination is. Whatever strategy is planned to run, it must be directed to answer the following questions:

- What should be done to improve service and customer satisfaction?
- What should be done to reduce costs, what is being done to increase productivity?
- What should be done to increase income from new products and services?

PKU Hospital development strategy in Indonesia has been framed in 2018 MPKU National Working Meeting in Surabaya consisting of three things namely: increased capability, synergy, and expansion.



Increased Capability

Institutional capability enhancement needs to be strengthened by increasing individual capabilities. Each institution has two sorts of customers. First, customers directly enjoy services or commonly referred to as B2C (business-to-customer), in this case patients and anyone who comes in contact with services. Second, corporate customers or commonly called B2B (business-to-business), such as suppliers, insurance, government and other business institutions. Both are equally important and necessary seriously managed.

PKU Hospital views those who seek treatment require physical and mental healing. One of the advantages of PKU Hospital is Islamic service with the principle that God is the one who gives pain and God also heals. MPKU has been started by creating Standar Islami Rumah Sakit Muhammadiyah-'Aisyiyah (SIRSMA) or Islamic Hospital Standards Muhammadiyah-'Aisyiyah last year. This process will ongoing so that it is expected to be a reference in applying the values of Al-Islam and Muhammadiyah.

Here are some programs that have been executed:

1. Provide opportunities for further education, either for specialist or nurse.
2. Trainings for management, financial, accreditation, Quality Improvement and Patient Safety, and tax.
3. Muhammadiyah Training - Baitul Arqam.
4. Giving scholarships.
5. Competency training - Pick-HD, anesthesia surgery, BTCLS, ATCLS-Pondok Kopi, emergency department.
6. Improvement of IT systems.
7. Expanding the non-BPJS or Non The Indonesian National Health Insurance market.
8. Lean management.

Synergy

Running a venture charity in Muhammadiyah requires a deep thinking of making use of all resources in various fields. Managing hospitals needs to think corporately and act locally according to needs. Synergy to be the need to be more efficient



from an operational standpoint and utilize existing resources. Some initiatives that have been done are:

1. Joint Purchase. Leveraging the greatness of the network throughout Indonesia is a strength. It has started by implementing SSM in Jakarta and SMT in Surabaya. This strategy can overcome the cost of the drug which absorbs almost 50% of the total hospital cost. In essence, joint purchases are the negotiation process is carried out in order to obtain more competitive prices with the best quality. This method is very effective and very helpful in purchasing hospitals medicine, medical devices and others.
2. Sister Hospital. A big hospital helps the smaller hospitals. Several models developed are through the help of accreditation, medical lending, and management guidance including finance.
3. Accreditation. A special team from the assembly helps the accreditation process for hospitals in need.
4. Networking. The use of medical personnel, especially specialist to be able to practice in several PKU hospitals.
5. Partnership internally.
 - o Medical student scholarship program with Muhammadiyah Yogyakarta University, until now there are 20 doctors placed at health services of Muhammadiyah.
 - o Disaster Medical Team. Nearly 100% of each activity with disaster management agencies, medical teams from PKU hospitals are ready to carry out their duties, both inside domestic and abroad. Currently being worked on World-class Emergency Medical Team (EMT), in the future can be deployed throughout the world and will become the first private organization in Indonesia.
 - o Medical Team for Said Tuhuleley Floating Clinic in isolated area. The medical team together with Lazismu support the mission in remote areas in *da'wah* or preaching expeditions in the area of Eastern Indonesia.
 - o Together with the Social Services Council, MPKU organizes the Muhammadiyah Senior Care program which intended for senior citizens at PKU hospitals.



6. Cooperation with external parties. At this time, MPKU has collaborated with the Ministry of Health in particular about the Gerakan Masyarakat Sehat (GERMAS) or Healthy Community Movement, Pos Kesehatan Pesantren (Poskestren) or Pesantren Health Post and tobacco control with Muhammadiyah Tobacco Control Centre (MTCC). Cooperation with the Coordinating Ministry for Human Development and Cultural Affairs about mental revolution, economy, banking, KARS accreditation commission.

Expansion

Business requires growth to be able to survive and sustainable. It can be obtained through horizontal and vertical progress. At this time PKU hospitals focus on a number of things:

1. *The Establishments of New Hospitals*

There are three growth models carried out by the company. First, the establishment of a hospital independently as carried out by PKU Batang and Demak in Central Java. Second, the upgrading of the clinic status or using the clinic as a base. PKU Purbalingga and Jepara upgraded the status of the main clinic to type D hospital. It can also build a clinic as a base for founding and building a hospital just like in Banjarnegara, Central Java. Third is the acquisition in case that the surplus funds from hospitals that have more funds are used to buy a new hospital, such as in Delanggu, Solo and Lamongan. Fourth, the program to encourage hospital to build a clinic. There are 27 PKU hospitals in some process stages to implement the program; some of them are in the stage of licensing, physical development or the initial initiation process, including a feasibility study.

2. *Addition of Service and or Bed*

Lots of hospitals expanding through additional services beds. PKU Hospital of Metro, Ponorogo, Lamongan, Bumiayu Gombong, Sruweng, Tegal, Moga, Khodijah, Kendal, Madiun, Kediri, Cempaka Putih, Sukapura, Pondok Kopi, Gamping, Gombong, and Lamongan. Almost all hospitals make the additional.



Future Challenges

Facing this era of disruption, PKU hospitals perpetrators has challenges that are not easy and necessary to be responded so that Progressive Islam can be realized in the management of Muhammadiyah-'Aisyiyah Hospital (RSMA). Here are the challenges that need to be anticipated:

- a) Digitalization. Use of information technology in all business process. It is inevitable that progress of thinking and lifestyle changes, then the way the hospital interact with customers as well as with suppliers need change. The use of smartphones and online systems.
- b) Regionalization and excellent services. In developing the future, RSMA cannot think alone. Need to utilize networks and synergies in the same area. Needs to be made integrated services as a network in the region. For example, specifically Yogyakarta and its surroundings there are 8 hospitals so in its strategy formulation can share and strengthen each other as a network for competition.
- c) Underprivileged services. Helping the poor and needy is a major characteristic of PKU. Therefore, it takes new effort and sustainable assistance models as well as involving stakeholders from outside the organization. It is the time, with Lazismu involving other private parties, well communicated so that it can be conveyed that the PK's main mission is to provide help.
- d) The use of medical technology. Like it or not, the development of medical equipment will be more sophisticated, if the hospital cannot adjust, they will be left behind. This is where the need to invest in purchasing the latest tools as needed.
- e) HR Development. The hospital business is a service business that requires special competencies with strict rules. Integrated strategies and adequate allocation of funds are needed to educate, manage HR. Leadership skills and managerial venture charity leadership is one of the priorities, so that the management of venture charity becomes more professional and run with modern management principles.



- f) Hospital Branding. Last but not least. It is beautiful and extraordinary when PKU also thinks of branding or making PKU as a brand with guaranteed quality and good service, but at an affordable price. The PKU tagline could be “Premium Affordable”, means it has the best quality service but still affordable for all people. Here, we need equality of perception, openness, and the willingness of all parties to make it happen. Branding requires vision, strategy and consistency, and standardization in all aspects.

Closing

The dynamics of the development of Penoeloeng Kesangsaan Oemoem (PKO) or Assistance for the Relief of Public Suffering became Pembina Kesehatan Umum (PKU) or Public Health Advisor, The Council of Social Services, Lembaga Penanggulangan Bencana (LPB) or Disaster Management Centre and Lazismu are gifts from Allah that needs to be thankful for. For PKU, with 107 hospitals and 27 hospitals in the process of establishment, as well as 231 clinics are trustful to be developed continuously. The key to success going forward is to think broadly as a network like a corporation, applies the principles of good organizational, and take real action with new breakthroughs in each area.

Since the world is changing rapidly, then PKU hospitals must be more agile to respond to changes. “Policy leap” is needed to be able to compete in the outside world, both in terms of capital, management, use of information technology without neglecting the fact that Muhammadiyah Venture Charity is an extension of the corporation, as a means of preaching Islam through the health sector programs.





Editorial Notes

Muhammadiyah Association was founded by K. H. Ahmad Dahlan in 1912 with the intent and purpose to uphold the religion of Islam and embody an actual and true Islamic society. The Establishment of Muhammadiyah is based on philosophical values as interpreted from Qur'an surah Ali Imran verse 104 that stated about God's commands to form a community which always bound together and invite goodness, order the good deeds and preventing the bad ones. The establishment of Muhammadiyah was also influenced by the conditions of Indonesian people, especially Muslims who were in a situation that was underdeveloped in the middle of the era of colonialism of The Netherlands, both in economic terms, education, and other social lives.



From the beginning, Muhammadiyah is a movement that determine progress and community welfare as one the main indicator in the interpretation of the actual Islamic community. Its mission is not only to build a society progress and prosperity, but also to deploy all cadres, members and sympathizers to be directly involved in an effort to advance and prosper the community as an embodiment of monotheism and faith to Allah.

According to Muhammadiyah official guidance book on Islamic laws compilation (*Himpunan Putusan Tarjih*), religion (*ad-Dir*) is God's teachings in the form of commands, prohibitions, and instructions which aims to benefit the servants of God in the world and the hereafter; and in consequence, the purpose of religious implementation is also understood as an effort to deliver benefits for humanity. Therefore, the missionary movement of Muhammadiyah has been manifested and implemented through various charities that advance, educate, and prosper the life of the people and nation.

Muhammadiyah focuses its missionary efforts on religious, education, health and social fields. Those four things have been hitherto realized in form of development of various venture charities in the form of 4,623 kindergarten; 5,519 schools in the form of elementary schools, junior high schools, and senior high schools, including vocational high school; 165 higher education institutions (per July 2019) in the form of universities, institutes, high schools and Academy; 255 boarding schools (per May 2019); 318 homes of social services; and 457 health facilities.

Other than that, the Muhammadiyah movement is also supported by the wings of an autonomous organization that was active in the circles of women (Aisyiyah and Nasyiatul Aisyiah), the youth movement (Muhammadiyah Youth), student movement and college students (Muhammadiyah Student Association and Muhammadiyah college students Association), as well as the organizational branch of the martial arts and scouting (Tapak Suci Putera Muhammadiyah and Hizbul Wathan Scouting).



In the health sector, Muhammadiyah started its movement by establishing the *Penoeloeng Kesengsaraan Oemoem* (PKO) or Assistance for the Relief of Public Suffering on June 17, 1920. Pioneer of PKO establishment is a simple clinic built on February 15, 1923 on Jagang Notoprajan Street, Yogyakarta. The first Muhammadiyah clinic was named PKO Clinic, which provides health services for the underprivileged. Founded on the initiative of H. M. Syoedja which was fully supported by K. H. Ahmad Dahlan.

In 1928, the clinic developed into a PKO Polyclinic of Muhammadiyah. Need a wider place, PKO Muhammadiyah moved to a more adequate area by renting a building in Ngabeanstraat No. 12 B Yogyakarta (now KHA. Dahlan Street). As the time goes by, in the 1980s, the name of PKO changed into *Pembina Kesehatan Umum* (PKU) or Public Health Advisor. After Muhammadiyah's 2015 Congress, the term of PKU returned renamed the Public Health Advisor.

So far, Muhammadiyah has organized health services through 134 hospitals and 231 clinics spread across various regions in Indonesia (please see in the attachment for more complete data). Apart from this, Muhammadiyah has also organized education for health workers both for doctors, midwives, nurses, pharmacist, physiotherapist, and other health workers. Muhammadiyah also has 12 faculties of medicine and the faculty of health sciences, as well as the high school of health sciences (midwifery academy, nursing academy, and academy of pharmacy).

In addition, Muhammadiyah also actively conducts coaching for the community related to health promotion. Some of them are issues of the prevention of bird flu, malaria elimination, maternal and children health, tuberculosis, HIV/AIDS, consumption control of tobacco, clean and healthy behaviour, and *Gerakan Masyarakat Sehat* (GERMAS) or Healthy Community Movement.

Some illustrations of the venture charities, in the form of a hospitals, clinics, health education institutions and public health promotion activities, which have been hosted by



Muhammadiyah since 1923 until now, demonstrate the contribution of Muhammadiyah as an Islamic civil society movement in Indonesia, in building national health. This has become a note, how the continued existence of the Indonesian nation trying to build to educate and improve the quality of life can never be separated from the role of community organizations, especially Islamic community organizations.

However, the role and efforts of Muhammadiyah in making significant contributions for the health of the nation are not without obstacles. There are some internal and external problems that still faced by Muhammadiyah Association. All ups and downs in the nation's journey becomes the setting of inner challenges in Muhammadiyah's struggle for health service.

All philosophical values, the good form of venture charity contribution and community activities, and the stories of how Muhammadiyah struggled with various problems and challenges in building the nation's health, constitute a track record that can be an important record for each generation in continuing the nation's development. This is a track record that illustrates how the Islamic Da'wah or Preaching organization gives colour to the quality improvement of the Indonesian people's life. It is not only a depiction about what has been done in the health service, but also a narrative about how all acts of help, service, welfare and fostering the community in the health sector is a direct embodiment of monotheism or value awareness the diversity of Muhammadiyah residents. The note also can be a reference about determination, sincerity, leadership, creativity, and innovation in the face of various problems and challenges in building nation's health.

For this reason, The Supervising Council of Community Welfare Central Board of Muhammadiyah, as an auxiliary body for Muhammadiyah's Central Board, conducted a study and compiled a book, entitled "Muhammadiyah Builds Nation's Health". These published studies and books is expected to describe philosophical values, gait, and challenges faced by Muhammadiyah in contributing to build the nation's health in



the past, present, and the future.

This study identifies problems which then developed into the purpose of study and compilation of this book, among others: 1) Describe philosophical values of Muhammadiyah about developing national health; 2) Describe Muhammadiyah's participation in building the health of the nation from time to time; 3) Actual issues, challenges, and the future direction of Muhammadiyah in building nation's health.

It is expected to be useful for cadres, Muhammadiyah members and sympathizers, parties who has been a partner and the general public. First, various information in this book is expected to be documentation (references), publications and references about the values and gait of Muhammadiyah, in building nation's health. Secondly, this book is expected to be referral and motivation for cadres, members and Muhammadiyah sympathizers to animate and organizes various venture charities and Muhammadiyah activities in the health sector. Third, this book is expected to be a reference for academics, observers, and activists in the health sector, about roles and contribution of da'wah or preaching and community organizations in building national health. Fourth, this book can be a reference and illustration for the government and various parties to be able to work together in partnership with Muhammadiyah in efforts to improve the quality of life of the people of Indonesia, especially in the fields of health.

To realize these goals and expectations, this book will be narrated in three parts. The first part, entitled "**Health Services: Renewal Estuary, Compassion Ethics, and Spirit of Al Ma'un**" gives a description of the history about the early stages of Muhammadiyah's work in health services and the presentation of ideological values that underlie it. It is a description of the health service as a part K. H. Ahmad Dahlan's thought reform on the practice of Islamic teachings.

The Actual Muhammadiyah health services is a manifestation of the religious attitude of the citizens of Muhammadiyah who understands that religious teachings aim to the goodness of human life. In addition, the preaching of religion must be



done by ensuring themselves to involve in human benefit. The concept of practice religion based on humanity and a spirit of help which was identified with ethics of compassion and the spirit of Al-Ma'un's theology. Both concepts underlie the beginning of the establishment of the Muhammadiyah Health Venture Charity which the first part this book is represented with the establishment of the PKO Clinic (now PKU Muhammadiyah Yogyakarta Hospital) and Muhammadiyah Polyclinic (now PKU Muhammadiyah Hospital , K. H. Mas Mansur Surabaya Street).

The second part describes about various contributions of Muhammadiyah in community service and coaching at health. This section is entitled **Spreading Charity for the Nation's Health**. This section becomes an illustration about the efforts made and the achievements produced by cadres, members and sympathizers of Muhammadiyah in intensifying various ventures in health. Various charities are identified in various issues include: 1) Health services that covers hospitals and clinics that are established and organized by Muhammadiyah / 'Aisyiyah; 2) Various community development programs in the health sector; 3) Education of health workers, including medical education, nursing, midwifery, public health and other health workers; 4) Health services in disaster management, both in the form of hospitals and Disaster Preparedness Clinic, including medical team gait for disaster response (MDMC), on various disaster events both at home and abroad. Explanation on this part is not limited to mentioning the number of hospitals, clinics, medical faculty, number of doctors, and other various aspects owned by Muhammadiyah in the field of health. This section will describe various forms of health services provided by Muhammadiyah in various exposure to best practices.

The third part will explain the position and Muhammadiyah's attitude amid various health issues become a controversy in the community. This section was entitled **Intersection and Cornering: Muhammadiyah in National and Current Health Issues**. This part will also tell you about



Muhammadiyah takes the road amid various contentious issues of health. In addition, this section will also take some major health issues that are considered sufficient in community conversation and the development of the Muhammadiyah health venture charity. These issues include: 1) Disaster and vaccine family issues; 2) Muhammadiyah's efforts in conducting a judicial review against the Hospital Law considered detrimental to hospitals based on religion; 3) Policy and management of the National Health Insurance for Health; 4) Muhammadiyah's ideas and thoughts in dealing with future challenges in the health sector.

In addition to these three sections, this book will also show the figure of two Muhammadiyah cadres which have a key role in gait development of Muhammadiyah in the health sector. First, K. H. Moehammad Syoedja as the initiator of the movement and Penoloeng Kesengsaraan Oemoem (PKO) or Assistance for the Relief of Public Suffering which became the pioneer to Hospitals and Health Clinics of Muhammadiyah. Secondly, Dr. H. Kusnadi as a figure and innovator of managing and developing the health venture charity and development of Muhammadiyah in the development period.





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by: Prof. DR. H. Haedar Nashir, M.Sc.

The Chairman of Muhammadiyah Central Board

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PROLOGUE



MUHAMMADIYAH PIONEERING THE MOVEMENT OF NATION'S HEALTH

Prof. DR. H. Haedar Nashir, M.Si.

The Chairman of Muhammadiyah Central Board

Muhammadiyah as an Islamic Movement which carried out religious preaching and puritanical missions (tajdid) since the early period in 1912 has pioneered renewal in the field of nation's health development, in addition to movements in the field of reforming and understanding religious, educational, social experience, and community empowerment. Community and health movement was institutionalized through hospital charitable endeavours, polyclinic, health centre, and public health supervising in the Penoloeng Kesengsaraan Oemoem (PKO) or Assistance for the Relief of Public Suffering who has a solid foundation on Al-Ma'un.



The health movement carried out by Muhammadiyah ideas has been started since the inception of Muhammadiyah in Muhammadiyah Annual Meeting it was decided the formation of four Parts to assist Hoofdbestuur of Muhammadiyah, the current term of Muhammadiyah Central Board that is, namely: Tabligh Section, School/Educational Section, Library Park Section, and Section of Penoeloeng Oemoem Nationality (PKO) or Assistance for the Relief of Public Suffering. PKO section decades after that in subsequent developments turned into Pembina Kesejahteraan Umat (PKU) or Public Welfare Advisor and finally changed again to Pembina Kesehatan Umum (PKU) or Public Health Advisor with the spirit of PKO-Al-Ma'un.

Now, it has been more than one century after Muhammadiyah was established, how the PKU movement and health institutions such as hospitals, Polyclinics, Health Centres, and Muhammadiyah social-health service movements throughout the country including those managed by isy Aisiyiah continue consistently to adhere to the principle of PKO Al-Ma'un values and institutionalize it in the health institution organized by the Corporation? The answer to that question is important so that the PKU of Muhammadiyah currently remains at the line of movement as directed by Kyai Dahlan and colleagues, especially Kyai Sudja, who initiated the PKO movement.

***Al-Ma'un* Values**

Al-Ma'un is a basic tenet that contains noble values of Islam about partiality toward orphans and poor children as a form or actualization of religion in real life. Orphans and poor people are a part of the poor (*dhu'afa*). In this principle, those who are weak must be defended, respected, and empowered to become lucky human in his life. The support for the weak society is not just the result of natural human interactions as innate as homo sapiens or homo socius in the form of alone generosity *an sich*, but as an obedience of God for religious people and become an integral part of one's togetherness. In that command, God even gave the label "religious deceivers" for those who are religious but neglectful or do not care to-



wards orphans and poor people. How hard the order of God in Surah Al-Ma'un.

In the implementation of the *Al-Ma'un*, Kyai Dahlan sociologically did the demolition (deconstruction) towards religious awareness that blunted his side of the weak people. Although hundreds of years of Muslims memorized and understand the Surah Al-Ma'un, often even become part of the reading in prayer, but Surah Al-Ma'un at that time did not give birth to anything in the lives of Muslims and citizens. It just being memorization and routine recitation which of course still classified as worth worship. The values of *Al-Ma'un* is not actualized in the real life of Muslims to empower orphans and poor people.

Eventhough the students were able to memorize the text and the translation easily in just one day, but Kyai Dahlan taught the surah Al-Ma'un which contains seven verses to students for three months. In responding the protest of his students, Kyai Dahlan asked them to dedicate their life to the orphans and poor people as an evidence that they really comprehended the surah Al-Ma'un well. From the dialectic of Al-Maun's lesson, Penoeloeng Kesengsaraan Oemoem (Assistance for the Relief of Public Suffering) in the form of a hospital, *armenhuis* (poor house), and *weeshuis* (orphanage), and Polyclinic of Muhammadiyah were first established on the 15th of February 1923 as an embryo and later became PKU Muhammadiyah Yogyakarta Hospital.

In the implementation of Al-Ma'un with Kyai Dahlan's way, advocacy with orphans and poor people was not enough in the form of generosity or charity or philanthropy only, but it was an empowering liberation movement and promoting the weak to live normally and equally with another human. In this connection what was pioneered or spearheaded by Kyai Dahlan through Al-Ma'un can be said as the "Movement of Liberation," while Al-Ma'un can be called a religious basis which frees the weak or liberation theology. The Council of *Tarjih* gave him special term that was Jurisprudence of Al-Ma'un to describe a system of deep and broad understanding of surah Al-



Ma'un to be realized in the lives of Muslims who provide benefit for many people in particular the weak and oppressed in Kuntowijoyo's terms called "*dhu'afa-mustadh'afir*".

The Spirit of Penoeloeng Kesengsaraan Oemoem (PKO) or Assistance for the Relief of Public Suffering

The Al-Ma'un movement was institutionalized in PKO, which was formed at the Annual Meeting in the early era of the Muhammadiyah in the form of a Section. Now, the name PKO has changed to PKU (Pembina Kesehatan Umum) or Public Health Advisor who were formerly Public Welfare Advisor. The alteration name from PKO to PKU should not annihilate the soul of PKO based on Al-Ma'un, which is to deliver health services that have a good effect on general welfare for anyone without discriminating against people which must be served or helped by Muhammadiyah.

The spirit of PKO is "inclusive Islam", namely Islam for all people regardless of religion, race, ethnicity, and groups in line with the mission of "*rahmatan lil-'alamin*" or mercy for the universe from the presence of the message of Islam disseminated by the Prophet Muhammad. In a simple way to understand, considering its name as *Penoeloeng Kesengsaraan Oemoem* (The Assistance for the Relief of Public Suffering), that "anyone who is miserable must be helped by Muhammadiyah, and in line with the *Qoidah* of Muhammadiyah of PKO Section in 1924 in article 3, it is stated explicitly that Muhammadiyah "will help misery by applying the principles of Islam to everyone, not with discriminating the nation and religion."

According to Dr. Soetomo in his inauguration speech at the Polyclinic of Muhammadiyah Surabaya in 1924, the value of Al-Ma'un and PKO is *etika welas asih* (the compassion ethics for others), especially for weak people without any discrimination. Ethics of compassion is different from the orientation of "Darwinism" where the stronger will be the winner as the mindset of modern-capitalist society. In the perspective of Al-Ma'un and PKO, poor people and groups of weak must get help or care from those who are strong or capable. This is



spirit of “ta’awun sosial” or “social helping” taught by Islam through Al-Ma’un.

The Al-Ma’un’s spirit and PKO’s soul keep on clinging in the Muhammadiyah movement today. It was expressed at the 47th Congress in 2015 in Makassar when the participants decided to develop strategic plan that was focused on “Developing and expanding the power base of the Muhammadiyah movement which lies at the centre of the PKO become a big tent for Muhammadiyah’s services and alignments in an integrated and broader manner” (Muhammadiyah Central Board, 2015).

The PKO program in Muhammadiyah was actually not limited to the venture charity movement, but also development of community welfare and health managed by MPKU (The Supervising Council of Public Health) and MPKS (The Supervising Council of Social Welfare). Nowadays, even Lazismu program has been developed, disaster, community empowerment, social welfare, economic empowerment, and other more social praxis system involving various institutions in Muhammadiyah, including Aisyiyah. This movement is integrated and demanding synergies and strategy updates continuously so that more and more able to reach the needs of the community.

Synergy is needed in order to make each institution within Muhammadiyah does not work separately each other, moreover not until it leads to “sectoral egoism” or “institutional egoism”, so that they scramble and want to grow up on their own without heed organizational cohesion. *Alhamdulillah*, the synergy keeps getting better and better. Muhammadiyah will become stronger as every element synergizes and integrates in a single Corporation system. Moving forward together must be a commitment, ethos, and internal consensus so that Muhammadiyah as a trust can be excellent progress.

Actualization of social movements as a manifestation of Al-Ma’un and PKO’s praxis is important to be continuously developed and updated in facing the problems and challenges of humanity of the complex modern era today. Because mod-



ern life of the 21st century is entering the era of the industrial revolution 4.0, in addition displaying spectacular progress in many aspects of life, all the more so in information technology, at the moment the same opens up a space for social and humanitarian crises which Fukuyama calls “the great disruption” or incredible social chaos.

The negative impacts of the industrial revolution and the exploitation of nature are arbitrarily also affects not only damage for the environment and layout, but also gives birth to problems or humanitarian crises in the modern era. On this situation, this is what Muhammadiyah is increasingly required to present a movement of neo-Al-Ma’un and neo-PKU are increasingly contextual to provide solutions that are structural, cultural, and humanities in the life of a modern society hit by a crisis.

PKU Program

One of the 47th Muhammadiyah Conference’s recommendation in 2015 in Makassar was to formulate programs for the Public Health Development with vision as ‘Development of the function of excellence health and good governance based “Assistance for the Relief of Public Suffering” (PKU) / Al-Ma’un so it will be able to improve the quality of life of the people. The development programs were: (a) Movement System: Improving the system of administration/managing the venture charity of excellence health based on “Assistance for the Relief of Public Suffering” (PKU)/Al-Ma’un through integrated management, good governance, supervision of standards and service quality, and management of top quality IPO (input-process output) so that they can compete and reach out to the wider community; (b) Organization and Leadership: Develop types/models of health new services that directly touches people’s lives in the grassroots which synergizes with hospitals and AUMKES of Other Muhammadiyah as a form of Al-Ma’un/PKU movement; (c) Network: Establish a health service network of Muhammadiyah that encourages the creation of strong support, strategic and fast service to the grassroots community; (d) Resources: Improving the quality of venture



charity resources in the health sector through increasing the capacity of AUMKES personnel, education, promotion, carrying capacity of facilities, and various skills that develop excellence; (e) Service Action: Optimizing health service standards through service standardization of AUMKES, the development of hospitals with excellent services in each region, optimization of AUMKES services to community health problems and counter of disaster, and increasing number of AUMKES as Clinical Satellite of Muhammadiyah and Aisyiyah Hospitals (RSMA) in the area in land/remote.

The spirit of Al-Ma'un and PKO are still firmly stance and committed sustainably in Muhammadiyah. For all the reasons above, Chairman of Central Board of Muhammadiyah welcomed the publication of the book "Muhammadiyah Builds Nation's Health" compiled by MPKU Team. The team of MPKU continues to optimize socialization, internalization, and the institutionalization of Al-Ma'un values and PKO in venture charity of Muhammadiyah in the field of Health (AUMKES) as well as in public health programs at the community base and congregation so that Muhammadiyah is more robust in its presence in presenting the *da'wah* or preaching and tajdid or renewal that is liberate, empower, advance and enlighten the lives of people and nations!







CHAPTER ONE

HEALTH SERVICES: RENEWAL ESTUARY, COMPASSION ETHICS, AND SPIRIT OF AL MA'UN

- K. H. Ahmad Dahlan and the Spirit of Renewal
- PKO: New Dawn of Indigenous Health Services
- Compassion Ethics and Al-Ma'un's Theology





Kiai Haji Ahmad Dahlan (sitting in the middle) took a picture together, with information on the blackboard Hoofdbestuur (Central Board) of Muhammadiyah in 1918-1921. (photo: doc. of Muhammadiyah Central Board).

Muhammadiyah management, according to Verslah of 31 of December 1919-31 of December 1920 consisted of H. A. Dachlan (president), H. M. Muchtar (vice president), M. Ng. Djojosugito (1c secretary), M. Darmosewojo (2c secretary), M. Abdullah (penningmester); and the commissioners consisted of: M. A. Badar, M. H. Fachroedin, M. H. Djailani bin Ab., M. H. Hilal, R. M. Prawirowiworo, and R. M. Marhadiningrat.



K. H. AHMAD DAHLAN AND THE SPIRIT OF RENEWAL

Renewal (*tajdid*) becomes the spirit of the establishment of a modern movement in the Islamic world. At the moment when Indonesia as a country was still experiencing a period of stagnation, one young man who had just returned from studying in the Middle East, bring home brilliant ideas. The most brilliant idea that this young man sparked was founding of Muhammadiyah Organization, an organization that in the future becomes one of the two largest Islamic organizations in this world. The establishment of Muhammadiyah has a simple purpose but very basic namely: "Disseminating and teaching religion (*igama*) of Prophet Muhammad *Shallallahu Alaihi Wassalam* to Bumiputera residents in Yogyakarta residency".¹

The earlier name of Ahmad Dahlan was actually Ngabdul Darwis,² then in his teens got the adult name of Muhammad Darwis. After returning home from studying in Mecca, on the advice of his teacher, there he changed his name to Ahmad Dahlan. Dahlan was the vanguard of renewal both in the religious field, education, social and health. In the field of religious, he launched a movement of monotheism purification. As it is known that in the lifetime of K.H. Ahmad Dahlan, in Java and Yogyakarta in particular, Islam was much influenced by mystical. Superstition, heresy, khurafat or more popular with TBC, it becomes common place and practiced among the people, even though they have adopted the values of Islam (Jurdi (Ed.): 2010).

Even so, there are other views stated that K.H. Ahmad Dahlan's mission was actually rationalization and purification,

¹ Statute of Muhammadiyah, Article 2 Points a. Mh Djaldan Badawi (collector). Statutes and By-laws of Muhammadiyah 1912 -1985. (Yogyakarta: PP Muhammadiyah Sekretariat, 1998).

2. "Sri Sultan Hamengku Buwono VII was impressed with the religious prowess of one of his Abdi Dalem who had asma paring Dalem (name of position): Ngabdul Darwis. The Sultan then sent Ngabdul Darwis to Mecca to explore Islam. Returning from Mecca, Ngabdul Darwis, later known as Kiai Haji Ahmad Dahlan, founded the Muhammadiyah organization. Note from Yogyakarta Palace, in www.kratonjogja.id/peristiwa/36/sri-sultan-receive-muhammadiyah-award, accessed 28 November 2019.



in the sense of freeing society from the burdens of “ritual worship” which has no foundation in the text, and at the moment equally burdensome for the poor. It could be understood because Javanese society at that time carried out religious rituals such as selamatan ritual and so on, where the activity was seen as a religious obligation, if it was not carried out they will get “sin”, or at least get social scorn. So, K.H. Ahmad Dahlan did not do anti-TBC or in English Superstition, heresy, khurafat movements as was widely understood. The use of the new term TBC (taqlid, bid'ah, churafat) or Superstition, heresy, khurafat appeared in the Kiai Mas Mansur³ era later on⁴.

This problem requires purification of Islamic teachings from local cultural influences and this is the basis of the establishment of Muhammadiyah (M. Dawam Raharjo, 2010). Muhammadiyah appeared on the stage of history, in conditions of society experiencing four diseases. First, damage in the area of trust that is the aqeedah mixed with outside practices of Islamic teachings. Second, freezing in the field of jurisprudence. Third, setbacks in the field of education because mindset at that time of modern education was misguided teaching, because they are considered to behave like invaders. Finally, poverty, community backwardness, and loss of mutual cooperation among them (M. Yunan Yusuf, 2005).

This declaration was declared at 8 Dhu al-Hijjah 1330 Hijriyah, coinciding with November 18, 1912 AD, at Yogyakarta. The first missionary movement aimed to women and young people with recitation activities named Sidratul Muntaha. Selection of targeted women also become a new breakthrough, remember at that time women were still being umpteenth hu-

³ KH Mas Mansur led Muhammadiyah in 1937-1941. He was called as the East Java Wire Broom. "We already have the East Java wire broom!" said KH Ahmad Dahlan to his students after the meeting with KH Mas Mansur in Surabaya in 1920. At the suggestion of K.H. Mas Mansur, The Council (Lajnah) of Tarjih was formed in 1927 (Congres Muhammadiyah XVI), initially aimed at discussing whether customs/traditions and beliefs prevailed in the community in accordance with the Qur'an and hadith or not. These studies are then gave rise to the term TBC (taqlid, bid'ah, churafat) or or Superstition, heresy, khurafat .

⁴ Interview with A. Munir Mul Khan in 2019,



man class, especially for indigenous women. K. H. Ahmad Dahlan identified them as a *mustadh'afin*, or marginalized people, the weak, the people who need to be preached as enlightenment to become stronger both economically, socially, intellectually, and in terms of *aqeedah*.⁵

Starting Point: Recitation of *al-Ma'un* and *al-Ashr*

K.H. Ahmad Dahlan held a recitation named *Sidratul Muntaha* in the afternoon in a small mosque owned by his family in the western part of Kauman Village. Kiai Ahmad Dahlan who is a family of a headman in Yogyakarta Sultanate has been living in the village since he was young. In fact, K.H. Ahmad Dahlan also recorded as *abdi dalem* *penghulu kraton* or as a worker of Ngayogyakarta Hadiningrat, even though because of his experience, many people from *abdi dalem* or the lower level worker to *pengageng kraton* or the higher-level worker in the palace contrary to his thoughts. Recitation of *Sidratul Muntaha* is reserved for young mothers, wives of batik entrepreneurs in Kauman and Notoprajan. In the afternoon, K.H. Ahmad Dahlan established a madrasah or school to teach children.

At night, in the same place, K. H. Ahmad Dahlan taught the youth, adult and older people about Islam. Among the most legendary lessons was a study of *Surah al-Maun* for his students⁶. Interpretation of this *surat* was essentially theologi-

⁵ Haedar Nashir. *Muhammadiyah Gerakan Pembaruan/Renewal movement of Muhammadiyah*. (Yogyakarta: Suara Muhammadiyah, 2010).

⁶ One time, Kiai Ahmad Dahlan taught the interpretation of Al-Quran *surah al-Maun* to his students in Langgar Kidul. During several meetings, he always repeated the explanation about *surah al-Maun*, without moving to another *surah* study. One of the students, Daniel or Daniyalin, who later became known as Haji Syoedja', questioned the incident. "Kiai, why aren't the lessons added?" H. Syoedja 'asked. "Do you understand correctly?" he asked also. "We have memorized everything, Kiai," answered H. Syoedja. "If you've memorized it, have you practiced it?" Asked Kiai Dahlan. "What was practiced, Kiai? Isn't *surah Ma'un* that we repeatedly read to duplicate *Fâtiyah* when we pray?" answered H. Syoedja. "That's not what I meant. Practiced means practiced, done! Apparently You have not practiced it. Therefore, starting this morning, you have to go around looking for the poor. If you can, bring it back to your own home. Give them a bath with good soap, clean clothes, feed and



cal foundation on Muhammadiyah union. The essence of this letter taught us that ritual worship was meaningless if the culprit was not do social charity. This letter even mentioned them who ignore orphans and do not try to get rid of poverty as a 'religious liar'⁷. Surat al-Maun was interpreted by K. H. Ahmad Dahlan in three main areas, namely social service (feeding), education (schooling) and health services (healing). Religious understanding of three main activities, education, health, and sponsorship of the poor, also to transform from mere doctrines of the sacred and "Less sound" socially becomes cooperation or cooperative for the liberation of the people.⁸

Besides the study of Surah al-Ma'un, other interpretations were become a bridge between the renewal of Islamic thought and social praxis action of K. H. Ahmad Dahlan was surah al-Ashr study. After returning from Mecca then K. H. Ahmad Dahlan taught surah al-Ashr and founded the council of "Wal Ngasri" led by K. H. Ahmad Dahlan's father. By teaching al-Ashr this was then an impact on: 1) Emerging Islam that followed the time development; 2) Teaching wal ngasri was also aimed that people care about time.⁹

Al-Ashr is actually meaningful for the sake of time and humans are at a disadvantage, and then K. H. Ahmad Dahlan stressed to use time with good deeds as a way of professional charity. In worship it must be in accordance with guidance, and for *muamalah (hablum minannas)* or the relationship among people he conveyed surah al-Maun. Al-Ashr was taught for

drink, and a bed in your house. Now my study is closed, and you do it as my instructions just now"; *Junus Salam. Riwajat Hidup K.H.A Dahlan: Amal dan Perdjooangannja/Biography of K.H.A Dahlan: His Charity and Struggle* (Djakarta: Depot Pengadjaran Muhammadiyah, 1968), 60.

⁷ Andri Gunawan. Teologi Surat al-Maun dan Praksis Sosial dalam Kehidupan Warga Muhammadiyah/Surah al-Maun's Theology and Social Praxis in the Life of Muhammadiyah Residents, *SALAM Journal*, Vol. 5 No.2 (2018), pp. 161-178.

⁸ M. Amien Rais. *Membangun Politik Adiluhung, Membumikan Tauhid Sosial Menegakkan Amar Ma'ruf Nahi Munkar /Building Adiluhung Politics, Grounding Social Monotheism Upholding Amar Ma'ruf Nahi Munkar*. (Bandung: Zaman. 1998, 41).

⁹ Sukriyanto AR in Proceedings FGD of Muhammadiyah Builds Nation's Health, Yogyakarta, 7 March 2019.



eight months and al-Maun for three months. Prof. Zakyuddin Baidhawi¹⁰ underlines the meaning against the word of *wa'amilushshalihah* in that surah. That indeed humans are at a disadvantage unless people who believe, do good deeds, do the truth and patience. K. H. Ahmad Dahlan builds on that idea sharpen the meaning of righteous deeds in the verse as a social movement carried out professionally¹¹ and oriented to victory in the framework of *fastabiqal-khairat* (competing in goodness). Teaching surah al-Maun and al-Ashr constitute formation character, up to the verses of *innal insana lafi husrin* is the background that must be answered with *wa'amilushsholihat*. Based on that verse, humanity and professionalism must go hand in hand. Muhammadiyah's work must dimension of non-profit and social business.

In the context of the study of religious texts (Al Qur'an and Sunnah), K. H. Ahmad Dahlan revealed that the highest knowledge is knowledge within the framework of truth in sacred hadiths, one of them with an ethos of compassion based on the heart the holy one. K. H. Ahmad Dahlan has put down ideas about the importance of exploring humanity as part which is inseparable in interpreting the Qur'an and Sunnah (including surah al-Ma'un and al-Ashr). That to practice the words in surah al-Ashr must be done with science and its renewal answer the problem of humanity.

In another part, in the study of K. H. Ahmad's thoughts and another Muhammadiyah figures, Penoeloeng Misery Oemoem (PKO) or Assistance for the Relief of Public Suffering was founded to eliminate social Darwinism that does not apply equality in society. The principle of "strong will endure and the weak are left" which is shown in colonial-era public services that do not side with the commoners have become a setting that must be answered by Muhammadiyah featuring Islamic movements which making aspects of humanity as an

¹⁰ Zakyuddin Baidhawi in Proceedings FGD of Muhammadiyah Builds Nation's Health, Yogyakarta, 7 March 2019.

¹¹ Sukriyanto, *Loc. Cit.*.



important part in the interpretation of religious texts. Muhammadiyah movement which was pioneered by K.H. Ahmad Dahlan striving for the poor and the poor to be well served without having to get discriminated. Muhammadiyah shows that righteous deeds is not limited to the practice of spiritual rituals or Islamic identity, but should manifest in social movements which solves the problem of humanity. Then charity of Muhammadiyah's social good in the form of compensation, education and health services, does not lead to the increasing confidence in the target of compensation, students, and patients from not Islam to Islam. Righteous deeds are the embodiment of Islam or the unity of the cadres, Muhammadiyah members and sympathizers.

Muhammadiyah is a forum for those whom practice Islam through social practices in the form of education, compensation and health services. That is revealed by Munir Mulkhan¹² concerning of PKO principles written in Muhammadiyah's almanac year of 1929 "Muhammadiyah helps orphans, poor not to change his religion but merely for the sake of humanity in the name of Islamic values".

That is a form of renewal of Islamic thought performed by K.H. Ahmad Dahlan in religious understanding. The practice of religion or worship cannot be separated from spirit of compassion that underlies the importance of the human aspect. That the substance of diversity is the actions of the perpetrators religion to be involved in solving humanitarian problems, especially helping fellow human beings deal with Further difficulties, Abdul Munir Mulkhan added, "People who pray but do not want to help others means the person pray in the wrong way".

Service Action as Actualization of Religious Purposes

The renewal of Islamic thought as proposed by K.H. Ahmad Dahlan tend to put social practice problems as main

¹² Munir Mulkhan in Proceedings FGD of Muhammadiyah Builds Nation's Health, Yogyakarta, 7 March 2019.



issues in Muhammadiyah discourses, even long after K.H. Ahmad Dahlan was gone. Muhammadiyah Tarjih Decision Association defines religion (*ad-Din*) as all God's determination that spread out by His prophets, in the form of commands, prohibitions, and instructions for the benefit of God's servants in the world and the hereafter¹³. Religion, in perspective of Muhammadiyah, is described as the teaching values which identified by orders and prohibitions accompanied by various instructions as supplies and guidelines for human life. Understanding of Muhammadiyah about the concept of religion is not limited to understanding and components of religion alone, the definition of *ad-Din* in the Muhammadiyah version also states explicitly the purpose from diversity is for the good of human benefit both in the world and in the hereafter.

The existence of religion must manifest in humans' goodness, both in the life of the world and in things which is spiritually spiritual. Religion must be presented at the middle of human life as guidance, protector, problem solver, human guide in facing all the miseries of life. That all God's commands, prohibitions and instructions are presented entirely for the benefit. Then all forms of Spiritual communication between servants and God is established in various ritual activities, not being the subject of religion, but rather a way to bring humans closer to the God who cares for and directs his life to benefit in the world and the hereafter.

Understand the existence of that religion later binds to religious practices that are understood as an effort to build benefit for humans. If religion aims for the benefit of humans in the world and Hereafter, the practice of religion is also aimed at human benefit in the world and the hereafter. Then it can be said that people who practice Islamic values is a person who "drowns" himself in the efforts which is an obligation for humans. For citizens of Muhammadiyah, the practice of ritual and spiritual religion must be put together with the practice of social tranquillity.

¹³ Majelis Tarjih PP Muhammadiyah. *Himpunan Putusan Tarjih*, cet. 3, hlm 276.



The renewal of religious thought also affected on the understanding of *da'wah* (preaching) that is no longer narrowly interpreted as a solicitation that is limited to deliver a message from a preacher (interpreter) to *mad'u* (preaching target) which is transmissional. *Da'wah* (preaching) also understood as transformative efforts that change people's lives whom are miserable and laden with social problems become the main society, prosperous, prosperous fair who uphold the values of Islamic teachings.

Da'wah (preaching) is not just an interaction between *ustadz* (the preacher) and pilgrims in *majelis taklim* (Islamic forum), but practiced as a systematic effort and congregational in changing the situation of the community. When in the Dutch colonial era, the colonial government did not conduct educational, social, and health services, then Muhammadiyah carried out transformative *da'wah* (preaching) through the establishment of schools, orphanages, and later clinics developed into a hospital.

Through a perspective on *ad-Din*, Muhammadiyah positioning its citizens not merely as targets of *da'wah* (preaching), but a group that is both *da'wah* by building a mainstream community that is jointly involved in the education service movement (schooling), social compensation services (feeding), and health services (healing) as a form of religious practice. This can be seen from the history of the establishment of Muhammadiyah's venture charity both in the field of education, social and health built from donations of assets and the energy of the cadres, members and sympathizers.

"*Khairu ummah*", as stated in surah Ali-Imran verse 110, is understood as a concept about people who carry out social movements as a reflection of their faith with attainment religious goals, the benefit of human beings in the world and the hereafter. *Khairu ummah* is not understood as a predicate given attached to the faithful, but a condition that must be achieved and realized through various practices which is oriented towards social transformation.



Religious understanding arises from thought renewal of K.H. Ahmad Dahlan's became the base of all health care and health promotion movements organized by Muhammadiyah. Hospital and clinic which was founded with the contribution of wealth, energy, and mind of Muhammadiyah residents and the general public is manifestation of social piety. When hospitals and clinics of Muhammadiyah was pledged as one of the *da'wah* paths of Muhammadiyah, the hospital and the clinic did not limit to health service business, not limited to place convey and understand the values of Islamic teachings to doctors, nurses and patients, but is a form from the transformative *da'wah* formation of *khairu ummah*, the main community groups who preach "*amar makruf nahi munkar*" by creating a prosperous, just society and prosperous, "*baladun thoyyibatun wa rabbun ghafuur*" (peaceful and prosperous nation that is blessed by Allah the Almighty).

Modern Islamic Health Services

Another aspect of the renewal idea of K.H. Ahmad Dahlan is the choice of a stylish method of modern movement. In his preaching, K.H. Ahmad Dahlan with the company he founded was more mobile with modern methods, when traditionalism was still very much dominated at that time, including being attached to the people of Islam. Islamic teachings are taught only through traditional boarding schools that still think that modernity is the teachings of the colonials, so it is haram to apply. The sciences outside of Islamic teachings become haram, including modern schools that were still at that time controlled and organized by the Dutch East Indies Government. Although actually at that time there were already many Islamic intellectuals who received modern education even to the Netherlands.

In the field of education, Muhammadiyah also became the pioneers in the establishment of schools with a pattern of Islamic modern education by establishing schools. From 1913 to 1918, Muhammadiyah had established 5 primary schools. In 1919 founded the Hooge School of Muhammadiyah, which is



a secondary school. In 1921 it was replaced by the name became of Kweek School of Muhammadiyah. Year of 1923 the school was split into two, schools for male and female students. Finally, in 1930 the school's name was changed to *Madrasah Mu'allimin* and *Madrasah Mu'allimat*.

The same thing happened to social services and health services of Muhammadiyah. In contrast to traditional health practices at that time, the practice of health services of Muhammadiyah is based on medical practices or modern medicine. Muhammadiyah health services conducted in the form of clinics and hospitals named PKO (*Penoloeng Kesengsaraan Oemoem*) or Assistance for the Relief of Public Suffering. Through several stages, PKO eventually develops into PKU or Public Health Advisor.

The idea of bringing out modern health services (hospitals) grew out of Haji Syoedja's mind when he was appointed to be Chairman of the PKO Section. In the presence of K.H. Ahmad Dahlan and another Muhammadiyah administrator, H. Syoedja' declared his dream to build a hospital similar to a Dutch hospital. At that moment, almost all who attended and hearing H. Syoedja's ideas spontaneously laugh. Ngayawara (making it up, bullshit), that's the Javanese termed the meaning of the audience laugh. Doctors who were willing to join, where the money to buy drugs came from, where the equipment can be imported, not to mention its management. And what was also important was who wants to go to that hospital. White people and foreign orientals (*Vreemde Oosterlingen*) clearly would not entrust his life to the indigenous clinic, while the majority of the natives also did not believe in the practice of modern medicine.

However, amid the hubbub of laughter, K.H. Syoedja' just smiled. By quoting the Arabic saying, *hum rijalwa nahnu rijal*, K.H. Syoedja' locked up his speech by saying "they are humans, we are also humans, if they can, of course we can too". He insisted not to draw the design of the program. Kiai Syoedja's determination was unanimous, and Kiai Dahlan wisely supported the idea fully. Haji Syoedja' was given the opportu-



nity to realize his dream, which was to present a modern hospital among the natives.

“Suppose at that time, Kiai Dahlan dissolved in an atmosphere that regards Kiai Syoedja’ program as a nonsense idea (Java: *ngayawara*) too, Muslim in Indonesia might not be able to make a modern hospital forever and ever.”

Basically, the challenge to realize the ideas is not just a technical problem, but also the way Muslim community think at that time. It is the mindset that then creates ripples and dynamics that are very ridiculous if it is monitored by the current mindset of the people.

In the early days of the idea that Muhammadiyah was establishing a hospital, questions arose in the circles of internal Muhammadiyah itself, whether building a hospital is permissible (*halal*) or forbidden (*haram*). Until the 1920s, there were some cadres viewed the hospital as a prohibited one (*haram*). Several youths resigned or withdraw from their membership as a form of expression to oppose the establishment of hospitals¹⁴.

The reason why a group of Muhammadiyah’s cadres forbid the establishment of modern hospitals and clinics was based on the notion that it was part of the similar action with the infidel did. Indonesian people at the time only knew the hospital with buildings, management and services that was organized by the Dutch colonial government and church missionaries, so the cadres thought that the idea of establishing hospitals and clinics was a kind of Europeans and the church propagandists effect, which categorized as outside Islam. This

¹⁴ Ahmad Syafii Maarif in Proceedings FGD of Muhammadiyah Builds Nation’s Health, Yogyakarta, 7 March 2019.



assumption was strengthened by a hadith which reads: “*Man tasyabbaha bi qowmin fahuwaminhun*”, or “whoever imitates a group of people, then he becomes the part of the people”.

The renewal thought of Hajj Ahmad Dahlan was directed to break the social awareness, especially Muslims which at that time was still traditional and considers modernizations a new culture that was seen to the fullest suspicion. Suspicion of modernization is not limited to basic things like rationality, attitude based on science and marginalization religion. Anti-modern attitudes also appear on things that are symbolic and associated with identity.

Prof. Dr. Ahmad Syafii Maarif, a historian and also a chairman of the Muhammadiyah Central Board in 2000-2005, pointed out that in that era, when Bung Karno wished to marry Utari (daughter of Cokroaminoto), the headman almost did not want to marry them off, because Bung Karno used a tie and it was considered similar to colonial people¹⁵. From this story, it could be understood that there was a mainstream in society to deny the idea of the health services.

K. H. Ahmad Dahlan carried modernity style in social practices believed to be part of religious charity. The rules of modernity are rational and actions that are based on science, become inseparable things in the health services organized by Muhammadiyah. Treatment at PKU of Muhammadiyah used educated doctors from Dutch medical school. In fact, many of them are also citizens or descendants of the Netherlands. Medicines used in health services of Muhammadiyah, not a drug that is commonly known by traditional society, but rather modern medicine recommended in medicine.

Muhammadiyah health services appear in the middle context of society which was still very traditional and mystical. There were still many people who lack of knowledge and relying on the solution of their health problems to the practice of shamanism or traditional medicine. This happened not only because of limited public access to education services, a source

¹⁵ Maarif, Loc. Cit.



of information about health and health services itself, but also occurs because of the perspective of society about illness and health which was still very much influenced by various mystical and superstitious beliefs.

Muhammadiyah strives to educate the public so that switching from mystical health services to health services based on modern science. Health services were done by Muhammadiyah, not only done with intention to treat the sick or needy help, but also functions as an effort to spread the knowledge, build awareness, and change behavior related to efforts to self-medicate and maintain health.

It was also illustrated in the story of the house of K. H. Ahmad Dahlan which always provided teapots in the room of guests for hand washing.¹⁶ This shows that the renewal of Islamic thought of K. H. Ahmad Dahlan manifested in the health sector, not only includes aspects of service action in the form of treatment solely, but also on public education to maintain cleanliness as the basis of health. Living room teapot story was a symbol that gives great value before Muhammadiyah established a health clinic and hospital.

Basically, the mission of K. H. Ahmad Dahlan in his Islamic *da'wah* through education and social social was an effort to transform awareness of society, from traditional to modern, from ways of magical thinking becomes rational, from ritual practitioners of religious overload and burdensome becomes community



Picture: Kettle/teapot with a hand washing water container underneath, used in KHA Dahlan's house. (source: Junus Salam, 1968, p. 22)

¹⁶ Mulkhan, Loc. Cit.



that prioritizes aspects of social benefits. Muhammadiyah was the first to awaken the community to be health conscious and use an approach of modern medical which are n Along with the times, decisions of Muhammadiyah to conduct health modern management with experienced dynamics. The delivery of health services which later became the management of health venture charity, both in the form of hospitals and clinics, has progressed on its journey into a large network with hundreds of health services units both large and small. Health Venture Charity of Muhammadiyah with giant number should move together to meet people's expectations about ideal health services, as well as facing various managerial challenges and dynamics.

One of the challenges and dynamics is the development of technology¹⁷. Health services are services which is full of technology¹⁸. The development of health technology is growing rapidly along with various developments in public health cases. The Muhammadiyah' venture charity eager to meet the demands of technological development that are now often termed as era of 4.0. not to mention that it is completed, development of technology and sociotechnology has arrived in the era of 5.0.

The human resource factor is also an important component in modern health services. In the early days, PKU Muhammadiyah is supported by doctors and nurses who are willing to take the time and energy to provide free health services. Now, when the number of Muhammadiyah hospitals and clinics had been more and more with greater capacity, accompanied by demands and expectations that are also great, then Muhammadiyah must provide professionals health workers who work full time in hospitals or Muhammadiyah clinic¹⁹. In the end, Muhammadiyah cannot avoid managing health ser-

¹⁷ Ibid.

¹⁸ Sudibyo Markus in Proceedings FGD of Muhammadiyah Builds Nation's Health, Yogyakarta, 7 March 2019.

¹⁹ Interview with A. Munir Mulkhan, on 26 Desember 2017.



VICES that receives funding participation from society (patients), besides continuing to strive free or low-cost medical assistance and services for people who cannot afford. In the community, poor people are a part of its environment, because it's a development between the two may not be broken²⁰. Challenges faced by the hospital are very heavy. However, there are ways that can be taken: minimalist-maximalist, that is to develop the management of health services which affordable for community (patients) classified as able to pay for hospital services and medicines, then profit results from the payment used to pay the treatment of other patients who cannot afford (cross subsidies).

Another thing that Muhammadiyah does in dealing with *duafa* patients is to optimize funds collected by the Zakat Infaq and Sadaqah Muhammadiyah Institutes. Lazismu opened a service office at various Muhammadiyah hospitals. Lazismu is gathering funds from cadres, members, sympathizers, hospitals' employee, school employees, and colleges in Muhammadiyah environment and the general public. The funding is managed and one of its utilization allocations is to help the medical expenses of patients who cannot afford the payment at Muhammadiyah hospital.

After the government implements *Jaminan Kesehatan Nasional* (National Health Insurance), Muhammadiyah trying to take a position to support and get involved in working together to succeed the program. Hospital and the Muhammadiyah clinic continue to strive to be partners of Badan Pengelola Jaminan Sosial (BPJS) or the Indonesian National Health Insurance system. This is intended that Muhammadiyah can be carrying out its role to preach through health services, by serving the community or patients from all classes and social classes. Muhammadiyah always strives for services in favour of mustadzafin and still provide out-riche service for existence of Muhammadiyah hospital itself.²¹

²⁰ Markus, Loc. Cit.

²¹ *ibid.*



Other aspects of modern health services of Muhammadiyah is a culture of networking and a culture of charitable management of Muhammadiyah's health business, specifically hospital. In his dissertation research Natsir Nugroho, Chairperson of Muhammadiyah Central Board in 2005-2010, when he was still as a Gadjah Mada University doctoral student, he was comparing Muhammadiyah hospitals in Indonesia. According to him, there were many Muhammadiyah hospitals, however all moves individually in accordance with the wishes and concept of its founder²². This was possible because from the beginning of establishment, Muhammadiyah was built as a company which makes each board of Muhammadiyah in various level of working autonomously, including in founding hospital and clinic. Various regulations made in Muhammadiyah is based on the deliberations attended by Muhammadiyah administrators from various regions which the discussion is bottomed up.

However, in its development, Natsir Nugroho had identified various hospital management patterns of Muhammadiyah which one of them is a pattern implemented by Muhammadiyah East Java. The Management of Muhammadiyah hospital in East Java is to make a holding hospital, by principle of managing with the highest level, by making standard rules, which must be followed by all hospitals. What the hospital does depends on flagship hospital. This is a trend at Muhammadiyah hospital.²³ All dynamic portraits as described on this paper is a discourse that arises from choices of Muhammadiyah to develop a health services with a modern style as a form of practicing renewal of religious understanding. Religious understanding and preaching must be realized in social practices through approaches and modern ways. Health services as a form of renewal of thought in praxis religion is manifested in hospitals, clinics, and coaching programs that are managed in a modern way.

²² Natsir Nugroho dalam Prosiding FGD Muhammadiyah Membangun Kesehatan Bangsa, Jakarta, 14 Maret 2019.

²³ *Ibid.*



Cross Group, Nation and Faith Collaboration

Another form of discussion renewal of K. H. Ahmad's Dahlan applied in the Muhammadiyah preaching is, understanding that enables the implementation of *da'wah* (preaching) done by establishing cooperation with various parties, without being insulated by symbols of group identity. Da'wah is oriented to the benefit of humans which contains spirit values. So, in practice, preaching is done in the spirit of well-being without seeing class, nation and creed boundaries. In the days of Kiai Ahmad Dahlan, Muhammadiyah was even more flexible in running the organization. It could be handled by other religions in carrying out the Muhammadiyah program.²⁴ Article 4 of Muhammadiyah Articles of Association in 1921 states, "anyone can be a donor, regardless his religion or nation; and again, unions and the company may also be a donor".²⁵

In the first of memorandum of association (1912) and second (1914), this article about donors reads, "who be a donor if he likes to help the meeting by giving alms, he will get return at a large scale f.2.50 or in any amount paid f.25,²⁶. It is also not mentioned here as having to be Muslim or replace that the provisions of this donor differ from the provisions for becoming allies (members). "The ordinary allies were only those who were Muslim in the Dutch East Indies."²⁷

From this document recorded explain for all works of Muhammadiyah humanitarian mission, as a manifestation of the practice of teaching Islam). This was recorded in the PKO Principle within Almanac of Moehammadijah 1354 H (1935 AD) page 120.

²⁴ Maarif, Loc. Cit.

²⁵ Djaldan Badawi. 1998. *Anggaran Dasar dan Anggaran Rumah Tangga Muhammadiyah 1912-1985* (Memorandum of Association and Articles of Association of Muhammadiyah). Yogyakarta: PP Muhammadiyah, hlm. 5 .

²⁶ Ibid, p. 1 and 3.

²⁷ Badawi, Loc. Cit.



"Pertolongan Moehammadijah b/g. PKO itoe, boekan sekali-kali sebagai soeatoe djaring kepada manoesia oemoemnja, soepaja dapat menarik hati akan masoek kepada agama Islam atau perserikatan Moehammadijah, itoe tidak, akan tetapi segala pertolongannja itoe semata-mata karena memenoehi kewadjiban atas agamanja Islam terhadap segala bangsa, tidak memandang agama, tidak mengandoeng maksoed oentoek membela sesoetaoe kepentingan diri dan bangsanja, soepaja tetap dalam kemenangan di atas fehak bangsa jang tertolong. Atau tidak poela bermaksoed, soepaja si sengsara itoe tinggal tetap dalam pertolongannja, akan tetapi bermaksoed segala bahaya kesangsaraan dan kehinaan terhindar dari pada masing-masing diri dan bangsanja"²⁸

(The relief of Muhammadiyah/PKO was not a net to humans in general an sich, so that it can attract people to enter the religion of Islam or the Muhammadiyah union. No, it is not, but everything was solely due to fulfil Islam's obligation against all nations, regardless religion, does not contain the intention to defend something, self-interest and nationality, so that they remain victorious on the rights of the nation. Or don't mean to, so that the miserable remains in his help, he will but means all the dangers of pride and humiliation escape from each other and their people).

This humanitarian work across groups has finally succeeded attracting the sympathy of other groups to join the movement of Muhammadiyah or even become allies (members) of Muhammadiyah. In 1921 for example, there was a worker from Porong (Sidoarjo) named Drijowongso. As a labourer he changes jobs, from railroad worker, sugar factory worker, also sugar cane plantation worker. The political plantation workers at that time forged himself as a labor activist. He was involved in a series of protests and strikes. Its activities end in his imprisonment in various Dutch prisons, including Dutch prisons in Semarang and Magelang.

When languishing in detention in Semarang, Indische Social Democratische Vereeniging activists (ISDV) started to

²⁸ Azas PKO (PKO principles), in *Almanak Moehammadijah 1354 H (1935)*, p. 120.



approach him. While crouching in Magelang prison he heard there was Muhammadiyah association that was mentioned as a society that cares about misery of the people. Finally, he wrote a letter to Muhammadiyah association led by K.H. Ahmad Dahlan, who happened to teach at OSVIA Magelang. In his letter, he asked Dahlan to take care his children and wife' whom he left at home of his brother, Drijosastro, in Porong.

Facilitated by Muhammadiyah, Drijowongso's wife and children were picked up and brought to Yogyakarta. One and a half years later, when Drijowongso got out of prison in Magelang, he went straight to Yogyakarta to meet his wife and children. How shocked he was when he met his family. Before being educated and fostered by HB Muhammadiyah, her child was still small and innocent. Now, the child had grown bigger, neat looking, and educated. The child welcomed his father with respect and courtesy. His speech was very polite, his condition was far different when he was still live in Porong. Likewise, Dirjowongso's wife, her appearance looked neater and her behaviour was more polite. Drijowongso's son and wife as if ever received formal education because they have broad insight, even adequate religious knowledge. Drijowongso's heart was touched. He felt indebted to Muhammadiyah so on that day he was decided to be actively involved in Muhammadiyah²⁹.

None of the management and members of Muhammadiyah objected to accepting former political prisoners who most likely do not know the teachings of Islam to join in it. This event was recorded in the minutes of "*Peringatan Perkoempoelan Tahoenan Moehammadijah 30 Maart - 2 April 1923 di Jogjakarta*" (Commemoration of Annual Association of Muhammadiyah March 30-April 2 of 1923 in Jogjakarta) as rewritten by Ng. Djojosoegito in *Soewara Moehammadijah* no. 5 and 6/yr 4th/1923).

²⁹ Muarif, "Siapakah Drijowongso?", (suaramuhamadiyah.id, diakses 19 Desember 2019), lihat juga Muarif, "Drijowongso Eks Tapol yang Jadi Sekretaris PKO", (suaramuhamadiyah.id, diakses 19 Desember 2019).



"Drijowongso, jang baroe pada siangnnja hari itoe keloeur dari pendjara di Magelang sebab dihoekoem 1 1/2 tahoen karena perkara pergerakan, berpidato keadaan dirinja. Kemoedian dimoeka orang ramai ini melahirkan terima kasihnja kepada perserikatan Moehammadijah, karena soedah memelihara anak bininja selama dia didalam pendjara 1 1/2 tahoen itoe. Tiada henti dipeliharakan makan dan pakaiannja sahadja, tetapi djoega dipeliharakan pengadjarannja. Sekarang ia keloeur dari pendjara ketemoe dengan istrinja jang soedah beroebah sifatnja, ja'ni jang dahoeoenja tida mempoenjai kepandaian sekarang soedah mempoenjai kepandaian, teroetama kepandaian perkara agama. Inilah sesoenggoehnja terlebih perloe, jang selama mendjadi istrinja dia tiada tjakap mengadjar, sebab memang dia sendiri beloem mempoenjai pengertian akan hal itoe".³⁰

(Drijowongso, who was only at noon that day came out of prison in Magelang for being sentenced to 1 1/2 years because a case of movement, giving a speech about his condition. Then before this crowd he say thanks to Muhammadiyah, because it had taken care of his children and wife during his stay in prison 1 1/2 years. Not only for food and clothes, but also teaching. Now he was out of prison meet his wife who has changed her attitude, whom used to not have intelligence now have intelligence, especially intelligence in religious. This was really necessary, because he was not capable of teaching, because he himself was not yet have an understanding of it).

Since that day, Drijowongso formerly known as the left activist later joined Muhammadiyah, even later became the secretary of Muhammadiyah section of *Penoeoeng Kesengsaraan Oemoem* (PKO)/Assistance for the Relief of Public Suffering at that time led by H.M. Syoedja '. Besides taking care of administration, Division of PKO, Drijowongso was also actively raising funds to build Poor Houses and Medical Centres for the indigenous *dua'fa* or people in need. Drijowongso was also listed as editor of *Suara Muhammadiyah* (Muhammadiyah Voice) Magazine of 1925-1926s, while Drijowongso's wife,

³⁰ R. Ng. Djojosoegito, "Peringatan Perkoempoelan Tahoenan Moehammadijah 30 Maart- 2 April 1923 di Jogjakarta", *Soewara Moehammadijah* no 5 and 6/th ke-4/1923).



HOOFDBESTUUR:
MOEHAMMADIJAH
TELEFOON No. 365 DAN 23 :--: DJOKJAKARTA

Jang terhormat
soedara Drijosastro, ~~XXX~~ pandh.
beambe di
Porrong.

R. 101/VII.

Dengan hormat!

Soedara poenja soerat tertanggal 26 ini bosan telah
kami terima. Akan membalas soerat soedara, lebih doeloe hanjalah
apat diberitaoekan, bahwa soedara Woro Drijowongso ini hari baharoe
diboek membitjarakan tentang hal ihwal dirinja dengan soewaminja di
kota Magelang. Lain hari hendak kami wartaken lagi jang lebih lan-
jut.

Dessalan,
Hoofdbestuur Moehammadijah,
Presidènt,

K. H. Dahlan

Secretaris,

Moch. Hoesni

Djokjakarta, 29 November 1921.

Hoofdbestuur Muhammadiyah's letter was signed by K. H. Ahmad Dahlan as President of HB Moehammadijah and the secretary was Moch. Hoesni. The letter dated November 29, 1921 was sent to Br. Drijosastro, brother of Drijowongso, regarding the notification of the process that took place in response to the wishes of Drijowongso surrendered the fate of his wife and children, because he was sentenced in prison..



namely Marakati, after getting help, guidance, and teaching from HB Muhammadiyah, she became an educated woman. Following in the footsteps of her husband, she plunged into the field of movement of the woman. She was active in *Perempuan Partai Sarekat Islam* (The Islamic Association Party of Indonesia) which represented its organization in Congress at the First Women's Congress in 1928 in Mataram (Yogyakarta). Susan Blackburn (2007) noted the role of Marakati Drijowongso as a messenger of a women's organization became the wing organization of the Islamic Association Party. Together with Mrs. Soekonto (representative of Wanito Oetomo or Oetomo Women), they were two women who became participants in the First Women's Congress with a non-formal educational background.³¹

Besides attracting the Drijowongso, sincerity of Muhammadiyah has also attracted the attention of a Java doctor, Doctor R. Soetomo, to help the Muhammadiyah movement. Doctor Soetomo who was a priyayi (high level) is pleased to assist the establishment of the Muhammadiyah Surabaya Polyclinic which was pioneered by K. H. Mas Mansur (1924). He even invited some of his colleagues, doctors, to help administering the clinic.³²

Doctor Soetomo whose religion questioned by some people, actually was K. H. Mas Mansur's best friends whom had different understanding of the philosophy of God with K. H. Mas Mansur. About that friendship, K. H. Mas Mansur said, "The first time we got to know Dr. Soetomo was in 1923. When he was living in Palmenlaan, Surabaya. At the first meeting, he said, that was when he met with a friend he can negotiate with about deep matters. Often after that we exchange the ideas at his home until 2 or 3 o'clock at midnight."³³ In the course of its

³¹ Muarif, Loc. Cit.

³² Muhammad Yuanda Zara, PhD, "Akar Relasi Baik Muhammadiyah dan Para Dokter" (The Roots of Good Relationships of Both Muhammadiyah and Doctors), in *Suara Muhammadiyah* magazine, No. 2, 2019.

³³ Abd. Wahid Rata. 1938. *Riwayat Penghidupan Dr Soetomo dan Perjuangannya* (Livelihood History of Dr. Soetomo and His Struggle). Medan: Penerbit Pustaka Courant & Boekhandel, hlm. 216.



history, in 1930, Dr. Soetomo was dragged into an event triggered by an article in the newspaper of Soeara Oemoem published by Studieclub Indonesia which he leads. The incident had a chance caused a big stir among Muslims. Though, Mas Mansur (Chairman of PB Muhammadiyah 1937-1942) remain good friends with him, even lead prayers at his navel when Soetomo died and was buried in the year 1938.³⁴

Dr. Soetomo invited the doctors to strengthen Muhammadiyah polyclinic, they are: dr. Soetopo, dr. Sardjono, dr. Heerdjan, dr. Soewarno, dr. Soeratman, dr. Soehardjo, dr. Soerjatin, dr. Soekardi, dr. Irsan, dr. Muwaladi, dr. Saleh, dr. Djojohusodo, dr. J.W. Grootings, dr. Aziz, dr. P.H.F. Neynhoff, dr. A.J.F. Tilung, and Dr. Rabain. Those doctors provided energy assistance according to time shift and expertise. Doctor Soedjono became a permanent doctor at the Muhammadiyah Surabaya Polyclinic. Some of the names of the doctors above were Dutch citizens, not Muslims, but they joined Muhammadiyah clinic.

Opening of Polyclinic on Sunday, September 14th 1924, was attended by representatives of Muhammadiyah's Central Board Haji Syoedja 'and Ki Bagus Hadikoesoemo. Doctor Soetomo, mandated to give a speech to the invitations while introducing movement of Muhammadiyah.

In his remarks at the opening ceremony of Muhammadiyah PKO Polyclinic Surabaya, Doctor Sutomo and his friends stated the ability to provide power assistance to Muhammadiyah Surabaya Polyclinic voluntarily. Shortly after, approximately 3.5 months after it was established, Muhammadiyah PKO clinic has provided treatment assistance to about 3,975 patients.³⁵

Search results of Muhammad Yuanda Zahra, a historian who earned a PhD at Universiteit van Amsterdam, against newspapers published in 1927, found facts that those who used the

³⁴ Abd. Wahid Rata, *Loc. Cit.*

³⁵ <http://rsmuhammadiyahjatim.com/rs-pku-muhammadiyah-surabaya/> accessed on 19 December 2019.



Muhammadiyah clinic turned out diverse. *Indische Courant*, for example, reported types of illness and background of patients who visited Muhammadiyah Clinic of Malang: 333 patients were treated for eye disease, all native, female and male; 28 internal medicine patients, all indigenous people; 123 people treated for venereal disease, consisting of 92 Indonesian, 30 Chinese, and 1 Arab; 971 people were treated because of skin diseases, consisting of 965 Indonesian and 6 Chinese; related to surgery, 7 indigenous people given medical assistance; 89 patients, consisting of 63 indigenous people and 26 Chinese, were treated for ENT.³⁶

From the report above, we know Chinese and Arab citizens also willing to come for treatment at PKU Muhammadiyah clinic. The last two groups of society were socioeconomically higher than the average Indonesian, so in fact they could come for treatment to a Dutch hospital. Their choice to a clinic Indonesian clinic that was a form of trust in ability, professionalism, and service at clinics managed by indigenous groups, which in this case are represented by Muhammadiyah.³⁷

PKO: NEW DAWN OF INDIGENOUS HEALTH SERVICES

When Muhammadiyah was born, the Indonesian nation was not yet declared, so certainly cannot do service to its people. Services to the community at that time carried out by each person or organizations founded by natives. Other than that, Nusantara people also do not know modern medicine. Only a small portion of the community is served and get access to modern health. At the time The Dutch Hindia government has built several hospitals and also some clinics.

³⁶ Muhammad Yuanda Zara, "Respons Pers Belanda dan Kalangan Timur Asing terhadap Klinik Muhammadiyah Malang tahun 1927" (Response of the Dutch and Eastern Foreigner on Muhammadiyah Clinic of Malang in 1927), in *Suara Muhammadiyah*, No. 10, 2017.

³⁷ *Ibid.*



Colonial Era Health Services

The real mission of the colonial government in opening health centres in its colony was actually to provide the health access of Europeans who worked and served in the colony. The VOC (*Verenigde Oost-Indische Compagnie*), a trading company from The Netherlands, had built systematic health services in 1626 and introduced a treatment system by bringing in surgeons. VOC built its first hospital in Batavia (now Jakarta) on July 1, 1626.³⁸

The first hospital used bamboo walls and the roof made from dried leaves. The construction repairs carried out after the second attack and siege of Batavia by Mataram forces led by Sultan Agung in 1629. Conflict between VOC with Mataram and also Banten, and the development of the City of Batavia which quickly became a trading centre later forced VOC to build several new hospitals for its military interests. In 1640 there were several hospitals in Batavia, both inside and outside the fort.

Intersection of natives with Western medicine occurred around 1638. Sultan of Banten was interested in the modern medical system that was brought by VOC. Then Sultan of Banten sent messengers to Batavia in order to ask a VOC health worker worked in the palace of Sultan of Banten. VOC replied to the request by sending a surgeon to Banten Sultanate. Sultan even gave a gift of a wife to the surgeon.

In 1669, the government of the Sukadana Kingdom sent envoys to Batavia to meet the Governor of General VOC to request a surgeon to treat the Great Empress for a long time stricken with disease. In 1677, Susuhunan Mataram at Surakarta and his second child have been cared by one Dutch surgeon brought by VOC. The king and his son were treated at Tegal Beach where there are health facilities of VOC Navy office.

In 1960, VOC established 5 hospitals or medical centre in Batavia. Outside Java (*buiten bezittingen*), the first recorded

³⁸ Note a Dutchman in a book called *The Hague: Dutch Indian Public Health Service*, published in 1937 (Bahaudin: t.t.).



health service established in Ambon Maluku, in 1648. This was logical considering Ambon was the centre of the spice trade in eastern part of the archipelago. While the development of health services in Java has been increasingly established by VOC. Recorded in 1979, VOC built a military hospital outside the Batavia coast region in Bogor and in Weltevreden (now Gambir region) in 1800. VOC also established health service centres, an institution that can provide care for employees of VOC who have diseases. This institution was built in VOC trading cities like in Banten, Cirebon, Tegal, Semarang and Surabaya.

At the beginning of its establishment, the health service centres only intended as a prevention of disease transmission and viruses for VOC workers. For Europeans, endemic diseases have become a problem since they came to the archipelago earth. Tropical regions like Nusantara save types of diseases that have not experienced by Europeans, like malaria.

In the mid-18th century a new chapter began of the development of health facilities in the Dutch East Indies. The previous function of hospitals was as a means of prevention of the spread of disease then changes to be a place of care for people who are infected by disease. In 1751, the VOC rebuilt a hospital in Batavia called Moorish Hospital. The history of modern hospitals in Indonesia began since the founding of Groot Militaire Hospital in 1836. Now, the hospital is still standing and changing its name became Rumah Sakit Pusat Angkatan Darat (RSPAD) Gatot Subroto or Gatot Subroto Army Hospital in Jakarta (Jacobalis, 2000).

In the development of colonial-era hospitals, hospitals which established by the Dutch government were still not serving indigenous or lower-class people at large. Establishment of the Hospital by VOC on the coast of Batavia when it was only serving “Nobles” and the upper classes only, while cholera and TB was plaguing on the lower class or the grassroots³⁹.

³⁹ Zakiyuddin Baidhawiy in Proceedings FGD of Muhammadiyah Builds Nation's Health, Yogyakarta, 7 March 2019.



VOC's hospitals can only be accessed by a small part of the community only. The purpose of building VOC's Hospital was only to serve Europeans and a small number of indigenous people (in particular involved in government administration and activities of Dutch trade), as part of ethical politics was carried out only to get the mandate from the Dutch government, in order to meet the needs of their industrial machinery and also for their welfare.

On the other hand, medical education in the Dutch East Indies began in 1851 through the Javanese Medical Education, above the initiative of Dr. Willem Van den Bosh. Located in Batavia, the basis of the establishment of the Doctor of Java Education was to get health workers for the prevention of infectious diseases that were endemic in the Dutch East Indies. 1898 Djawa Doctor's education changed to School Tot Opleiding Van Inlandsche Artsen or known as STOVIA. In 1917, STOVIA changed to Geneeskundige Hogeschool (GHS), which is an equivalent Medical high school with the Faculty of Medicine in Europe. Since that time hospital in Indonesia was developing until now.

The establishment of STOVIA / GHS was an extraordinary breakthrough by the government of the Dutch East Indies after VOC bankruptcy which many native doctors graduated from this school. A lot of the native doctors became social



STOVIA Building
(Dokter-Djawa School),
1920.
(Picture: wikipedia.org)



mobilizers and even initiators of the birth of a nation state named Indonesia. These doctors also became activator of health services for indigenous people. In line with the emergence of native doctors, health perceptions were the mindset of most community which was also a concern of Muhammadiyah which just born in that era.

Penoeloeng Kesengsaraan Oemoem (PKO)/Assistance for the Relief of Public Suffering

In 1923, a young Javanese doctor from Malang had completed his medical education at STOVIA Surabaya and came all the way to Yogyakarta to meet K. H. Ahmad Dahlan. That person was dr. Somowidigdo.⁴⁰ At the next meeting, K. H.Ahmad Dahlan recommended this young doctor to exchange the ideas with H. Syoedja'.⁴¹

H. Syoedja' reported the results of the dialogue and asked for a response from K. H. Ahmad Dahlan for the idea of dr. Somowidigdo that Muhammadiyah should take a role in educating people about health with the principles of compassion. It was the implementation of the teachings of the Al-Quran surah al-Maun as the basis of organization theology. Surely, K. H. Ahmad Dahlan warmly welcomed this idea and approved the establishment of the new autonomy institution that would take care and provide teaching health services. On February 15, 1923 after dr. Soetomo came back to his home, H. Syoedja' founded a clinic of Penoeloeng Kesangsaan Oemoem or PKO (Assistance for the Relief of Public Suffering).

The term 'PKO' was not specifically refer to Muhammadiyah health services. It actually is an institution to manage Muhammadiyah social actions, not only as a form of concern for the suffering or misery of others, but as a manifestation

⁴⁰ Baidhaw, Zakiyuddin. 2017. "Muhammadiyah dan Spirit Islam Berkemajuan dalam Sinaran Etos Al-Aur'an". *Jurnal Afkaruna*, Vol. 13, June 1, 2017. p. 25.

⁴¹ One of the Muhammadiyah administrators, Chairman of *Bahagian Penoeloeng Kesengsaraan Oemoem* (PKO) since June 17, 1920, which later played a role in its establishment of PKU Muhammadiyah Hospital in Yogyakarta, 1923.



view of life in practicing Islamic teachings. This spirit was recorded from old documents. The following was an original excerpt from the Muhammadiyah Almanac of 1348 H (1929 AD), published by *Hoofdbestuur* (Central Board) of Moehammadijah Yogyakarta on pages 120-122. This document appeared six years after the death of K.H. Ahmad Dahlan. This excerpt was taken from the book series 107 National Awakening: K.H. Ahmad Dahlan 1869-1923. The following is the translation form of the original quote with still in the old spelling.

“Maka oleh Vereeniging Moehammadijah Hindia Timoer didirikan seboeah bahagian jang diantaranya kami seboet namanja b/g. P.K.O. pada tempat iboe kotanja Hoofdbestuur Moehammadijah Djogjakarta dan pada tiap-tiap Tjabang jang soedah koeat serta tjakap akan mengerdjakannja pekerdjaan b/g. P.K.O. itoe, wadjiblah Bestuur tjabang itoe mendirikan P.K.O. Dengan memakai azas dan maksoednja seperti terseboet di bawah ini:

Azas Moehammadijah b/g. P.K.O. bekerdja dan menolong kapada kesengsaraan oemoem itoe, sekali-kali tidak memandang kanan dan kiri oesahanja orang lain jang menolong kesengsaraan oemoem, dan tidak poela oentoek membantoe kepada kehendak orang lain jang akan mendapatkan pengaroeh dari ra'jat oemoem. Akan tetapi mengadakan itoe hanja mengingat dan memakai perintah perintah Agama Islam belaka, jang dibawa oleh djoendjoengar kita K. Nabi Moehammad s.a.w. dengan menoeroet djalan (soennah) nja terhadap kepada oemoem.

Djadi seolah-olah dasarnja pertolongan dari pada Moehammadijah b/g. P.K.O. itoe, soeatoe soember (mata air) pertolongan jang djernih lagi bersih, terletak diseboeah tempat jang bisa didatangi oleh segala orang tidak dengan memandang bangsa dan Agama. Barang siapa jang akan mengambil air itoe diperkenankan, asal tidak dengan sengadja akan memboenoeh aliran dan menoetoep mata airnja.

Pertolongan Moehammadijah b/g. P.K.O. Itoe, boekan sekali-kali sebagai soeatoe djaring kepada manoesia oemoemnja, soepaja dapat menarik hati akan masoek kepada agama Islam atau perserikatan Moehammadijah, itoe tidak, akan tetapi segala pertolongannja itoe semata-mata karena memenoehi kewadajiban atas agamanja Islam terhadap segala bangsa, tidak memandang Agama. Tidak mengandoeng maksoed oentoek membela sesoeatoe kepentingan diri atau bangsanja, soepaja tetap dalam kemenangan



di atas fehak bangsa jang tertolong. Atau tidak poela bermaksoed, soepaja sisengsara itoe tinggal tetap dalam pertolongannja, akan tetapi bermaksoed segala bahaya kesengsaraan dan kehinaan terhindar dari pada masing-masing diri dan bangsanja.

Haloear. Pertolongan Moehammadijah b/g. P.K.O. Itoe, bersoenggoeh-soenggoeh akan bekerdja menolong kepada segala kesengsaraan jang patoet di tolong dengan bersendi tjara Islam. Ertinja: barang sesoeatoe perboeatan pertolongan jang di kerdjakan oleh Moehammadijah b/g. P.K.O. Terhadap kepada oemoem itoe, P.K.O. tetap di azasnja, tidak maoe tertarik oleh sesoeatoe kekoeatan jang dapat menjertai dalam pekerdjaan, tetapi tidak poela menolak sesoeatoe perboeatan orang lain jang dapat bekerdja bersama dengan haloemannja.

Pangkalnja. 1). Pertolongan kepada orang-orang fekir dan miskin jang terlantar hidoepnja, sehingga ta'dapat makan dan tempat, dengan mengadakan balai roemah oentoek bertinggal bagi mereka itoe selama dalam kemiskinnanja. 2). Mengadakan roemah anak jatim jang terlantar dengan memberi makan dan pakaian, pengadjaran kepandaian ilmoe pengetahoean oemoem, boedi pekerti dan Agama Islam saperloenja. 3). Menolong kepada orang sakit (Kliniek) jang terlantar, mengadakan roemah sakit dan beberapa tempat mengobati orang (Polikliniek) di mana tempat jang di pandang perloe, semoea itoe di lakoekan dengan tabib [Dokter] dan beberapa penolong orang sakit (zieken verpleger dan verpleegster) menoeroet keperloennja masingmasing tempat jang didirikan pertolongan itoe."

(So, by Vereeniging Moehammadiyah of the East Indies was established a division between which we called as a divison of. P.K.O. in place of its capital city of Hoofdbestuur Muhammadiyah Jogjakarta and in each of the strong as well as competent branches would do the part job of P.K.O, it was obligatory of Bestuur's branch established P.K.O. By using the principle and the meaning was as follows:

Muhammadiyah principles section. P.K.O. worked and helped those in suffering, never looked right and left the business of others who help needed, and also not to help the will of others who would get the influence from the public. But holding it because of only remembering and conducting the order of the Islamic Religion, brought by our Prophet Muhammad s.a.w. by (sunnah) towards the public.



So as if basically help from the Muhammadiyah division of P.K.O. it was a source (spring) of help which was clear and clean, located in a place that could be visited by all people regardless of the nation and Religion. Whoever took the water was permitted, as long as it did not intentionally kill the flow and close the springs.

The relief of Muhammadiyah division of P.K.O. That, not once as a net to humans in general, that could attract the heart of those who will convert to Islam or the Muhammadiyah association, it was not, but all its help was solely because it fulfilled its obligations of Islam towards all nations, regardless of Religion. It did not contain the intention to defend something or nation's interests, so that they remained in victory on the part of the nation that was helped. Or it did not mean to make them remained in its help, but it meant all the dangers of misery and humiliation avoided each other and their people.

Preliminary. The relief of Muhammadiyah on the section of P.K.O. would sincerely work to help to all misery that deserves to be helped with the Islamic way. Meaning: something that was done a helping action by Muhammadiyah in the section of P.K.O. towards the public, P.K.O. remained in principle, did not want to be attracted by some forces which could accompany the work, but also not to refuse something that other people did that could work along with.

The First. 1). Helping to needy people and the poor who were abandoned by their lives, so they could not eat and place, by building a house to live in for them while in poverty. 2). Bulding homes for abandoned orphans with food and clothing, general science teaching, manners and Islam as necessary. 3). Helping abandon sick people (clinics), run hospitals and some places for treating people (polyclinic) where the places which was deemed necessary, all was done with a doctor and some helpers for the sick (zieken verpleger and verpleegster) according to the needs of each places where founded).

From the excerpt of the document, it can be seen several important things that underlie the presence of the PKO institution, which in its development turned into a Public Health



Supervisor (PKU) and a Social Welfare Supervisor (PKS). First, that the PKO was established solely to help people who experience difficulties such as poverty and neglect regardless of class, race, ethnicity, nation and religion. This sentence is interpreted as an affirmation that the aid and help provided by the PKO is carried out regardless of the various background of the people in need, no matter what their groups, ethnicities, nations, races, or religions are.

Second, the statement that the purpose of the PKO is not to persuade the people in need to convert to Islam, but is merely a religious obligation. Social practices carried out through PKO are transformative *da'wah*, not transactional. In transactional *da'wah*, the helper played a role as a messenger of religious teachings to those being helped as targets so that the measure of success is how those who are helped turn into followers of Islam in accordance with Muhammadiyah values. The purpose of the PKO was not at all like that. This assistance is a manifestation of the religious understanding of Muhammadiyah cadres, members and sympathizers who believe that social practice is an important part of religious obligations that transform society into a prosperous, just and prosperous society.

Third, the document states the scope of PKO's work, namely 1) Help for the poor and the homeless, 2) Help for orphans, 3) Help for sick people. These three aspects of the



PKU/PKO
Muhammadiyah
Yogyakarta
Polyclinic Building
in 1939



scope are then manifested in various business charities in the form of social institutions and the establishment of health facilities, namely clinics and hospitals.

The health facilities are managed with a modern health management and service system that is oriented to modern medical science, but it does not at all leave the PKO's spirit to help the poor.

Establishment of PKO in Yogyakarta

At its inception, 1923, PKO clinic used Haji Syoedja' house which was located at Jagang Notoprajan No.72 to provide health services for public. Initially, this institution had a mission to provide and serve the *duafa* or those who needed, who were at that time not only focus on health problems. PKO gathered the *duafa* who were in the North of Yogyakarta to meet those rich people who would provide compensation to them.

One of the important events that underlie its establishment of PKO which later developed into the PKU Muhammadiyah Hospital was the eruption of Mount Kelud which was a lot of casualties and displaced refugees to the city of Yogyakarta. Since the Kelud incident, H. Syoedja' saw that for health services was not only with the existing hospital, then it stood up PKO health and social services⁴². H. Syoedja' meant the word of *al-yatama* in the surah *Al-Ma'un* was not just for orphans, but including those who were not cared for. While the word *masakin*, from the word *sakana*, which means silently helpless and must be helped. This spirit was what then encouraged Kyai Syoedja' to establish a clinic of PKO and the poor house in Serangan.

A news article in *De Indische Courant* dated February 15, 1924, reported a meeting organized by the PKO Department of Muhammadiyah. The meeting was held in order of publication to the general public about the activities of Division of PKO HB Muhammadiyah. PKO Clinic of Muhammadiyah

⁴² Budi Setiawan in Proceedings FGD of Muhammadiyah Builds Nation's Health, Yogyakarta, 7 March 2019.



had been established in Mataram - the name Yogyakarta at that time - in 1923, followed later in Surabaya that same year. Meanwhile, the institutional division of PKO HB Muhammadiyah with its chairman H.Syoedja', with school, part of tabligh, part of library, had been declared on June 17, 1920.

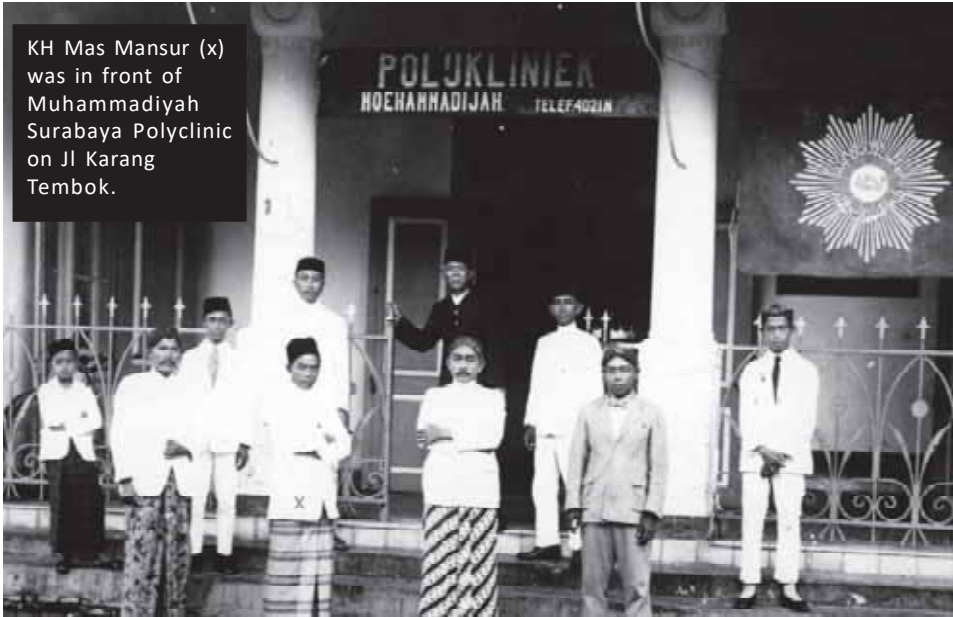
That night meeting invited various delegates of organizations in Yogyakarta and the press. The aim was to convey the progress of the PKO section and activities of financial reports. It was also used for fund raising to support PKO division's activities. The President of Hoofdbestuur Muhammadiyah, Haji Ibrahim opened the meeting by simply greeting the audience, and then followed by Haji Fachroedin, Vice President of HB Moehammadijah to lead the event. Haji Fachroedin explained that PKO Moehammadiyah aimed to provide support and help for the general public in need and improve the social life of the community.

During the year running the activities, PKO Division had provided assistance to 204 people, 153 people were treated at PKO Clinic. A total of 88 people, consisting of 60 men and 28 women, were placed in poor houses (armenhuis). Meanwhile, the orphanage (weezengestich) cared for 21 children ages between 5 and 10 years. Medical expenses at PKO clinicis was 10 cents, the cost of hospitalization per day was f 2 (2 gulden). However, PKO clinic provided free health care for the poor. Dr. Somowidigdo was the head of the clinic. Every day there were about 70 to 80 people visit PKO Clinic of Moehammadijah for treatment. Ngarso Dalem Sultan Kraton Yogyakarta and Adipati Pakualaman are committed to subsidy for PKO amounting to NLG 1,200 and, respectivelyNLG300. Total funding assistance obtained in the first year was NLG 13,764.61. The donation at the night was NLG 6, 533.96. It was about half of the total revenue during the first year of PKO operation.⁴³ The forerunner of PKU Muhammadiyah Yogyakarta Hospital had

⁴³ *De Indische Courant*, Oost-Java edition, 24 February 1924, in PKO Muhammadiyah in Dutch newspapers, <https://ibtimes.id/pko-muhammadiyahdalam-koran-belanda/> accessed on 30 November 2019.



KH Mas Mansur (x) was in front of Muhammadiyah Surabaya Polyclinic on Jl Karang Tembok.



moved twice in the earlier development. In 1928, PKO clinic of Muhammadiyah moved from Jagang Notoprajan to Ngabeanstraat No. 12 B Yogyakarta (now KHA Dahlan Street). Furthermore, this first Muhammadiyah hospital moved again, in 1936, to a wider place in KHA Dahlan St. No. 20 Yogyakarta. In 1970, after being established, PKO Muhammadiyah transformed into more modern and advanced until now.

History also recorded that PKO Muhammadiyah clinic is the first hospital or the first place provided health service in Indonesia that owned by indigenous.

Muhammadiyah Surabaya Polyclinic

Muhammadiyah also established the second Indonesian native hospital that was bigger than the first one, namely PKO Surabaya. It had implemented hospital standards that was initiated and driven by dr. Soetomo.

Doctor Soetomo reported that Muhammadiyah in Yogyakarta had also established a health services of for all circles, especially to the poor (*the duafa*). Therefore, Muhammadiyah Surabaya immediately prepared to build a hospital. In 1924, a



few months after Yogyakarta PKO clinic was founded, dr. Soetomo represented Hoofdbestuur Muhammadiyah as Medisch Adviseur inaugurated of PKO Muhammadiyah Surabaya Hospital.⁴⁴

Similar to the establishment of PKO Muhammadiyah Yogyakarta clinic, P.K.O Muhammadiyah Surabaya Musytasyfa Affairs (Health Centre), on Sunday morning September 14th, 1924, was officially opened at Jl. Sidodadi No. 57 Surabaya. H.Syoedja'and Ki Bagus Hadikusumo as *Hoofdbestuur Muhammadiyah* and dr. Tamm as the director of Centrale Burgerlijke Ziekenhuis (public hospital) Simpang Surabaya) attended he inauguration, while Doctors Soetomo and K.H. Mas Mansyur hosted the event.

Muhammadiyah Health Centre (BKM) or Muhammadiyah Surabaya Polyclinic was initiated by K.H. Mas Mansur and the inauguration was carried out by dr. Soetomo who delivered an introductory speech about the association of Muhammadiyah and the purpose of establishing the clinic. Doctor Soetomo dedicated to take care of services at BKM for several years which assisted by some local and Dutch doctors.

A year after being founded, Surabaya Health Centre of Muhammadiyah moved to Jalan Karang (Pegirian) in 1925. A photo showed the presence of BKM on Jalan Karang Tembok, with the Muhammadiyah Polijkliniek signboard written on it, there were several administrators and K. H. Mas Mansur stood in front of the Polyclinic/BKM building.

After occupying the new building, BKM got a visit from G.G. (Gouverneur Generaal) Limberg V. Sterium. At that time, Hizbul Wathan Scouting members, the organization wing of Muhammadiyah, became the backbone for PKO Muhammadiyah Surabaya in seeking funds and providing first aid.

Around 1929-1930, PKO Muhammadiyah moved again to Jalan Kapelmen (currently Jalan K. H. Mas Mansur.)⁴⁵ Previously, BKM had a temporary place in Ampel Maghfur. After

⁴⁴ Mulkhan, *Loc. Cit.*

⁴⁵ Wawancara dengan Dr. dr. Sukadiono, MM. pada 18 Mei 2019.





The building of PKU Muhammadiyah Surabaya Hospital currently on K.H. Mas Mansyur Street No. 180-182 Surabaya (above). Doctors, medical staffs, and other health staffs of PKU Muhammadiyah Surabaya Hospital takes a group photo in breakfasting with PKU Muhammadiyah Surabaya Hospital (right). (photo: doc. PKU Muhammadiyah Surabaya Hospital).



moving to Jalan Kapelmen, BKM director was held by dr. Muhammad Soewandhi. Later, dr. M. Soewandhi became Chairman of Muhammadiyah Surabaya Branch. The name of dr. Soetomo was immortalized as the name of RSUD Surabaya or Regional Public Hospital of Surabaya, while the name of dr. M. Soewandhi immortalized as the name of hospital in Tambakrejo Surabaya.



PKO Muhammadiyah Surabaya health service action was increasing, thus opening a branch on Jl. Wonorejo and on Jl. Dinoyo, led by dr. Kasjmir Harahap, while PKO branch in Kali Sosok (Construction Road) led by dr. Utoro who was later replaced by dr. Soedarso.

Moehammadijah Surabaya Polyclinic at first was still providing free services for the poor in Ampel with the same spirit as PKU Yogya.⁴⁶ Many Muhammadiyah members worked as merchants in Ampel, including K. H. Mas Mansur's brothers or relatives. It could be said, K. H. Mas Mansur family were classified as nobility or prominent society among the people of Ampel who were generous. This allowed for donation support of the sympathetic merchants. In addition, through dr. Soetomo and his Dutch wife, Muhammadiyah built friendships with Dutch Indies doctors, including volunteer Dutch doctors who were willingly not paid for performing the services at the Moehammadijah Polyclinic.

Surabaya Muhammadiyah Polyclinic (BKM) had a chance to stop providing services when a conflict occurred on Dutch colonial rule due to the arrival of reinforcements of Japanese army. The invaders arrested the polyclinic management, namely dr. Kusnuljakin. After being released from jail of Kalisosok, dr. Kusnuljakin devoted himself again to Muhammadiyah Polyclinic on K. H. Mas Mansur Street. Since then, PKO Muhammadiyah began to operate again and was opened on November 1, 1949, before the transfer of RI sovereignty. Dr. Kusnuljakin himself took the lead of PKO Muhammadiyah until 1965.

The next period, the leadership of BKM Surabaya held by dr. M. Soeherman (1965-1987) who later initiated the establishment of the forerunner of Muhammadiyah University Surabaya was also becoming the first rector. Management of BKM Surabaya followed by dr. Mutadi (1987-1992) and dr. H. M. Usman, Sp.FK. (1992-2002).

⁴⁶ Ibid.



Surabaya Muhammadiyah Regional Conference 2000 mandated a change in the name of the BKM to Public hospital or PKU Muhammadiyah Surabaya Hospital. 2002-2013, PKU Muhammadiyah Surabaya Hospital was led by dr. Sukadiono, followed by dr. Achmad Aziz (2013-2018), and after that, until now led by dr. Eni Sri Hartati Sp.K.

Changes in status also have an impact on service change. However, the previous service was like a hospital. It's just that, it used to be limited to obstetrician and pediatric specialist services which has been going on since the 1970s.⁴⁷

COMPASSION ETHICS AND AL-MA'UN THEOLOGY

For Muhammadiyah, taking part and working and coaching in health are not seen as business. Although in practice, Muhammadiyah always strive to work in a professional manner as like a business management that prioritizes services. Muhammadiyah sees that the work at health sector as part of the manifestation of means of point of view in practicing the values of Islamic teachings and a form of siding with humanity.

Talking about Islamic values and humanity values in Muhammadiyah health services will not be separated from the two concepts that become the inner ring of Muhammadiyah movement. The two concepts are the compassion ethics and al-Ma'un theology.

Compassion: Actus Ethic of Muhammadiyah

Muhammadiyah's vision in the early days was human liberation from various shackles, which were created from tradition which was foolish and weary. It was deeply recorded in Suara Muhammadiyah magazine from 1915 to 1921. Traditions that made the people at that time enjoyed all of suffer poverty, ignorance and disease.

This vision of Muhammadiyah liberation could also be traced from the basic teachings of K. H. Ahmad Dahlan recorded by his student, K. R. H. Hadjid, in the Lessons book of

⁴⁷ Sukadiono, Loc. Cit.



Kiai Haji Ahmad Dahlan: 7 Falsafah & 17 Kelompok Ayat Al-Qur'an or 7 philosophies and 17 Group of Al-Qur'an Verses. When examined, the basic teachings of K.H. Ahmad Dahlan boil down to one idea, that the truth and goodness of Islam lied in its benefit to all, beyond religious and national boundaries. An idea which was then by dr. Soetomo referred to as the principle of "loving-kindness", and Abdul Munir Mulkhan called it the "compassion ethics".⁴⁸

Compassion ethics as one of the values developed in Muhammadiyah social service actions, including in health services as conveyed in dr. Soetomo's speech at the inauguration of the Health Centre of Muhammadiyah in Surabaya in 1924. At that time, dr. Soetomo introduced Muhammadiyah as an Islamic union (association) that would rock the establishment of thinkers. Unions that were against nature law of Darwin's law of evolution, where strong would exterminate the weak. Muhammadiyah Union developed new principles in living life, named the principle of love. This principle required sacrifice for achieving a noble life for the public.⁴⁹

In other words, for dr. Soetomo was not PKU simply elevating the rank of duafa from the lowest social level to the middle level, but there were big proposal ideas regarding the development of the world's life. Doctor Soetomo openly stated that PKU was at the same time a help for the weak and a resistance to the paradigm of modern Western life known as Darwinism, which negated space of compassion in life.

From here, the ethics of compassion could also be interpreted as resistance to modernization on one of its foundations was the paradigm of Social Darwinism. The statement was not emphasizing resistance (in the sense at all away from and antipathy) to modernization, but more on criticism of the

⁴⁸ Zakiyuddin Baidhawiy, "Muhammadiyah dan Spirit Islam Berkemajuan dalam Sinaran Etos Alqur'an (Muhammadiyah and the Spirit of Advance Islam in the light of the ethos of the Koran). *Afkaruna Journal*. Vol. 13 No. 1, 2017.

⁴⁹ Speech of dr. Soetomo when inaugurating the PKU Muhammadiyah Surabaya Hospital, inside <https://pwmu.co/5223/04/22/ini-pidato-complete-dr-soetomo-at-official-rsmuhammadiyah-surabaya/>, accessed on 19 December 2019.





Kiai Haji Ahmad Dahlan (left) and Daniel or Daniyalin (right), one of the KHA Dahlan's students' companion, after performing the pilgrimage he changed the name into Haji Syoedja', The first chairman of the PKO Division (PKU Council).

very modernization mechanisms which was the structural and positional Darwinian model.⁵⁰ In other words, K.H. Ahmad Dahlan compassion based was the basic value of the prophetic spirit. This spirit was the power that moved a person to do social action to defend others, that could match the relying thesis of Darwinism (struggle of the fittest).⁵¹

On the same occasion, dr. Soetomo said, "We set up a school, and we have founded Hizbul Wathan to advance our bodies. We also take care of orphans. There are many plans we want to run. However, it must be stated here, that we have a narrow start." That doctor also appealed to the public to help the established hospitals not only for Muslims but also for all citizens of the nation. Doctor Soetomo stated: "Tomorrow morning we will open this polyclinic. Who also, Europeans, Javanese, Earth people), both Chinese or the Arabs, may come here, will be helped free of charge, as long as they are truly

⁵⁰ Mulkhan, *Loc. Cit.*

⁵¹ Sokhi Huda, "Teologi Mustad'afin di Indonesia: Kajian atas Teologi Muhammadiyah" (Mustad'afin Theology in Indonesia: The Study of Theology Muhammadiyah), *TSAQFAH Journal*, Vol. 7, No. 2, 2011.



poor. We hope Ladies and gentlemen, this polyclinic establishment, also by the help of all gentlemen.”⁵²

The narration from dr. Soetomo about this love actually rests on the principal teachings of K. H. Ahmad Dahlan. In the teachings of K.H. Ahmad Dahlan, compassion was the way of human perfection to obtain degrees of perfection that must go hand in hand with the road of seriousness. Man had to be serious in seeking, for indeed everything was aimed to the virtue of this world and the hereafter that would not be achieved without effort, sacrifice, and not accompanied by the power of thought. However, humans also would not have reached the prime degree, otherwise with compassion. All actions of a person without compassion character was based on pleasure, which was getting boring and pointless.⁵³

Thus, K.H. Ahmad Dahlan's compassionate ethics could be said to transcend the Protestant ethics to an end on the spirit of capitalism. Ethics rested on reason and morality that drove a person to do and to fight for something for a full life, far from materialistic-hedonistic pleasure. Movement ethics of Muhammadiyah described the praxis of civilization theology. Socio-economic-political-cultural relations were interwoven the boundaries of religion, ethnicity, and nationality.⁵⁴

Compassion ethics which was manifested in reality by Muhammadiyah in its various endeavours in the end would be able to stop the debate on socialism issues within Muhammadiyah. The existence of Muhammadiyah charities of help to those needed which was well organized as well as good answered the alignments of Muhammadiyah.⁵⁵

⁵² Abdul Munir Mulkhan, *Kiai Ahmad Dahlan Changing the Amulet, Shaman and the Sacred with Science, the Base of the Enlightenment of the People for Partisanship against Maun*, in Djoko Marihandono (ed.). 2017. *K.H. Ahmad Dahlan (1868-1923)*. Jakarta: Ministry of Education and Culture National Revival Museum, pp. 53-55.

⁵³ Baidhaw, Op. Cit.

⁵⁴ Ibid.

⁵⁵ Views on Islam and the Muhammadiyah Movement, in the 2nd Almanac of Muhammadiyah in 1344 (1925).



Al-Ma'un Theology and Spirit of Transformation

In the notes written near the end of his life, Haji Syoedja' explained that the discourse to grounded the theology of Surah Al-Maun, as already mentioned, at the special meeting of Muhammadiyah members on June 17, 1920 led by K.H. Ahmad Dahlan, appeared the idea of forming an institution later known as PKO (Penoeloeng Kesangsaraan Oemoem) or Assistance for the Relief of Public Suffering. The activities of this agency focus on helping towards those who suffer from poverty, ignorance, and being unwell or stricken with disease. Such activities were solely motivated by humanity, came from the meaning in the verses of the surah Al-Ma'un. (Djoko Marihandono (Ed), 2015).

Dialogue between H. Syoedja' and K.H. Ahmad Dahlan after Al-Maun's repeated teaching really made an impression on H. Syoedja's mind until many years later. Dr. Mu'tasimbillah al-Ghozi, one of his grandson who once led PKU Muhammadiyah Yogyakarta Hospital, wrote the preface in a note written by H. Syoedja' in memory of his teacher, K.H. Ahmad Dahlan. H. Syoedja' was described by dr. Mu'tasimbillah as a "dreamer, imaginary" student.

Nobody knew what struck in H. Syoedja's mind when he was trusted to lead the Division of PKO Muhammadiyah first words was establishing a hospital, armenhuis (poor house), and weeshuis (orphanages). That the lesson of surah al-Maun taught by his teacher, or because the fact that there were so many children immediately asked back by God after given to him. From H. Syoedja's first wife, left one boy out of four. Of the remaining three wives, left three boys out of twelve children. From the second wife and fourth there were no child. Health problems especially his children became the thoughts that bothered his.

In the Hoofdbestuur Muhammadiyah meeting on June 17, 1920, for the first time dreamt about the implementation of the lesson of surah al-Ma'un from K. H.Ahmad Dahlan would be realized by H. Syoedja' in an organizational institution named Division of PKO.





Image: Bestuur Muhammadiyah of P.K.O Division with duafa community they helped. photo: doc. Muh.

H. Soedja's notes about the incident given a very interesting subtitle: Hari Malam yang Mengandung Berkat daripada Allah dan Hari yang Bersejarah bagi Muhammadiyah or The Night Contains Blessings from Allah and a Historical Day for Muhammadiyah. In the evening it was held Muhammadiyah Special Members Meeting. The agenda was legalized the formation of four new institutions within Muhammadiyah organizations: 1. Hoofdbestuur Muhammadiyah of School Division; 2. Hoofdbestuur Muhammadiyah of Tabligh division; 3. Hoofdbestuur Muhammadiyah of Assistance for the Relief of Public Suffering Division; and 4. Hoofdbestuur Muhammadiyah of Library Division. H. Syoedja' was trusted to lead PKO division. School Division led by H. M. Hisyam, Tabligh Division was by Haji Fachrodin and Library Division was by H. M. Mukhtar.



Each division chairman was asked to make a speech to put forward his work plan. In his speech, H.Syoedja' said, "I want to build a hospital to help the public who are sick, want to build armenhuis (poor house), and want to build a weeshuis (orphanage) ".

Meeting participants were surprised and feeling unfamiliar with the foreign terms as said by H. Syoedja': *hospital*, *armenhuis*, and *weeshuis*. They laughed and accused that it was just government propaganda. "Will Muhammadiyah become the government henchman?"

When the meeting was about to close by K. H. Ahmad Dahlan, at 12 o'clock in the evening, H. Syoedja' asked for extra time to submit responses to the responses of the meeting participants. H. Syoedja' response was important to fully state here, remembering this was what his thoughts, dreams, and beliefs till he produced Muhammadiyah's phenomenal charities: hospitals, orphanages, and other social services. Following a complete quote of his words. ⁵⁶

"Pimpinan Yang Mulia dan Saudara sekalian yang terhormat. Assalamu'alaikum warohmatu Allahi wabarokatuh. Sungguh, sangat menyesal dan keciwa hati saya, ketika saya mendengar sambutan atas jawaban saya terhadap pimpinan sidang dengan gelak ketawa yang mengandung isi seolah-olah melemahkan semangat jiwa saya yang penuh keyakinan atas dasar pengetahuan (ilmu yaqin), daripada ajaran Agama Islam yang sumbernya kitab suci Al-Qur'an dan Sunnah Rasul Muhammad Saw.

Dalam Al-Qur'an dapat kita lihat masih tercantum Surat Al-Ma'un dengan ayat dan lengkap tidak sehurufpun yang kurang sekalipun berubah, arti dan maknanya pun tetap sejak turun diwahyukan oleh Allah sampai kini tetap juga. Meskipun kitab suci Al-Qur'an sudah berabad-abad dan surat Al-Ma'un menjadi bacaan sehari-hari dalam sembahyang oleh umat Islam Indonesia pada umumnya dan di Yogyakarta pada khususnya, namun sampai kini

⁵⁶ Syoedja, H.M.; Mu'tashim Billah Ghozi (Introduction); Arief Budiman Ch. (Editor), *Cerita tentang KHA Dahlan, Catatan Haji Muhammad Syoedja* (The story about KHA Dahlan, Notes of Haji Muhammad Syoedja), published in the pdf edition (online),p. 100-105.



belum ada seorang dari umat Islam yang mengambil perhatian akan intisarinya yang sangat penting itu untuk diamankan dalam masyarakat.

Banyak orang-orang di luar Islam (bukan orang Islam) yang sudah berbuat menyelenggarakan rumah-rumah panti asuhan untuk memelihara mereka si fakir miskin dan kanak-kanak yatim yang terlantar dengan cara sebaik-baiknya hanya karena terdorong dari rasa kemanusiaan saja, tidak kerna merasa bertanggung jawab dalam masyarakat dan tanggung jawab di sisi Allah kelak di hari kemudian. Kalau mereka dapat berbuat karena berdasarkan kemanusiaan saja, maka saya heran sekali kalau umat Islam tidak dapat berbuat. Padahal agama Islam adalah agama untuk manusia bukan untuk khalayak yang lain. Apakah kita bukan manusia? Kalau mereka dapat berbuat kena apakah kita tidak dapat berbuat? Hum rijalun wa nahnu rijal (mereka manusia kitapun manusia).

Saudara-saudara yang terhormat dan yang tertawa, rupanya saudara-saudara itu masih belum yakin percaya kepada Allah swt. dan belum yakin percaya kepada kitab-Nya, sehingga saya bercita-cita akan membangun Hospital, Rumah Miskin dan Rumah Yatim saja, seolah-olah mustahil akan dapat terlaksana, karena Saudara pandang ketiadaan kemampuan kita diwaktu sekarang ini, sehingga cita-cita kita Saudara pandang sangat melampaui batas. Allah Ta'ala tidak memerintahkan kepada kita hamba-Nya sesuatu yang bukan bakatnya walau pun soal yang sekecil-kecilnya. Tetapi Allah ta'ala memerintahkan kepada kita sesuatu yang kita dapat meleksanakan walaupun soal yang besar dan berat.

Saudara-saudara, kita telah membangun Persyarikatan Muhammadiyah untuk mentaati perintah-perintah Islam yang bersumber kitab Al-Qur'an. Taatilah dengan sungguh-sungguh menurut petunjuk dan sunnah Rasullullah serta dengan kepercayaan yang yakin dan penuh semangat yang giat."

("Your Excellency and Dear Sirs. Assalamu'alaikum warohmatu Allahi wabarokatuh. I really, really regret and disappointed in the bottom of my heart when I heard the response to my answer to the head of the meeting with laughter containing contents as if to discourage my soul which are full of confidence on the basis of knowledge rather than the teachings of the Islamic Religion which source is holy book Al-Qur'an and the Sunnah of the Prophet Muhammad SAW.

In Al-Qur'an we can see that Surah Al Ma'un is still listed with verses and complete, not even a letter is missing even though it



changes, the meaning has remained since it was revealed by Allah until now it remains too. Although the holy book Al Quran has been around for centuries and the letter Al-Ma'un became a daily reading in prayers by Indonesian Muslims in general and in Yogyakarta in particular, but until now no one from the Muslim community has yet taken notice the essence which is very important to be practiced in Public.

Many people outside of Islam (not Muslims) are already organizing orphanage to take care of the needy and the orphan in the best possible way only because they are pushed by humanity, not because they feel responsible in society and have responsibility with Allah in the hereafter. If they can do things based on humanity, then I am very surprised that Muslims cannot do. Whereas Islam is a religion for humans, not for other audiences. Are we not human? If they can do it, why we cannot do? Hum rijalun wa nahnu rijal (they are human, we are human).

The honourable audiences who laughed at, apparently you are still not sure that you believe in Allah. And I am not sure that I believe in His book, so I am excited to build a Hospital, Poor House and Orphanage, as if it is impossible to do it, because the view of our lack of ability in the present moment, so you think that our ideas are beyond the limit. Allah Ta'ala does not command us his servants anything that is not their talent, even if it is the smallest matter. But Allah ta'ala commands us something we can do although it is a big and heavy problem.

Gentlemen, we have built the Association of Muhammadiyah to obey Islamic commands that are sourced from the Al-Qur'an book. Obey as Prophet Muhammad's guidance and sunnah with full trust and full of vigour").

It appeared in the above quote, that H. Syoedja' was disappointed when his idea was met with laughter. It seemed that H. Syoedja' was strongly believed that the idea would come true. His answer was not the basis of pride and definite conviction, nor the basis of the calculation of the right mind according to scientific. That belief arose from that full and strong belief of the commandments and promises of Allah Ta'ala in the Qur'an and the Sunnah of the Prophet which became the prompts.



Allah Ta'ala has spoken in *surah* Muhammad (47) verse 7, meaning: "people who believe, if you help Allah's religion, then Allah surely will help you and strengthen your position." Likewise, in *Surah Al-Ankabut* (29) verse 69, meaning: "And those who are jihad to seek the pleasure of Allah, will truly be shown by Allah our ways. And verily Allah is truly with those who do a good deed."

From the story above, it could be concluded that the ethos and the basic principles of Muhammadiyah social movement emerged from *surah* Al-Maun as taught by K. H. Ahmad Dahlan. Reading *surah* al-Maun is part of the daily life of Muslims, especially in prayer readings. *Surah* al-Maun is not something strange to Public. However, in the understanding of K. H. Ahmad Dahlan, *surah* al-Maun has a more deeply related meaning with his practice. *Surah* al-Maun is more than just the complementary part of the prayer reading after reading *surah* al-Fatihah, as expressed by H. Syoedja' in his dialogue with K. H. Ahmad Dahlan.

From all the contexts and explanations above, it was very real that the hospital founded by Muhammadiyah was an actualization of the ethics of compassion, providing modern service and rational health to all levels of community, not just Dutch, Javanese nobility, or crossbreed.

With that also, the hospital was a vehicle for broadcasting in transforming people's consciousness from magical to rational in dealing with life's problems, especially in the health sector. Even so, spreading has not finished yet, Muhammadiyah's tough challenge in terms of this transformation of consciousness grows within, to keep modern health services from becoming a new myth or making the public thought that hospital was the one who healed, not Allah SWT. *Na'uzubillah*. For that, the internalization of the values of *tauhid* in every health services should continue. []





CHAPTER TWO

SPREADING GOOD DEEDS FOR THE NATION'S HEALTH

- Muhammadiyah Health Charity
- Muhammadiyah Hospitals and Clinics:
Beneficence in Service
- Becoming a Healthy Community Mobilizer
- In the Middle of Society Facing Disease and Plague
- To Shape National Health Workers Cadres
- Disaster Health Services: Action in the Midst of Storm





PKO administrators with Doctor Sampoerno in front the Muhammadiyah Yogyakarta Polyclinic in 1930. (Doc SM / H.M. Yunus Anis).

From 1923 to present, Muhammadiyah has contributed to nation through varying charities in the form of hospitals, clinics, health education institutions, and various public health promotion activities. As a civil society movement, Muhammadiyah has long been involved in nation building programs. Indonesia which keep trying to educate and improve the quality of life never been separated from the role of the society organization, especially Islamic society organizations like Muhammadiyah.



MUHAMMADIYAH HEALTH VENTURE CHARITY

One form of Muhammadiyah contribution in improving the quality of life in nation is by organizing various health services with establishing, managing and developing health facilities, both in the form of hospitals, clinics, and so. For Muhammadiyah, the establishment of health facilities is not only defined as a place to serve the community or as a health service business unit. Hospitals and clinics in the view of Muhammadiyah is a form of action or practice from religion point of view, as well as practice in the field of education in the form of schools and colleges, or orphanages in the social field. Muhammadiyah named the health service facilities with the term of Health Venture Charity.

This chapter tries to capture Muhammadiyah's contribution in this realm. This chapter will present the distribution of Muhammadiyah health venture charity and several excellent programs done by Muhammadiyah in strengthen and develop health charities so that Muhammadiyah remains consolidated and be capitalized with various potential developments and innovation in providing health services as part of its contribution to improve the quality of life of the nation.

The Scatter of Health Venture Charity

Muhammadiyah started its movement in the field of health by establishing PKU Muhammadiyah clinic. Initially it was a simple clinic, located in Jagang Notoprajan Yogyakarta. Started operation on the 15th of February 1923. In 1928, PKO Clinic was growing and developing into PKO Muhammadiyah Poly-clinic. When more space was needed, it needed to move to more adequate place by renting a building on Ngabean Street., No. 12B Yogyakarta (now K. H. Ahmad Dahlan Street) ¹. With the times in the era of the 1980s, the name PKO changed

1. Health Division Muhammadiyah Central Board. 2018. Operational Research Design and Formulation of Muhammadiyah book Builds Nation's Health. Jakarta: The Supervising Council of Public Health Central Board of Muhammadiyah.



become Pembina Kesejahteraan Umum (PKU) or Public Welfare Advisor, and after Muhammadiyah congress in 2015, the term PKU was revitalized into Pembina Kesehatan Umum (PKU) or Public Health Advisor.²

Muhammadiyah's work in health services indeed was not enough just to see how much the number of services and contributions rendered. However, the most important was how the progress and contribution placed and associated with Muhammadiyah relations and ideals of living as a nation and state. Everything was carried out by Muhammadiyah for the community, in particular in the health sector, is a form of involvement of Muhammadiyah in building the Indonesian nation.

Access to health services was a right for every citizen who must be provided by the government. But in developing country realities, health service care provided was often imbalanced with the number of community needs. Not only in aspects of comparison between health facilities and numbers of population, but also the coverage area.

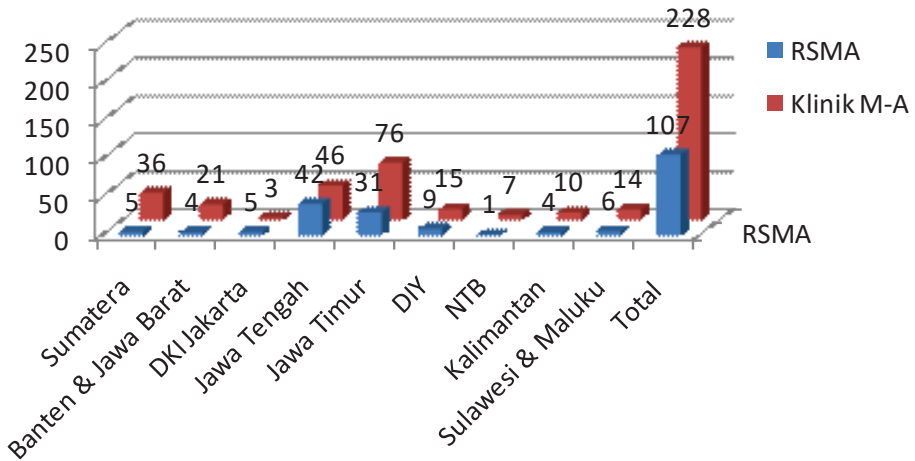
Muhammadiyah has organized various health services in various regions of the country. MPKU or The Supervising Council of Public Health data of Muhammadiyah Central Board per January 2020 showed there was 107 Muhammadiyah-'Aisyiyah hospitals (RSMA) and 228 Muhammadiyah-'Aisyiyah (KMA) clinic. As for the distribution the detail as follows: in Sumatra (5 RSMA & 36 KMA), Banten & West Java (4 RSMA & 21 KMA), DKI Jakarta (5 RSMA & 3 KMA), Central Java (42 RSMA & 46 KMA), East Java (31 RSMA & 76 KMA), DIY or Special Region of Yogyakarta (9 RSMA & 15 KMA), West Nusa Tenggara (1 RSMA & 7 KMA), Kalimantan (4 RSMA & 10 KMA), Sulawesi & Maluku (6 RSMA & 14 KMA).

In terms of quantity, the amount of Muhammadiyah-Aisyiyah Hospital (RSMA) until now is equivalent to 4% of total hospitals in Indonesia, 6.4% of private hospitals, 43% of central

2 *ibid.*

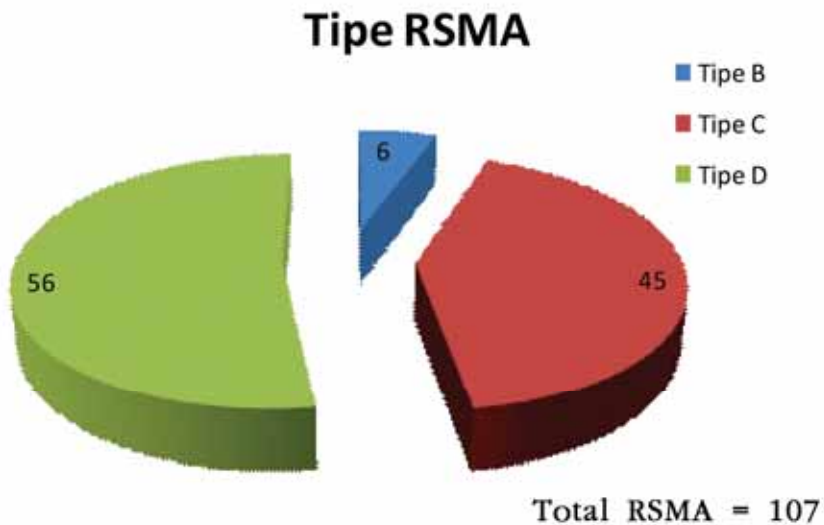


Figure 2.1.
Distribution of Muhammadiyah-'Aisiyah Health Venture Charities (per January 2020)



Source: Health Division Muhammadiyah Central Board

Figure 2.2. Muhammadiyah-'Aisiyah Hospital Type (per January 2020)



Source: Health Division Muhammadiyah Central Board



government hospitals, 15% regional government hospitals, while the number of Muhammadiyah clinics are equivalent to 4% of the total primary clinic in Indonesia as a whole.

Congregational Social Work: Increasing Capacity and Strengthening Networks

In the field of health services, Muhammadiyah and 'Aisyiyah has developed various programs and excellent service, both in the form of health venture charity guidance, and other support programs. In the next section of this paper contains summary of data related to excellent programs and services of Muhammadiyah.

Apart from providing services through hospitals, clinics, or medical centre, Muhammadiyah also built several programs that seek to improve the capacity and quality of health venture charity of Muhammadiyah. The following describes several excellent health programs in Muhammadiyah.

Excellent Islamic Hospital

Muhammadiyah and 'Aisyiyah Hospital (RSMA) is the original interpretation of organization (*ijtihad*) in fulfilling society needs with social dimensions. Besides social dimension, RSMA services also have a business aspect which should compete



with others health care providers, public or private hospitals. Therefore, providing superior and best-in-class service is one of must in order to compete the kindness to seek the pleasure of Allah.

On the other hand, as an Islamic health service provider, then Islamic values must also be the basis in each RSMA service. Islamic values must be manifested in RSMA services and management. Practicing values of Islam is not only limited to Islamic symbolic aspect, but also integrated in culture, system, and management practices and services. Islamic values in service and hospital management is something that cannot be separated from excellence itself. Islamic services and management require superior service and management as the practice of Islamic values itself. Muhammadiyah strives to provide services at excellent hospital and service, not just as an execution of service standards specified in the accreditation of hospital, Muhammadiyah tries to provide services that exceed these standards by making hospital services which implement Islamic values.

The concept of an Excellent Islamic Hospital is the results of the recommendations from the National Coordination Meeting and the National Meeting of The Supervising Council of Public Health Central Board of Muhammadiyah on 14-16 April 2016 in Yogyakarta. In the 2015-2020 leadership, The Supervising Council of Public Health Central Board of Muhammadiyah compiled the excellent and Islamic RSMA Guidelines. These guidelines serve as a guide for the entire RSMA in carrying out its mandate.

Working groups are organized with the aim of developing a concept and road map for delivering Islamic and excellent hospital services in AUK environment of Muhammadiyah-Aisyiyah. Process of guidelines drafting was held in 2016. After that, MPKU or The Supervising Council of Public Health held a series of workshops six times, held on 29 of June 2016, 11 of August 2016, 11-12 of January 2017, 1-3 of June 2017, and August 7, 2017.

Organizing the workshops involves several representa-



Several
guidelines
books
published by
MPKU



tives of Muhammadiyah Hospital and 'Aisyiyah, such as PKU Muhammadiyah Tegal Islamic Hospital, PKU Muhammadiyah Surakarta Hospital, RS Siti Khodijah Sepanjang Sidoarjo Hospital, Jakarta Islamic Hospital Pondok Kopi, PKU Yogyakarta Hospital, 'Aisyiyah Boyolali Hospital, PKU Muhammadiyah Pekajangan Hospital, RSM Lamongan, PKU Gombang Hospital, Jakarta Islamic Hospital Cempaka Putih, RSM Cirebon, RSM Palembang, Siti Khadijah Gorontalo mother and child hospital, PKU Muhammadiyah Bima Hospital, Banjarmasin Islamic Hospital, 'Aisyiyah Samarinda mother and child hospital. Workshop invited the interviewees, dr. Mochammad Syafak Hanung, Sp.A., MPH. President Director of Dr. Sardjito Public hospital. Currently, MPKU has completed RSMA Excellent and Islamic Guidelines, and the next step is to carry out the socialization process and implementation. Until 2020, MPKU will focus in conducting socialization and application of guidelines to hospital, then start applying the accreditation, assessment as well as evaluation.

Thousand Clinic Movement

Indonesia's health system has been growing and developing with the implementation of *Jaminan Kesehatan Nasional* (National Health Insurance). Among those changes are strengthening of the functions of primary health facilities, namely



pratama clinics and the enactment of a tiered referral system. Responding to these developments, Muhammadiyah launches 1000 Clinic Movement, as an effort of Muhammadiyah to increase the number of its clinics currently there are 231 clinics. Just not the number, through MPKU or The Supervising Council of Public Health, Muhammadiyah encourages Muhammadiyah clinic managers partner with BPJS or the Indonesian National Health Insurance system throughout Indonesia.

To implement this program, several strategies are developed, among others by encouraging the establishment of *pratama* clinic. RSMA as the main agency in health service is expected to establish each of them at least three primary clinics. Meanwhile, other venture charities such as colleges, schools, mosques, branch managers, and other assemblies, respectively establish at least one clinic.

This program was also established so that Muhammadiyah could fill the needs of health services in JKN era. MPKU itself targets to establish 20 hospitals and 9 new clinics spread throughout Indonesia. Although in practice it does not always go well, however through this program Muhammadiyah has commitment and measurable targets in health service provision for the community.

Muhammadiyah Doctor Scholarship Program

One of the excellence centres that was carried by Muhammadiyah is a health service movement. There are 134 hospitals and 231 Muhammadiyah-'Aisyiyah clinics throughout Indonesia. But, at the moment, not a few clinics and RSMA have to close or collapse due to several factors, one of which is their absence of internal doctor (lack of human resources). Other than that, network among fellow Muhammadiyah Venture Charities in the field of Health (AUMAKES) and the Faculty of Medicine/Health Science at Muhammadiyah College (PTM) are still weak, or maybe not even there yet.

Until 2018, the number of PTM Medical Education study program organizers reached 12 PTM, with the graduation reached about 800 doctors per year. This number would in-



crease considering that of 12 FK PTM, only 8 Faculty of Medicine that graduated doctors. This condition needs to be the attention of all the assemblies, especially Diktilitbang or Council for Higher Education, Research, and Development and PKU Council have a very important role in the management of Medical Education.

MPKU PP Muhammadiyah or The Supervising Council of Public Health Central Board of Muhammadiyah encourages the University of Muhammadiyah has Muhammadiyah Doctor Scholarship Program (BDM). The program which has been running for so long was BDM at Muhammadiyah Yogyakarta University (UMY). UMY BDM program, implemented since 2011, with two types of scholarships namely Muhammadiyah Doctor Scholarships and Professional Scholarships.

BDM is given by UMY to Muhammadiyah cadres who came from the Orphanage and Muhammadiyah/Aisyiyah Islamic boarding schools which have the motivation and high academic ability but economically incapable. The scholarships awarded are tuition fees (assistance with living expenses, books, and research) to prospective students of the Medicine and Dentistry Education study program of UMY or Muhammadiyah Yogyakarta University. This program becomes the work ties for the student to work in health venture charity of Muhammadiyah both in clinics and hospitals.

Professional Scholarships are awarded to Bachelor of Medicine who took professional education for 2 years. This scholarship program is part of the work bond that will be carried out by these students at Muhammadiyah health venture charities with a work period of 2 years. The participants of scholarship program will serve in the clinic of Muhammadiyah in areas that need doctors' support and advise from Muhammadiyah hospital who became the supervisor of the clinic.

Synergy between the Assembly (departments at Muhammadiyah) is manifested in the management and guidance of students until the placement, guidance and supervision during the service period. Doctor Scholarship Program of Muhammadiyah is cooperation between internal assemblies in this





Siti Munfarikah, the 9th child of eleven brothers, graduated as a Bachelor of Medicine of UM Yogyakarta or Muhammadiyah Yogyakarta University, September 2019. He awarded Muhammadiyah Doctor Scholarship on 2015, as a delegate from PAY Muhammadiyah Gubug Grobogan, Central Java. (photo: Mas Huda)



Faculty of Medicine Muhammadiyah Palembang University Provides Scholarships for Medical Profession Education. dr. Yanti Rosita, M.Kes. Dean of Faculty of Medicine Muhammadiyah Palembang University said that starting from 2018, the aculty of Medicine Muhammadiyah Palembang University will provide full scholarships to the most outstanding student in the learning process at the medical profession education, under with the condition that after the completion of the medical profession education, the doctor must serve at hospitals/ other Muhammadiyah health venture charities. (photo: klikampera.com)



case the Public Health Advisory Council and Diktilitbang or Council for Higher Education, Research, and Development and the institutions under it, hospitals, clinics, and Muhammadiyah Universities.

Until now, Muhammadiyah Doctor Scholarship program at Muhammadiyah Yogyakarta University has entered the 9th year. At the beginning of its opening year, scholarships were awarded for 3 students, increase to 5 students in the second year. In the following years the student quotas of scholarship recipients increased to between 6 and 7 scholarship. In the 7th year, Muhammadiyah Yogyakarta University gave 8 Muhammadiyah doctor scholarships which consists of 5 scholarships of Medical Study Program and 3 scholarships of dentistry Study Program (BHP UMY, 2017). This number will be strived to increase every year.

Through cross-assembly cooperation, education institutional goals in producing health workers (doctors, dentists, nurses, pharmacists, midwives, and others) not only producing competent personnel in their knowledge, but also creating cadres of Muhammadiyah Organization. Thus, the problem was under-resourced of AUMAKES can be overcome. It is also hoped that the Faculty of Medicine in other PTMs, can realize the same program, in order to help the needs of health workers in clinic and RSMA.

Sister Hospital Network

Muhammadiyah is an organization that manifests itself in form of organization. As an organization, Muhammadiyah is actually a collection of various elements that present independently, work autonomously, but are bound with common goals and struggle strategy agreement. There are Muhammadiyah cadres who work hand in hand founding a school, there is also a gathering of Muhammadiyah people who worked together to establish a hospital. Meanwhile, in another place, there is a Muhammadiyah group who founded the clinic. There are also figures of Muhammadiyah who organizes and raises a college with medical school in it.



Every Muhammadiyah group across the country of Indonesia, even at some point outside the country³, respectively initiating, consolidating the resources to build a venture charity, according to potential and needs as well as existing da'wah challenges. Among them are health venture charities (hospitals and clinic), as well as educational venture charities (universities).

The independence of each Muhammadiyah group is good at branch level⁴, branch⁵, area⁶ or region⁷, becomes the thing which is good because each group has an initiation and extraordinary efforts in consolidating strength, potential, and their respective efforts in establishing and developing a venture charity. Nevertheless, on the other side, it makes the journey of managing a venture charity becomes very dependent on leadership ability, management, and access that each Muhammadiyah groups that are not the same.

This is seen in the various levels of progress of Muhammadiyah venture charity, including in the health sector. In one region, there is an advanced branch level of Muhammadiyah develop and can give birth and manage the good hospital with adequate financial circulation for the development of its preaching. However, there are also regions or a Muhammadiyah branch that has difficulty in establishing the clinics, because of the difficulty in accessing doctors and lack of funds to run the operations, because they have not received JKN or National Health Insurance from BPJS or the Indonesian National Health Insurance system⁸. Meanwhile, in other areas, there are Regional Leaders of Muhammadiyah which opened a university with medical faculty that graduated to 100 doctors each year.

Muhammadiyah Hospital Sister program is a program which was initiated by MPKU PP Muhammadiyah or The Su-

3. Called as the Chairman of the Muhammadiyah Special Branch (PCIM).

4. Muhammadiyah leadership at group or village level.

5. Collection of 3 or more branches, or sub-district level leadership.

6. Muhammadiyah leadership at the district or city level.

7. Provincial level Muhammadiyah leadership.



pervising Council of Public Health Central Board of Muhammadiyah to build network relationships between hospitals, clinics, and institutions of Muhammadiyah medical education. This program includes the efforts to provide health personnel in Muhammadiyah clinics, clinic service and management assistance, strengthen the hospital service facilities, placement the health workers in hospitals and clinics as lecturers /teaching staff, use of clinics and hospitals as learning facilities for students in the health sector and scholarships for Muhammadiyah health workers.

First, the provision of doctors and other health personnel at Muhammadiyah clinics. Muhammadiyah leader established a clinic and took care of everything related to the administration of the clinic establishment. Muhammadiyah Hospital acts as a supervisor and assistant in clinical service and management. PTM conducts a work bond scholarship program for students (especially the Faculty of Medicine) who after graduation are placed to work in clinics that are already in hospital sister program. The doctors who work at the clinic are in coaching⁸ of clinic advisor hospital. This sister hospital covers three sides: Clinic - Hospital - Faculty of Medicine/ Health Sciences.

Second, this sister hospital program delegates the development of Muhammadiyah Hospital for Muhammadiyah clinics in the closest area. Hospital allocating funds for *da'wah*¹⁰ to assist Muhammadiyah clinics, in terms of health management and services. Muhammadiyah Hospital was appointed as the supervisor as well as providing human resources assistance and facilities for the clinic under its guidance. In this section, the network patterns are in the Hospital - Clinic.

Third, strengthening hospital facilities, usage of hospitals

8. One of the requirements for clinics to cooperate with BPJS or the Indonesian National Health Insurance system is There is a permanent doctor as the person in charge and executor of health services.

9. Including wages/salaries of work association doctors during the employment period.

10. Funds sourced from remaining hospital activities.



as a vehicle for education and placement the doctors as lecturers. This is done in relation of cooperation between Muhammadiyah Hospital and PTM. The Faculty of Medicine/Health Sciences uses Muhammadiyah hospital as a vehicle for the education of the students, and PTM support to strengthening the education facilities at the hospital which is also the facilities used for health services for Public. On the other hand, the doctors who are at the hospitals involved as medical faculty teaching staff that accompany students in learning at the hospital. This cooperation pattern covers Hospital – University. Basically, Muhammadiyah's Sister Hospital program is a program that seeks to overcome various problems of Muhammadiyah health venture charity by relying on the strength of Muhammadiyah network. This networking program is expected to be able to bridge communication and consolidation of Muhammadiyah Venture Charity to share the resource and roles each other, so as to strengthening their respective functions and roles in the contribution of Muhammadiyah builds national's health.

One example of implementing Sister Hospital program is the placement of doctors at PKU Muhammadiyah Banjar, West Java Clinic. PDM Banjar has a clinic, but it is difficult to provide

PKU
Muhammadiyah
Banjar Clinic on
Jalan Dr. Husein
Kartasasmita
No.84, Banjar City,
West Java 46311



doctor. On the other hand, Faculty of Medicine and Health Sciences of Muhammadiyah Yogyakarta University has held profession scholarship program, with work ties in Muhammadiyah clinics for two years. Meeting these needs, Faculty of Medicine and Health Sciences of Muhammadiyah Yogyakarta University placing a graduate of the scholarship program in PKU Muhammadiyah Banjar which is under the guidance of Muhammadiyah Bandung Hospital. Muhammadiyah Bandung Hospital provides guidance and assistance to doctors assigned to PKU Muhammadiyah Banjar clinic. This program has been running for two years.



PKU Muhammadiyah Hospital sent a medical team for a humanitarian mission to Bangladesh, to help Rohingya Muslim refugees, 21 September 2017. The team was on duty during 14 days. The mission was led by Doctor Eva Delsi, Sp.EM. (emergency specialist), Doctor Fatah Abdul Yazir, Sudarmanto, S.Kep. Ners, Rino Triprajoko, S.Kep. Ners, and Sudiono (anaesthetic nurse).



MUHAMMADIYAH HOSPITAL & CLINIC: *IHSAN* IN SERVICE

To comprehend what contribution Muhammadiyah health services has been delivered, it is not enough to consider the aspect of the quantity of hospital and clinics only. This contribution should also be viewed in the variety of quality services provided. According to Muhammadiyah, health services are not seen as treatment and health care efforts for the patients *an sich*, but also the manifestation of improving the quality of human life better. Health services, whether in normal service situation or in emergency and disaster situations, are form of humanitarian call for health workers and health service managers.

Health services in Muhammadiyah hospitals and clinics is a form of religious practice or worship that must be in the pursuit of excellence (*ihsan*), which implemented with the awareness that all services given are witnessed by Allah SWT. In consequence, the health service must be provided with all its best efforts, hard work, innovative, and sincere.

Following are some examples of Muhammadiyah hospital and clinic services as an effort to practice the beneficence. This list is limited to some excellence services in Muhammadiyah.

Dhuafa Ward of PKU Muhammadiyah Gombong Hospital

PKU Muhammadiyah Gombong Hospital started from Muhammadiyah Medical Centre which was founded on April 26, 1958, located at Mr. Suhud's house, Kedungampel Village, Wonokriyo, Gombong District, Kebumen Regency. In 1967, Muhammadiyah Gombong Medical Centre moved to Jalan Stasiun (Wisma Susila Inn), developed into a Medical Centre/ PKU Muhammadiyah Gombong Maternity Hospital (BP/RB), and received a recognition as the first Family Planning Private Clinic in Kebumen Regency. To expand the coverage of health services to the community, by year of 1979, BP/RB PKU Muhammadiyah Gombong metamorphose into a hospital. PKU Muhammadiyah Gombong Hospital had an area of approxi-



mately 7 hectares with a building area of about 18,000 m².

PKU Muhammadiyah Gombong Hospital has been accredited 16 services, and currently fully accredited. Various quality health services continue to be developed such as specialist services, subspecialty, emergency department, medical check-up (MCU), laboratory, radiotherapy, radiology and imaging, diagnostic services and general health services. This hospital also presents expert doctors who dedicated, reliable team of nurses and operators with professional management support.

Implementation of government programs in the health sector namely JKN (Jaminan Kesehatan Nasional) or National Health Insurance is also an opportunity for hospitals to carry out their vision and a mission as a socio-religious based hospital. PKU Muhammadiyah Gombong Hospital also provides inpatient room representative for Jamkesmas or community Health insurance patients. Managers carry out renovations for inpatient buildings then allocated as a special ward for Jamkesmas or community Health insurance participants. Ward with a capacity of 43 beds dedicated to society as a form of



Perinatology of RS PKU Muhammadiyah Gombong.
source: twitter.com/rspku_gombong



service by hoping the pleasure of Allah SWT. Ward inauguration especially for the Poor, it was carried out by the Minister of Health dr. Siti Fadilah Supari, Sp.JP (K) on June 26, 2006.

On May 2, 2013, PKU Muhammadiyah Gombong Hospital was appointed as PONEK Hospital (Pelayanan Obstetri dan Neonatal Emergensi Komprehensif) or (Comprehensive Obstetric and Neonatal Emergency Services) by the Regent of Kebumen. In addition, in collaboration with MNC Group held social activities in the form of free surgery for cataract sufferers, cleft lip, and hernia that are done regularly every year.

Muhammadiyah Lamongan Hospital; Microsurgery, Traffic Accident Centre, and Total Knee Replacement

Micro neurosurgery is a term used to refer to the operating microscope and specific micro-instruments which are deployed to perform a surgery for treating the diseases of brain, spine, and spinal cord. Neurosurgery with the naked eye or loop, magnification is only 3 to 4 times that of the object. However, by using microscope technology, magnification can reach 39 times from the object. So that the nerves surgical operation with a microscope can be more clearly distinguish between nerve vessels, blood vessels, normal brain tissue, abnormal brain tissue (tumour, brain infection, infarction, brain swelling, and so on).

In addition, using a microscope, sensing can be done at a deep location and far from the surface of the brain. These two things are important to know to get optimal surgery results by minimizing risks, side effects, and complications operation. Some brain disorders can be operated without microscope, e.g cerebral haemorrhage, meningocele (lumping the head from within the brain), and so on. Temporary tumour base of the skull, tumour in the middle of the brain, and so have to use a microscope. Currently Muhammadiyah Lamongan Hospital (RSML) already had microsurgical microscope, resulting in a micro surgical operation can be done in this hospital.

RSML also has a sophisticated Thulium and Holmium Laser tool, an advancement in applied urology. Through a set of



tools that are put into urethra, Thulium and Holmium lasers operated by a urologist to break down kidney stones, stones in urinary tract in the stomach, as well as bladder urine stones. This tool is also to shrink the prostate gland causes urinary disorders. With this technology, treatment can be done with a very minimal incision even without the incision wound. The period of treatment at the hospital also can be shorter, no more than 1-2 days after surgery.

Another advantage developed by RSML is Traffic Accident Centre (TAC). In 2010, RSML in collaboration with Lamongan Traffic Police Officer, Department of Transportation and Jasa Raharja (an Indonesian insurance company), created the Central Integrated Traffic Accident Management program or known as the Traffic Accident Centre (TAC) in order to improve the traffic accident victim services (KLL). With this approach, victims of KLL can be served weather through one access, TAC, so it can make it easier for the victim's family to take care of the administrative requirements.

This program is the seed for the growth of the program concept of Public Safety Centre (PSC 119) which is now being



implemented by the Ministry of Health of the Republic of Indonesia, so it is expected pre hospital emergency services can run well through well-integrated system services. RSML is in the stage of initiating a collaboration with the Lamongan Health Office in realizing PSC 119 in Lamongan district.

Another excellent service is Total Knee Replacement (kneecap replacement) or problems in pelvic bones and the like. All this advanced technology presented by the RSML in order to increase the level of public health and increase customer satisfaction.

Starting from a Health Post of Flood Disaster at Lamongan developed into an Islamic Health Centre (BAKIS) which was founded on August 3, 1968. Governor of East Java, Basofi Soedirman laid the first stone of hospital construction in 1994 and inauguration by Coordinating Ministry for People's Welfare Azwar Anas on July 5, 1997. RSML has developed into a Type B Hospital since 2013 with 248 beds, 18 specialists/sub-specialists and met the Accreditation Standards with PARIPURNA predicate or perfect predicate.



Microsurgery, neurosurgical surgery using microscope advanced technology, clearly distinguish normal and abnormal: blood vessels, nerves, brain tissue.

Photo: rslamongan.com



Muhammadiyah Bandung Hospital: Mother and Baby-Friendly Hospital, Catering, and Diabetes Management

A hospital is in good category if it can apply 4-7 of the 10 criteria for Mother and Baby-Friendly Hospital (RSSIB), as stated in the Decree of Minister of Health of the Republic of Indonesia Number 237 of 1997 concerning about marketing of breastmilk substitutes supported by Ministry of Health regulations Number 450 Year 2004. Ten criteria for RSSIB are as follows:

1. Health service facilities have a policy of increasing the provision of breastmilk which is routinely communicated to all officers
2. Conducting training for officers in matters of skills to apply the policy.
3. Explaining to all pregnant women about the benefits of breastfeeding and its management begins at an early age of pregnancy, from birth to 2 years of age, including how to overcome breastfeeding difficulties.



Sariningsih, one of the patients visited by the Mayor of Bandung, Ridwan Kamil, in the Hemodialysis Room Muhammadiyah Bandung Hospital. This Antapani District resident has been 2 years on dialysis. She admitted that he was happy to meet the Mayor of Bandung. (Photo: muhammadiyah.or.id)



4. Helping the mothers to start breastfeeding their babies in 30 minutes after giving birth, which is done in the delivery room. When the mother gets a caesarean section, the baby is breastfed after 30 minutes the mother woke up.
5. Helping mothers how to breastfeed properly and how to maintain breastfeeding even when the mother is separated from infants on medical indications.
6. Not providing any food or drink other than breast milk for new-borns.
7. Carrying out joint care by getting the mother to be with the baby 24 hours a day.
8. Helping the mother to breastfeed all the baby without restrictions duration and frequency of breastfeeding.
9. Not giving a pacifier to an infant breast-fed.
10. Strive to form breastfeeding support groups and refer mothers to these groups when they return from the hospital/maternity hospital or health service facilities.

The ten things above have generally been implemented at Muhammadiyah Bandung Hospital, so that the implementation of standards for maternal and infant care as well as educa-



The active role of Persadia Muhammadiyah Bandung Hospital in World Diabetes Day 2019 in Purwakarta, November 16, 2019



tion can be integrated into health services. Services ranging from pregnancy control, handling during delivery, postpartum care, as well as scheduled immunizations are an ongoing series.

Apart from implementing the RSSIB standard, Muhammadiyah Bandung Hospital also provides other excellent facilities, including haemodialysis services. Haemodialysis is a kidney function replacement technology that is performed on patients with end-stage renal failure or damage, so that the kidneys cannot function properly. If this condition is not resolved by haemodialysis, of course, it will cause various serious health problems, from the accumulation of metabolic waste, electrolyte imbalance, inflammation throughout the body, in advanced stages to death.



Among the achievements obtained by the Muhammadiyah Bandung Hospital: Champion Cup I OF Edukative Walk Cikole Lembang, February 10, 2019 (left) and General Champion of World Diabetes Day in Purwakarta, November 16 , 2019 (right).



With this service, the blood will be temporarily cleaned from various waste products from the body's metabolism. Electrolytes in the blood such as potassium, sodium, calcium, and bicarbonate will also be balanced so as not to cause disturbances in the body.

According to Ridwan Kamil, Muhammadiyah Bandung Hospital is one of the hospitals with good service and quality. "I appreciate, from all the hospitals I visited, Muhammadiyah Hospital is awesome. Although Muhammadiyah Hospital is for grade 3, but its services are like class 1, based on the quality of service, cleanliness and comfort" he said.¹¹

Another advantage of Muhammadiyah Bandung Hospital is nutrition catering and diabetes management. A healthy body is one of them is built by a proper diet with balanced nutrition according to the amount and composition needed by the body. Nutrition Catering Muhammadiyah Bandung Hospital is held under the direction of professional nutritionists according to health needs and standards. This service is not only for inpatients at Muhammadiyah Bandung Hospital, but also for outpatients who need a proper diet practically.

Apart from handling catering, Muhammadiyah Bandung Hospital also develops the Persadia community (Indonesian Diabetes Association) which is an independent social organization. Persadia's goal is to improve the welfare of diabetics, to bring together all diabetes stakeholders to work together in improving the quality of services and education efforts about diabetes. Persadia encourages an active lifestyle, with a balanced diet, to build a healthy body so that it can control chronic diseases, especially diabetes. Persadia also encourages physical activity that is needed by a healthy body, which is a minimum of 150 minutes per week. Among the activities carried out is the Persadia Diabetes Gymnastics which is held at Muhammadiyah Bandung Hospital every Wednesday at 7-8 am.

¹¹ <http://www.muhammadiyah.or.id/id/news/print/6570/ridwan-kamil-rumah-sakit-muhammadiyah-bandung-keren.html>



Ohisama Healthy Home Wound Care Clinic

The Head of Muhammadiyah North Pontianak Branch of Pontianak City established the Ohisama Healthy Home in early 2018. "Ohisama" is a word from the Japanese language which means "sun", which means the Sun's Healthy Home. Rumah Sehat Ohisama is located on Jl Khatulistiwa, Gg Family Business, Kelurahan Batulayang, North Pontianak, Pontianak City.

Rumah Sehat Ohisama (Ohisama Healthy Home) is a special clinic to serve patients who need wound care, such as wounds after surgery, trauma scars, health checks, cupping (*hijamah*), and circumcisions (*khitan*). The focus of services on wound care is a strategic choice because services like this are rarely provided by other health clinics. Ohisama Healthy Home is an alternative for many people who need these services.

Ohisama Healthy Home also provides home care services. Most of the home care patients are injured patients. Whether it's diabetes wounds, wounds after surgery, burns, or injuries due to accidents. The Ohisama Healthy Home health service is carried out, among others, by the alumni of STIK Muhammadiyah Pontianak who is assigned to be the executive nurse.



The Ohisama Healthy Home Clinic provides a health service after recitation in collaboration with LAZISMU Pontianak City. The Health Service Program with the concept of "Infaq Seikhlas" or "give the sincere charity" is held in a roadshow in recitation forums and other social activities to spread the benefits of kindness.
photo: rmolkalbar.com



The Funeral Service "Nafsul Muthmainnah" in Jakarta Islamic Hospital (RSIJ) Cempaka Putih and RSIJ Pondok Kopi

Jakarta Islamic Hospital Cempaka Putih provides a service unit called "Nafsul Muthmainnah" to handle the services of the corpse. This unit was founded in 2000 and is managed by the Jakarta Islamic Hospital Foundation. The management was handed over to the Jakarta Islamic Hospital Cempaka Putih in mid-2002. In June 2014, the Nafsul Muthmainnah service unit was also held at Jakarta Islamic Hospital Pondok Kopi.

The community response is quite good for this service. The Nafsul Muthmainnah Body Service Unit continues to grow with an average membership of 50 (fifty) people per month. Until now, its members have reached 2,675 (two thousand six hundred and seventy-five) people, scattered in the DKI Jakarta area and the surroundings.

This unit is a social unit as well as a religious speech act (*da'wah bil hal*) of Jakarta Islamic Hospital in the midst of the people of the Capital City Jakarta and its surroundings. Most of the people in Jakarta are people who are busy working from the morning, sometimes even late into the night. So, if a death tragedy befell a busy family, Nafsul Muthmainnah could help him. Not to mention the process of reviewing the corpse is sometimes not in accordance with the guidance of the Prophet. The services provided by Nafsul Muthmainnah can ease the burden on families who are affected by the disaster.

Nafsul Muthmainnah Services at Jakarta Islamic Hospital Pondok Kopi. The goal is to help people in the management of the bodies. Photo: rumahsakitislam.com



Holistic Health Care PKU Muhammadiyah Gamping Hospital

Apart from the medical aspect, some of the factors that cause illness are psychological aspects, such as anxiety disorders, stress and others, spiritual aspects, and social aspects. The spiritual aspect is the highest human need.

PKU Muhammadiyah Gamping Hospital has 24 hours spirituality service based on a Syari'ah Hospital certificate. Bina Rohani Islam or Islamic spiritual development Unit provides spiritual guidance and counselling services to patients with the Holistic Health Care system, a service that seeks healing for patients who pay attention to the patient's psychosocial-spiritual aspects in addition to medical aspects.

Holistic Health Care Services at PKU Muhammadiyah Gamping Hospital plays a role in improving the psychosocial spiritual health of patient side by side with nursing assessments. The process of implementing spiritual guidance is carried out by officers based on Standard Operating Procedures (SOP), starting with an assessment, then observation which is followed up with intervention. The positive condition that is built in the patient is to foster the belief that only Allah Heals, and reduce the patient from trauma and stress and negative conditions that cause hindering healing.

The holistic care services that have been carried out including Islamic spiritual care for pain sufferers, guiding how to pray with limitations due to "pain", preparing mental patients who will be given action, guiding pre- and postoperative worship, guiding patients to pray and dhikr to be kind to Allah, and guide recitation Thayyibah sentence.

The benefits of implementing Holistic Health Care for patients are the fulfilment of religious responsibilities, patients can use their potential effectively, develop dynamics of interpersonal relationships, can self-actualize and increase their existence, and get a healthier and more meaningful life.



Lean Hospital of PKU Muhammadiyah Delanggu Hospital

The Lean Hospital concept is an adoption of the Toyota Production System (TPS) management concept. Basically, this concept wants to create a stable health service management system, reduce inefficiencies in services, and quickly identify errors and fix them as soon as possible. Inefficiency in health care due to waste, mistakes or procedures that are not needed (waste) and not directly related to patient satisfaction and interest can be up to 60%. The application of the Lean Hospital concept can make health performance better and more efficient in terms of resources and quality of services.

PKU Muhammadiyah Delanggu Hospital tries to apply the principles of Lean Hospital to its management. The hospital, which was established in 1966, has passed the basic level of 5 service accreditation, received ISO 9001 - 2008 certification from BSI for service processes in the ER, Outpatient, Inpatient, Laboratory, Pharmacy, Maternity Care, Nutrition, Operating Room & ICU, with Number FS593021 on January 21, 2012.

In its services, PKU Muhammadiyah Delanggu Hospital is still faced with various facts that quality, fair, and equitable

No	Elements of Service	Index
1.	Service Procedure	75.9
2.	Terms of Service	77.7
3.	Clarity of Service Officers	78.7
4.	Discipline of service personnel	77.7
5.	Responsibilities of service personnel	76.5
6.	The ability of service officers	81.2
7.	Service speed	76.7
8.	Justice of receiving its service	74.0
9.	Courtesy and friendliness of officers	79.9
10.	Fairness of service fees.	77.5
11.	Certainty of service fees	77.9
12.	Certainty of service schedules	73.8
13.	Environmental comfort	76.7
14.	Service security	80.8
	Average	77.5
	Good standard	76 - 100

Table 2.2.
Index of
Quality of
Inpatient
Services at
PKU
Muhammadiyah
Delanggu
Hospital



health services are still far from the expectations of the community and require serious efforts to achieve them. For this reason, PKU Muhammadiyah Delanggu Public Hospital encourages management to improve the performance of the service system to meet standard standards for measuring the quality of health services.

PKU Muhammadiyah Delanggu Hospital services have a good growth rate. From the research data, it can be seen that the efficiency ratio of PKU Muhammadiyah Delanggu Public hospital in 2012 was 75.58%, 2013 was 70.32%, and in 2014 it was 69.18%. Meanwhile, the average efficiency ratio was 2012 s.d. 2014 amounted to 71.69%. In accordance with the work plan and budget of the PKU Muhammadiyah Delanggu Public hospital for 2012 s.d. 2014, the efficiency ratio was 83%.

Customer satisfaction at PKU Muhammadiyah Delanggu Hospital is quite good. From the secondary data, it can be seen that the customer satisfaction of inpatient and outpatient care at PKU Muhammadiyah Delanggu Hospital as can be seen in table 2.2. and table 2.3.

Table 2.3.
Index of
Outpatient
Service
Quality at PKU
Muhammadiyah
Delanggu
Hospital

No	Elements of Service	Index
1.	Service Procedure	76.33
2.	Terms of Service	76.83
3.	Clarity of Service Officers	77.33
4.	Discipline of service personnel	74.16
5.	Responsibilities of service personnel	76.33
6.	The ability of service officers	77.01
7.	Service speed	74.67
8.	Justice of receiving its service	74.04
9.	Courtesy and friendliness of officers	78.67
10.	Fairness of service fees.	75.10
11.	Certainty of service fees	78.16
12.	Certainty of service schedules	74.83
13.	Environmental comfort	78.16
14.	Service security	79.83
Average		76.53
Good standard		76.33



HR planning at PKU Muhammadiyah Delanggu Hospital runs effectively by estimating the number of human resources needed and considering their competencies. Recruitment is carried out according to the needs of each unit approved by the leadership by going through a rigorous selection stage. Compensation at PKU Muhammadiyah Delanggu Hospital which includes wages, salaries, incentives, allowances, and facilities is closely related to employee performance. The higher the level of compensation, the employee's performance will also increase, the service will be more effective and efficient so that hospital income will also increase and be able to increase compensation again.

PKU Muhammadiyah Delanggu Hospital evaluates employee performance through DP3, including attendance, disciplinary, active hospital activities, responsibilities, and so on. From the results of the evaluation, it can be used as a reference for class increases, periodic salary increases, and contract extensions. Performance evaluation improves employee performance in a better direction. Performance appraisals form the basis for decisions affecting salary, promotions, dismissal, training, transfers, and other employment conditions.

RS Jiwa Islam Klender

Klender Islamic Mental Hospital originated from the branch of the Jakarta Islamic Hospital in East Jakarta under the name Klender Branch of the Jakarta Islamic Hospital. It changed to Women and Children's Hospital, then became Islamic Mental Hospital (RSJ Islam) in 2008. Islamic Mental Hospital Klender provides services to patients with mental disorders, such as psychiatric emergency services, psychiatric clinic services, inpatient services, which also serves patients with drug abuse. Islamic Mental Hospital Klender has an inpatient capacity of up to 50 beds.

Islamic Mental Hospital Klender provides pharmaceutical services, medical support examinations such as MMPI (Minnesota Multiphasic Personality Inventory), psychology tests, drug examinations and also provides spiritual guidance to inpatients,



outpatients and employees. The types of services provided include *ruqyah* (a healing *method* based on the Quran and Hadith), guidance in reading Al-Qur'an and other worship guidance. Other services include psychosocial rehabilitation services in the form of group activity therapy, motion therapy, work-hold therapy and recreational therapy for inpatients. Day care services are provided for outpatients. As well as patient pick-up services.

Of the many services that are the hallmarks of the Islamic Hospital Klender is the management of schizophrenia. Management of schizophrenia is often only focused on pharmacological therapy, but in Islamic Mental Hospital it is combined with psychosocial rehabilitation for ODS/ODMK (people with schizophrenia/people with psychiatric problems). Rehabilitation is important for restoring functional patients to achieve autonomy for ODS/ODMK.



Spiritual therapy services with reciting Quran (*tadarus*) therapy and study of the Qur'an, *ruqyah syari'ah*, lectures, Islamic ethics and norms, memorization of the Qur'an and *dzikir* & prayers (above); and Psychosocial Rehabilitation services with occupational gardening therapy (left) at Islamic Mental Hospital Klender.
Photo: rsjiwaislam.com



Rehabilitation is often difficult due to limited resources and the high number of patients in mental hospitals. In fact, psychosocial rehabilitation services can be started early, from the time the patient is hospitalized, as well as when the patient is on an outpatient basis. Psychosocial rehabilitation is important because it can help ODS/ODMK be more independent in living life with a better quality of life. Klender Islamic Mental Hospital provides motivation to patients with mental disorders, one of them schizophrenic sufferers, to be able to be independent and return productive and to be able to play a role in social life.

Regarding superior management services, Islamic Mental Hospital Klender is also actively involved in the Indonesian Community Care for Schizophrenia (KPSI). In the East Jakarta area, the KPSI branch is located at Islamic Mental Hospital Klender, which was formed on May 28, 2015. KPSI activities are oriented towards education and services for people with mental problems, especially those with schizophrenia. KPSI members come from sufferers and their families, medical circles and the general public. KPSI activities have created an atmosphere of mutual openness, support, and enlightenment among people with psychiatric problems (ODMK), families, medical circles and other people who care.

Muhammadiyah Senior Care Jakarta Islamic Hospital Cempaka Putih and Jakarta Islamic Hospital Sukapura

The increase in the number of senior citizens is an indicator of the healthier Indonesian population as their life expectancy increases, although on the other hand their productivity decreases. The aging process of the population certainly has an impact on various aspects of social, economic life and especially health. With increasing age, the function of the body's organs will decrease, both due to natural factors and due to disease.

Data shows that the morbidity rate for senior citizens increases from year to year. This condition certainly must get the attention of various parties. Apart from the health side,



from an economic standpoint, the labour force participation rate of the elderly population is still quite high. From the results of research conducted by Komnas Elderly in 2008, it was found that the most common reason the elderly were still working was due to inadequate economy. Another reason is because they want to remain active and independent.

The handling of senior citizens must be a priority. Jakarta Islamic Hospital Sukapura provides services for senior citizens. Geriatric Muhammadiyah Senior Care Services at Jakarta Islamic Hospital Sukapura is also held in the implementation of the PP Muhammadiyah Social Service Assembly (MPS) program. During October 2018 to January 2019, Muhammadiyah Senior Care (MSC) has organized several activities consisting of group and individual assessments, group activities in the form of handicrafts, health checks and nutrition counselling, and religious counselling. The participants who took part in some of these activities were 150 people.

At Jakarta Islamic Hospital Cempaka Putih MSC Big Meal Program (MABES) was held. This program aims to provide ac-



Muhammadiyah Senior Club (MSC) Jakarta Islamic Hospital Sukapura North Jakarta was inaugurated at Rawa Indah Public Health Centre in the moment of national customer day, September 7 2018. Soft Launching of MSC service as the newest service at Jakarta Islamic Hospital Sukapura was witnessed by residents of RW Rawa Indah, Sukapura Village.



tivities that keep senior citizens mentally, physically, socially, spiritually and financially independent.

The inaugural MABES program was inaugurated in the main office with a big meal together with the President Director of Jakarta Islamic Hospital Cempaka Putih dr. Metta Desvini PS. Sp.KJ., Director of Service dr. Rohimiah, Director of Human Resources Rohyadi Anwar, S.Pd, and Director of MSC Samsul Bahri Nasution, S.Psi. on September 10, 2018.

The inauguration program of the MSC MABES program, fully sponsored by the members. They brought home cooking menus, respectively. The cutlery used comes from the craftsmanship of recycled own hands, such as plates, fruit containers, vegetable trays, glass water containers, tissue holders, and others.

Fun activities such as eating together, making handicrafts, and learning the Koran really help prevent the senility that commonly afflicts senior citizens. With these various activities, it is hoped that senior citizens will always be healthy and happy with young people.



Muhammadiyah Senior Care in Daerah Istimewa Yogyakarta (DIY) Province presents 3 steps of social services in the form of religious services, health services and economic empowerment services.



Roemani Hospital, Trust in Muhammadiyah

Roemani Muhammadiyah Semarang Hospital is one of the top health facilities, founded in 1975. An interesting story from this hospital is about H. Achmad Roemani, a non-Muhammadiyah businessman who donated a hospital and asked to be managed by Muhammadiyah. He donated the hospital building and a land area of 13,000 m².

Apart from being a businessman, H. Achmad Roemani was a veteran fighter, a Kopral member of the Barisan Banteng of the Republic of Indonesia. He died on December 21, 1975, and is buried in the Giri Tunggul Hero Cemetery in Semarang. For his services in the construction of the hospital, Muhammadiyah gave an award to H. Achmad Roemani. Muhammadiyah Award was received by the family represented by the grandson of H. Achmad Roemani, dr. Sri Mulyani, Sp.A., M.Kes. The award was given at the 105th Muhammadiyah Anniversary Reception, 18 November 2017, at the same time the Muhammadiyah Award was given to Sri Sultan Hamengkubuwono X and Prof. Mitsuo Nakamura, an anthropologist from Japan.



Alm. H Ahmad Roemani

The Muhammadiyah Award to H. Achmad Roemani was received by his granddaughter, dr. Sri Mulyani, Sp.A., M.Kes (right end).



Currently Roemani Muhammadiyah Semarang Hospital has developed a variety of excellent services such as the Syar'i Beauty Clinic, various specialist clinics ranging from Urology, Bone Surgery, Neurosurgery, Plastic Surgery, Paediatric Surgeons, and others. Roemani Muhammadiyah Hospital can also perform the Laparoscopy procedure, which is a surgical procedure using minimally invasive techniques. The surgeon will make two or three small holes (5-10 millimetres in diameter) in the patient's abdominal wall.

Roemani Muhammadiyah Hospital also received many awards, including the "Service Excellent Award 2014 in the Public hospital (C Class) Semarang category" from Markplus, and Accreditation Version 212 in 2016 with the title of Graduated Plenary from Kars.



RS PKU Solo Hospital, the Presidential Family Preferred Hospital

PKU Muhammadiyah Surakarta Hospital, or better known as PKU Solo, which is on Jalan Ronggoworsito No. 130, Solo, Central Java started from an eye treatment centre that was founded in 1927. This venture charity continued to develop until it turned into a general medical centre and a delivery house in 1933. In 1985, the clinic later developed into the PKU Muhammadiyah Surakarta Hospital, till now.

After more than 90 years of providing services, PKU Solo continues to improve and improve the quality of its services. PKU Muhammadiyah Solo Hospital received an upgrade from class C to class B on June 18, 2013 with the decree number: HK.02.03/I/1098/2013. As a type B hospital, this hospital has very complete health facilities ranging from tread mill, 4 D ultrasound, panoramic, adult and infant ventilators, surgical rooms in the emergency room, CSSD, integrated diagnostic services, and so on. PKU Solo Hospital also has qualified health



human resources according to Type B Hospital standards. In 2013 it already had 19 permanent specialists and 52 part-timer specialists for all disciplines.

PKU Solo continues to improve the quality of its physical facilities. In 2017, PKU Muhammadiyah Surakarta Hospital inaugurated a new building, building B, which was inaugurated by the Chairperson of PP Muhammadiyah, Dr. Haedar Nashir. The building, which was built on a land area of 6,266 m², was built for two years, since 2015, at a cost of Rp. 46 billion. This 7-story building is equipped with a pharmacy and chemotherapy room, haemodialysis room, 322 inpatient rooms consisting of class 1, VIP to VVIP beds. With the construction of this new building, now inpatient rooms for classes 1, 2 and 3 have increased to 194 bedrooms, 70% of which will be used for BPJS patients.

Another advantage of PKU Surakarta Hospital is the perfect delivery service. The hospital, which used to be a maternity home, serves both normal deliveries and deliveries via caesarean section. Patients can also choose the type of room according to their preferences. This hospital provides room facilities that range from class III rooms to super VVIP rooms. The differences between the various classes are in the facilities as follows:

- Class III with facilities: permanent partition/curtain, air conditioning, private bathroom and shower package and fan.
- Class II with facilities: 6 patient beds, permanent partition/curtain, air conditioning and bath packages.
- Class I with facilities: 1 patient bed, 1 patient bed, private bathroom and AC shower package, TV and telephone.
- Then VIP Class B, VIP A and VVIP with facilities: 1 patient bed, 1 patient waiting bed, private bathroom and shower package, air conditioning, TV, telephone, refrigerator, menu options for patients (except special diets) and patient waiting menu.
- Suite Room Class (Super VIP) with facilities: 1 patient bed, 1 patient waiting bed, 1 sofa set, private bathroom and



bath package, AC, TV, telephone, refrigerator, menu options for patients (except special diets), patient waiting menu, spacious room and room terrace and 1 set of patio chairs.

For suite rooms, services are provided with the concept of Single Maternity Room. In this concept, pregnancy care services are carried out in an integrated manner in one room. All labour processes from birth to recovery are carried out in the same room so that patients do not need to move rooms.

Another procedure applied at PKU Muhammadiyah Solo Hospital is the fulfilment of immunization. Before going home, every baby born in this hospital is advised to get complete immunization. After returning home, this hospital also provides post-natal care. Even if needed, PKU Surakarta Hospital can provide post-birth services at home

The President's Family Preferred Hospital

With the perfect quality of health services, especially in childbirth services, it is not surprising that the PKU Muhammadiyah Surakarta Hospital was chosen by many figures including President Jokowi's family. President Jokowi's first and third grandchildren from his first son, Gibran Rakabuming and his wife Selvi, were born at PKU Muhammadiyah Surakarta Hospital.



President Jokowi's first grandson, Jan Ethes, was born by caesarean section on March 10, 2016 at around 09.28 WIB. Jan Ethes was born weighing 3,090 kilograms and 48.5 centimetres long and was treated in the 2nd floor Annisa B Suite Room for six days. Meanwhile, the third grandson, La Lembah Manah, was also born Caesar on November 15, 2019 with a length of 46.5 cm and a weight of 2.92 kg. Both deliveries were handled by doctor Dr. Soffin Arfian SpOG along with the PKU Solo Hospital team of doctors.

The election of PKU Muhammadiyah Surakarta Hospital by the President Jokowi's family shows how good the quality of service this hospital has. PKU Muhammadiyah Surakarta Hospital always tries to provide maximum and complete service for anyone who chooses to use its services.



The appearance of Said Tuhuleley Floating Clinic when docking in Maluku Islands.



The inaugural Said Tuhuleley Floating Clinic service on Saparua Island and Haruku Island in the form of free medical service for people who need and have difficulty accessing health services.

(Photo: lazismujatim.org)



Klinik Apung Said Tuhuleley

Said Tuhuleley Floating Clinic (KAST) is a program to procure a floating clinic on water in the form of ships that was initiated by LAZISMU as a solution to health service problems in Maluku and the 3T (outermost, frontier, underdeveloped) area. This program uses the name Said Tuhuleley, a native son of Saparua, Maluku, who is known as a leader of the marginalized fighters. During his tenure as Chairman of the PP Muhammadiyah Community Empowerment Council (MPM), since the formation of this Assembly, in 2005, until his death on June 9, 2015. Dr. H. Said Tuhuleley, M.M. very persistent and diligent in carrying out various empowerment programs and improving the welfare of the community/the duafa.

The KAST program was inaugurated at the opening ceremony of the Tanwir Muhammadiyah Session (24 February 2017) by the President of the Republic of Indonesia Ir. H. Joko Widodo at the Ambon Islamic Centre Meeting Building, which is adjacent to the beach where KAST is anchored.



Map of Said Tuhuleley Floating Clinic Expedition (2017-2018)



Even though it is called as the “Floating Clinic”, this ship is more multifunctional, not just a health service on board. Its main mission is to provide health services, education, humanity, and social mission. With all its limitations, KAST has greeted the people of Maluku on various islands. KAST also brings close emotional connection, a sense of humanity, and the brotherhood of volunteers (doctors, nurses, pharmacists, teachers, religious leaders, students), with the people of Maluku from various backgrounds. The KAST expedition in the Maluku Islands was also carried out to encourage harmony, build human-based kinship, strengthen social relations between religious communities, and of course, to carve out small steps to reduce inequality.

Until 2018, KAST has carried out 8 expeditions in various regions in Maluku. The first expedition started on Haruku Island, to be precise in Ory Village. The expedition continues to Saparua Island, Sepa Island, then returns to Ory Village on Haruku Island. There are two islands visited by the expedition team twice, namely Haruku Island and Saparua Island. The last three expeditions were on Banda Island, Buano Island, and ended at Kelang Island, in Tahalupu Village Huamual Belakang District.

Some of the KAST programs that were successfully held in 2018, include: first, free health checks for 1,444 people and free mass circumcision for 16 people. Second, the SOS (Save Our School) program in the form of minor renovation assistance for classrooms and teacher rooms, as well as assistance for supporting educational delivery tools such as laptops, in-focus and PCs, as well as sanitation assistance in 11 schools with 766 students and 134 teachers. Third, Agricultural Empowerment Economic Assistance for 208 farmers, and the Fishermen Empowerment Economic Assistance program for 45 fishermen. And fourth, empowerment of four farmer groups in Seram Island, Huametenno Hamlet, and Tawane Wane. They were given plant seeds, organic fertilizers, and assistance from MPM PP Muhammadiyah and PWM Maluku. As a result, tomato farmers can harvest more than 20 tons every 2 months



(average 300 kg per person). Corn farmers also get encouraging benefits. During the first harvest the price of maize rises to Rp160,000 (usually Rp130,000). Part of the profit is used for the costs of subsequent planting. These farmers need land expansion and a corn chopper to improve the farmer's economy.

KAST also provided direct assistance in the form of solar panels and groceries which were distributed to 500 recipients in various regions of Maluku. Solar panels are divided into three categories; houses of worship, congregants who pray five times at the mosque, and other congregations. Solar panels have been received by 12 houses of worship (6 mosques and 6 churches), 391 congregants who pray five times at the mosque, and 1,522 other worshipers.

Central Purchasing and Healthcare Challenges

The dynamics of Muhammadiyah-'Aisyiah Hospital (RSMA) throughout Indonesia are quite diverse, both in service management policies and other very dynamic operational policies. The SJSN era poses a challenge for hospital managers, especially RSMA, to carry out various innovations in order to ensure that RSMA can provide better services.

The change in the paradigm of health services became more evident in 2014 along with the promulgation of the BPJS Health as the Health Insurance Agency, which regulates all health management and hospitals in Indonesia. Health service managers, in this case hospitals, are required to be able to carry out efficiency in operations and services. One of the aspects that need innovation and efficiency is the aspect of procurement of medicines and medical devices. Responding to this new era full of challenges, innovation is needed in the purchase of medicines and medical devices.

Central purchasing system, is a procurement system, for standardization and negotiation of products (drugs and medical devices), in a group of buyers / groups of several hospitals that are centralized in an institution that represents the hospital association. Central purchasing is a necessity for RSMA in



administering health services efficiently and competitively.

Learning from the experience of joint purchases that have been implemented by RSMA in East Java, Central Java & DIY through a cooperative forum, MPKU PP Muhammadiyah is trying to establish a cooperative as an institution that represents hospitals in the procurement of medicines and medical devices. In the process, the establishment of the SSM Cooperative (Sinergi Surya Medika) as a form of cooperative business did not get a permit. Based on the studies and fatwas of the PP Muhammadiyah Law & Human Rights Council, it is not allowed to have other legal entities within the Muhammadiyah Association. Finally, MPKU PP Muhammadiyah decided SSM to become a 'charity business' MPKU PP Muhammadiyah with Muhammadiyah Legal Body Corporation, Central Purchasing Public Health Advisory Council Central Executive Muhammadiyah Sinergi Surya Medika (CP MPKU PPM SSM).



Agoes Soelistiyo Dunda, MPKU PP Muhammadiyah Secretary delivered material on "The importance of CP MPKU PPM SSM in realizing the acceleration of superior RSMA."



foto: wonosobomu.id

PKU Muhammadiyah Wonosobo Hospital hosted the AUM Health Meeting under the coordination of Central Purchasing MPKU PP Muhammadiyah. Monday, September 9 2019. In this forum, all RSMA directors agreed to raise the SSM institution. The event was attended by the Chairperson of PP Muhammadiyah, MPKU PP Muhammadiyah management, CP MPKU PP SSM management & staff, RSMA directors, managers, head/person in charge of pharmacy & logistics, with a total of 120 participants.





The implementation of this central purchasing was pioneered by five Muhammadiyah hospitals located in Jakarta, namely the Jakarta Islamic Hospital Cempaka Putih, Jakarta Islamic Hospital Pondok Kopi, Jakarta Islamic Hospital Sukapura, Islamic Mental Hospital Klender, and Muhammadiyah Taman Puring Kebayoran Baru Hospital. The five hospitals have jointly built a system for purchasing drugs and medical devices.

The awareness of RSMA to join SSM every year continues to increase because of the real benefits for RSMA. Currently, the number of hospitals that have joined SSM has reached 70 RSMA. SSM represents RSMA to standardize drugs and medical devices used by the joined RSMA. Furthermore, SSM carries out standardization and completion of partners in the procurement of drugs and medical devices. This joint procurement system has benefited RSMA and for the benefit of the organization's da'wah in general.

SSM has helped many parties in the organization, Central Purchasing MPKU PPM as one of the AUMKes under MPKU PPM, trying to be present to provide benefits to the Muhammadiyah Organization. SSM provides support for various activities carried out by the Central Executive of Muhammadiyah, the Central Executive of Aisyiah, MPKU, Educational Institutions/Schools, Mosque Takmir Board, Lazis, MDMC, Muhammadiyah Youth Force and other institutions.



SSM is something that is very real needed in the movement of the organization, especially for Muhammadiyah Health Venture Charity (AUK) as the right vehicle for the collective movement of managing AUK. Central Purchasing SSM shows that various challenges can be faced along with the times and with movements carried out in congregation.

INTERNATIONAL COOPERATION IN HEALTH

Muhammadiyah carried out various international collaborations, especially after declaring the internationalization of the movement at the 2010 Muhammadiyah Century Congress in Yogyakarta. In addition to conducting health campaigns through various advocacy and outreach activities in health issues, international cooperation is also carried out by MPKU, campuses and health business charities in the field of research and in the development of health services. Here are two examples of cooperation in the field of health services that have been carried out.

Cooperation with Germany

Cooperation in the health sector is carried out through the University of Muhammadiyah Yogyakarta in collaboration with Westfälische Wilhelms-Universität (WWU) Muenster and Universitäts Klinikum Münster (UKM) or University Hospital of Munster Germany. The collaboration is held in order to improve the quality of doctors and health services, especially in the treatment of cancer and heart patients. Starting with the signing of the cooperation on November 4, 2015 between the then Chancellor of UMY, Prof. Dr. Bambang Cipto, M.A, with representatives of WWU Munster, Dr. Ch. Hoppenheit, and the Medical Director of UKM, Prof. Norbert Roeder at the WWU Muenster Campus, Germany. The signing of this MOU was also attended by the Governor of Yogyakarta, Sri Sultan Hamengku Buwono X, and the Chairman of the Muhammadiyah Central Executive who is also a member of the UMY Steering Committee, dr. Agus Taufiqurrohman, Sp.S., M.Kes.



This collaboration is a follow-up to the Indonesia Germany Conference on Cardiovascular and Cancer on 3- 4 May 2015 at Asri Medical Centre of Muhammadiyah Yogyakarta University (UMY) and talks with Universitäts Klinikum Münster Germany regarding the importance of secondary service facilities for cardiovascular and cancer services at Muhammadiyah in response to the tiered referral system. in the AUK Muhammadiyah service network in the framework of SJSN and BPJS Health. As a follow up, the Department of Research and Development and MPKU Council assigned UMY and PKU Muhammadiyah Jogja Hospital to develop Cardiovascular and Cancer Service/Education and Research Centres in Muhammadiyah.

Cooperation in the areas of cardiovascular, cardiovascular and cancer services was chosen for several reasons. First, heart and vascular disease has recently experienced a trend of changing characteristics, along with the development of current medical technology and knowledge. Second, cardiovascular disease affects many Indonesians and is the cause of the highest death rate in Indonesia. Third, there are very few medical personnel and health facilities in Indonesia that can handle these two diseases. Meanwhile, at the same time Muhammadiyah itself does not have a special place or centre for treating heart disease and cancer in a holistic and comprehensive manner.

In the process of developing the Centre of Excellence, UMY and PKU Jogja collaborated with ICME, one of the consulting agencies from Germany. In this process, ICME helps develop the concept of premises, facilities and services in advance. Collaboration with ICME begins with an architectural review of facilities, a review of health services and equipment and cardiovascular facilities and information Technology. Now, PKU Muhammadiyah Hospital already has a Cardiovascular, Cancer and Heart Management Centre at PKU Muhammadiyah Gamping Hospital.

Cooperation with universities in Germany is also carried out in the field of education and training with the same focus,



namely the fields of cardiovascular, cardiovascular and endovascular surgery, cancer, and reproductive health medicine. UMY and University Hospital of Munster Germany (UKM) also exchange information, lecturers and students in agreed fields.

UMY has sent several students and lecturers to study doctoral programs at Muenster University, as in 2014 as many as 4 people, namely Dr. Bramantyas Kusuma Hapsari, Dr. Maria Ulfa, Rifki Febriansah, M.Sc. Pharmacist, Arko Jatmiko Wicaksono, they studied for 3 years and will carry out research for 2 years. Currently, UMY also sent dr. SupRYiningsih, Sp.Og to study at Muenster University and dr. Sunaryadi, MMR (Director of Muhammadiyah Tuban Hospital).

UMY also collaborates with Universitäts klinikum Münster (UKM) or University Hospital of Munster Germany to conduct several workshops and seminars. Among them is a workshop on handling and services for cancer and heart disease. This workshop was entitled “Indonesia-Germany Health Care Conference on Cardiovascular and Cancer Care Yogyakarta-Indo-



Roundtable Discussion, Scientific Meeting and Workshop on the prevention of disease prevention, particularly early detection of cancer and cardiovascular events. 14 October 014 at Asri Medical Centre, Yogyakarta. Organized in collaboration between the University of Muhammadiyah Yogyakarta (UMY) with Universitäts Klinikum Münster (UKM) or the University Hospital of Muenster Germany.





The Governor of Yogyakarta Special Region, Sri Sultan Hamengku Buwono X and the General Chairperson of the Muhammadiyah Central Executive, Prof. Dr. Haedar Nashir inaugurated the Integrated Heart Service Installation at PKU Muhammadiyah Gamping Hospital, September 25, 2017.



source: pkugamping.com/layanan/instalasi-pelayanan-jantung-terpadu

nesia”. This is a workshop on Healthcare Leaders and Healthcare Management which starts with two stages, namely early detection by doctors, nurses and other health workers, and cancer management and how to observe patients.

UMY also held roundtable discussions, scientific meetings and workshops on disease prevention, especially early detection of cancer and cardiovascular (heart disease) events. The roundtable discussion raised the theme “Indonesia German Cooperation: Challenges of Staff Development in The Areas of Education and Health” Meanwhile, the scientific meeting took the theme “An Update on Comprehensive Cardiovascular and Cancer Health Care Delivery Service”. The workshop held was on “Coloscopy and Early Detection and Workshop on Breast Ultrasound Screening” with expert speakers from Germany and Indonesia.



Cooperation with Taiwan

Cooperation with Taiwan government has a long history. Cooperation has been carried out since 2004, namely between the Council for Higher Education and Development Research (Diktilitbang) and National Taipei University. The cooperation of the Diktilitbang Council has produced 200 graduates. The collaboration also resulted in the establishment of the Taiwan Education Centre (TEC) at UMY as a form of information source related to education in Taiwan for lecturers, students, or prospective students who will continue their studies in Taiwan.

The continuation of cooperation with Taiwan in the health sector is what PKU Muhammadiyah Yogyakarta Hospital and the Taiwan International Healthcare Training Centre have done. This collaboration began in 2009, involving health education students and medical personnel to improve the quality and



President Director of PKU Muhammadiyah Hospital Yogyakarta City, dr. H. Joko Murdiyanto, Sp.An., MPH, and President of National Taipei University of Nursing and Health Sciences, Prof. Hsieh Nan Chen, at the signing of the MoU on cooperation in the field of education and health training and the inauguration of the Taiwan Indonesia Healthcare Education Center (TIHEC).



skills in the health sector, especially in the fields of health management, nursing, and emergencies. There have been many staff of PKU Muhammadiyah Yogyakarta, Gamping and Bantul Hospitals participating in training on health services, culture and Taiwanese language from May 2009 to September 2019. These staff then provide training to prospective nurses who can be sent to Taiwan, while Taiwan will send professional educators. to Indonesia. With this process, it is expected that there will not only be an increase in quantity, but also the quality of health services.

Prof. Hsieh Nan Chen, President of National Taipei University of Nursing and Health Sciences, stated that Taiwan is working with Muhammadiyah because Muhammadiyah has a mature institution in public health services. He hoped this cooperation can continue in future, not only with PKU Jogja but also with other hospitals throughout Indonesia. MPKU PP Muhammadiyah will also encourage this collaboration to be continued by all PKU Muhammadiyah Hospitals in Indonesia so that they can gain knowledge up to Taiwan.



BECOME A HEALTHY COMMUNITY MOVEMENT

Apart from services, Muhammadiyah's role in the health sector is also in the form of guidance for the community regarding health promotion. Muhammadiyah has responded to several issues including bird flu outbreaks, elimination of malaria, maternal and child health (KIA), HIV/AIDS, tuberculosis, tobacco control, Clean and Healthy Living Behaviour (PHBS), Healthy Community Movement (GERMAS), and the Pesantren Health Post (Poskestren).

By maximizing its network and resources, Muhammadiyah together with autonomous organizations such as Aisyiyah are carrying out various community empowerment programs. The activities carried out are training volunteers and forming various communities or community communication forums to build awareness and organize the community so that they can carry out campaigns, prevent, and identify various health problems in their environment.

The following are some of the public health promotion programs carried out by Muhammadiyah-Aisyiyah and other *ortom* (autonomous organization).

Progressive GERMAS

Essentially, health development is an effort carried out by all components of the Indonesian nation. GERMAS aims to increase awareness, willingness and ability to live a healthy life for everyone in order to achieve the highest public health status, as an investment for the development of socially and economically productive human resources.

There are so many health problems facing Indonesia. Among the problems are the still high mortality rate for mothers and children, the increasingly complex nutritional problems, the high mortality rate caused by communicable and non-communicable diseases, and mental health problems that are getting bigger and bigger raises a significant health burden. Indonesia is not only experiencing double problems, but also facing three big problems (triple burden).

Currently the government is aggressively promoting



GERMAS as an effort to reduce various health risk factors. The seriousness of this government is stated in Presidential Instruction Number 1 of 2017 concerning the Healthy Living Community Movement. Presidential Instruction regulates the various roles of stakeholders to make the implementation of GERMAS in Indonesia a success. Given the seriousness of the problems faced, the participation of all stakeholders is very important, both government, private and social institutions in the successful implementation of GERMAS.

GERMAS is an activity that focuses on 3 (three) aspects of behavior change, namely doing physical activity, eating vegetables and fruit, and conducting regular health checks, to detect risk factors that exist in each person.

MPKU PP Muhammadiyah cooperates / partnerships with the Health Promotion Centre of the Ministry of Health of the Republic of Indonesia in 2012-2019. Through this cooperation/partnership, many health promotion activities have been carried out by MPKU PP Muhammadiyah in various Muhammadiyah' Aisiyah Hospitals (RSMA) and RSMA target areas in various corners of Indonesia, especially related to the GERMAS program in the community and Hospital Health Promotion (PKRS) at RSMA.

This activity has a positive impact on the development of PKRS in the hospital itself, both management, patients and the community in the hospital's target area. In addition, the RSMA management and Muhammadiyah leadership at the regional, regional, branch and branch levels have also obtained commitment to carry out PKRS and the GERMAS program in a sustainable manner.

Partnership activities between community organizations and the government represented by the Directorate General of Health Promotion and Community Empowerment in realizing healthy living communities (GERMAS) are very strategic and need to be continued, so that this campaign can continue in a more massive and systemic manner. In addition, through this partnership activity, the community is not only an object in the health movement, but also makes them a subject in



Table 1 GERMAS Activities

Year	Name of Activity	Participants	Achievements
2017	Healthy Living Community Movement Location: - RSM Siti Khadijah Sepanjang Sidoarjo - RSM Siti Khodijah I Makassar Hospital	- PKRS TEAM - PWM, PDM, and PCM - Public health centre - Germas cadre - Village community leaders	- 60 GERMAS cadres in Muhammadiyah Hospital (30 each) - 16 groups of GERMAS assisted villages (8 assisted villages each)
2018	Orientation/Capacity Building of GERMAS Location: - RSM Siti Khadijah Sepanjang Sidoarjo - RSM Siti Khodijah I Makassar	- PKRS TEAM - PWM, PDM, and PCM - Public health centre - Germas cadre - Village community leaders	- 60 GERMAS cadres in Muhammadiyah Hospital (30 each) - 16 groups of GERMAS assisted villages (8 assisted villages each)
	Decreased stunting Location: - RSM Lamongan - RSM Nanggulan Kulonprogo - RSM Sruweng Kebumen	- RSM PKRS TEAM - Assisted Village - Care for Stunting Cadre - Pregnant women and toddlers. - Provincial and District Health Offices - PWM, PDM, PCM, PRM - Public health centre - Village community leaders	- 90 cadres of stunting activists (30 each in RSM Lamongan, RSM Nanggulan and RSM Sruweng) - 24 villages assisted by the stunting campaign (8 villages each in RSM Lamongan, RSM Nanggulan and RSM Sruweng) - There is integrated Posyandu coaching with Posbindu, Youth Posyandu - Approximately 790 pregnant women and children under five (260 each at RSM Lamongan, RSM Nanggulan and RSM Sruweng)
	Elimination of tuberculosis Location: - RS Muhammadiyah Karanganyar	- RSM PKRS TEAM - The Fostered Village - Cadres - TB care group - Patients and families	- 30 cadres of TB elimination activists - 8 villages assisted by TBC Elimination - 260 patients and families. - Establishment of village TB posts
2019	Healthy Islamic Boarding School Workshop Location: - Lamongan Regency - Bima District - Bantul Regency	PPM, PWM, PDM, PCM and PRM - Provincial government and district government - MPKU (Health Division of Muhammadiyah) - Muhammadiyah Hospitals - Muhammadiyah Higher Educations, - Public health centres - Aisyiah, IPM, Public figure Pesantren residents	- The formation of 150 students of boarding school as health cadres in Islamic boarding schools - Establishment of Pesantren Health Post (POSKESTREN)



implementing a healthy paradigm so that people can be more aware and can live healthy independently.

The partnership activity between Muhammadiyah and the Ministry of Health in the GERMAS campaign needs to be sustained through more innovative and broader efforts. Not only involving hospitals with health promotion, other efforts that can be made include Muhammadiyah charities such as schools, Islamic boarding schools, and PTM. In addition, it takes commitment from the leadership of Muhammadiyah charities and the leaders of MPKU Muhammadiyah at all levels (central, regional, regional, branch and branch), to continue activities even though there is no more technical guidance. The participation of Muhammadiyah and all its networks is the key to the sustainability of activities in the target villages, pesantren or Islamic Boarding Schools residents, and the community in grounding GERMAS.

Maternal and Child Health Movement (GKIA)

Maternal and child health problems are becoming more and more cause for concern. The Maternal Mortality Rate (MMR) is still high in Indonesia, at 359/100,000 KH or 40 per 1,000 births (2012 IDHS). In addition, 1 in 3 pregnant women in Indonesia have anaemia. The baby's health problem is equally astonishing, the Infant Mortality Rate (IMR) is still high, namely at 32 per 1,000 KH (2012 IDHS). Pneumonia and diarrhea are still the main causes of death, the number of newborns with HIV has begun to increase, BMI is still low (by 49%), and exclusive breastfeeding for newborns (LBW) is still low, at 27%. Not to mention the problem of short toddlers which was still at 35.6% in 2010, underweight and malnourished children at 13.3%. Not only that, overweight children who have the potential to be obese are also increasing.

Strong and equitable cooperation is urgently needed in overcoming MCH problems. Muhammadiyah became one of the founders of the Mother and Child Health Movement (GKIA) and an initiator in GKIA collaboration with community members / other private parties. GKIA is a civil society coalition



consisting of organizations and individuals fighting for the improvement of the health status of mothers, children and adolescents in Indonesia. GKIA is subject to the Human Rights Convention, the Convention on the Elimination of Violence against Women and the Convention on the Rights of the Child. As a form of support, GKIA was also launched by the Coordinating Minister for People's Welfare of the Republic of Indonesia, in June 2010, as part of civil society efforts to contribute to the achievement of the Millennium Development Goals (MDGs), which are currently being continued with Sustainable Development Goals (SDGs).

In April 2015, GKIA adopted a presidium leadership system consisting of 6 organizations, namely: Muhammadiyah, the Indonesian Family Planning Association (PKBI), the Indonesian Perinatology Association (Perinasia), the Christian Service Association for Health in Indonesia (Pelkesi), Sayangi Tunas Cilik Foundation (YSTC), and Wahana Visi Indonesia (WVI). More than 25 civil society organizations have joined this movement in partnership with governments, multilateral agencies, professional organizations, educational institutions, donors and other similar coalitions.

GKIA seeks to synergize the efforts and commitment of the government, the House of Representatives, child health experts, the private sector, non-government organizations and the mass media, to improve the health of mothers, babies, toddlers and adolescents, so that mothers and children are saved and live healthy lives. GKIA also seeks to integrate the voices of Indonesian children and youth from various provinces to demonstrate its commitment to improving the health of mothers, babies and toddlers.

GKIA does not only focus on maternal and infant problems, the eradication of health problems among toddlers, children and adolescents is also a target that GKIA also wants to achieve. Cases of child marriage, pregnancy at a young age, the increasing spread of HIV, and the lack of synergy in youth activities in general, are other issues that need to be addressed.

Together with 39 other organizations, Muhammadiyah



continues to promote GKIA. Muhammadiyah networks spread across the islands in Indonesia make it easier for GKIA fighters to carry out their programs. Without the empowerment of militant cadres, the success of GKIA will not be achieved. In addition, Muhammadiyah, which already has a network of health services spread throughout Indonesia, is certainly very helpful in achieving the targets and goals of GKIA.

The activities that have been carried out by GKIA and Muhammadiyah are advocacy, promotion, training, mentoring, innovation, research, education, and facilitators. One of the advocacies carried out was the holding of a National Civil Society Consultation for the Development of a Global Strategy for Maternal, Child and Adolescent Health 2015-2030, which was held on 12-14 March 2015 at Wisma PKBI. This activity resulted in strengthening the network of community organizations to conduct socialization/initiation of GKIA in order to accelerate the reduction of maternal and child mortality. This advocacy also produces recommendations aimed at the Indonesian Ministry of Health.

Another advocacy that was carried out was the First 1,000 Days of Life Movement (HPK), which is a movement that teaches mothers with newborns about how to fulfil their baby's nutrition in the first thousand days of life. This movement selected 430 ambassadors who would facilitate 3,500 midwives, 10,000 cadres and a million mothers. There is a concern that in this movement there is a conflict of interest because it involves US substitute producers who carry industrial interests. However, this situation can be anticipated. GKIA officially held a press conference to reject the involvement of breastmilk substitute producers in the 1000 HPK Movement. Obviously, GKIA and Muhammadiyah reject the existence of breastmilk substitute producers because they are not in accordance with GKIA programs, especially the ASI exclusive for 6 months program.

Meanwhile, the educational actions carried out by GKIA were in the form of PMBA Workshop, Smart Practice Symposium, Health Budget Advocacy Workshop, and KIBBLA Workshop which started from August to December 2015, and con-



tinued in the following years. GKIA has also conducted breastfeeding training together

Muhammadiyah, by involving UNICEF, has published several books on breastfeeding materials, one of which is the Pocket Book for Breastfeeding Assistance in Disaster Situations. Trainings have been held from 2008 until now. This training has many scopes, from local to national scale which produces certified nurses.

Muhammadiyah also initiated the establishment of the Maternal Child Health Civil Society Forum (FMM-KIA) in several regions. FMM-KIA is a forum for various representatives from civil society organizations to participate in rescuing pregnant and giving birth as well as newborns. The role of FMM-KIA in GKIA is very large, with zero deaths recorded in four sub-districts in Blitar. The Regional Government of Blitar Regency saw the effectiveness and performance of MKIA in 4 districts. The EMAS (Expanding Maternal and Neonatal Survival) intervention has been able to reduce maternal and child mortality (there were no deaths from these four districts).

In Banyumas District, FMM-KIA has been able to demonstrate their role in the Mother and Child Rescue movement in Banyumas. FMM-KIA also succeeded in advocating for the health budget in Bulukumba district by 13%. The role of FMM-KIA as a partner for government and media for both government and society. The total distribution of the roles of FMM-KIA in GKIA is 30 District FMM-KIA, 275 District FMM-KIA, and 2,948 Village FMM-KIA which carry out various intensive and specific programs from GKIA.

EMAS Program and Efforts to Reduce Maternal and Infant Mortality Rates

In 2011, USAID and the Ministry of Health of the Republic of Indonesia started the EMAS (Expanding Maternal and Newborn Survival) program. This program was implemented for five years, aimed at accelerating the reduction in maternal and newborn mortality rates. In Indonesia, every year more than 10,000 women and more than 80,000 newborn babies



die within the first month of life.

The EMAS program was implemented in six provinces which contributed to 50% of these deaths. This program is aimed at reaching districts with the highest number of maternal and newborn deaths. To achieve this goal, EMAS offices were established in seven provinces, namely DKI Jakarta, Banten, West Java, Central Java, East Java, North Sumatra and South Sumatra.

The biggest cause of death is inadequate health facilities. Therefore, the main target of this program is to improve the quality of emergency obstetric and newborn care services at hospitals and public health centre, in addition to increasing the efficiency and effectiveness of referrals from public health centre to hospital.

This program also develops the concept of leading health institution network that officially connects health facilities, and implements it in each district. This network is called the “featured” network because these agencies will be the first to be assigned to the EMAS program in the coming years to become pilot agencies in other districts. The program carries out comprehensive assessment interventions designed to address gaps and equalize the quality and facilities of these health institutions. In this program, activities focused on improving emergency maternal and newborn health services and strengthening the referral process.

EMAS activities are carried out in close collaboration with district and provincial governments with the aim of increasing accountability and encouraging more community participation. For this reason, Muhammadiyah and ‘Aisyiah are working with health institutions such as Budi Kemulia Hospital to commit to implementing the EMAS program throughout Indonesia.

Muhammadiyah, which currently has 338 Health Business Charities (consisting of 107 hospitals and 231 clinics) and is spread in various parts of the country, has the confidence to be one of the drivers of the EMAS program with a target of reducing the Maternal Mortality Rate (MMR) and Neonatal Mortality Rate. (AKN) by 25%. RSMA is among 4 of the 23



hospitals in Indonesia that are pioneering the EMAS program, as well as hosting the first and second visit of the EMAS program.

Muhammadiyah has worked together to implement the EMAS program in several programs. Phase 1 program, implemented by Jakarta Islamic Hospital Cempaka Putih and Jakarta Islamic Hospital Pondok Kopi. The phase 2 program was carried out by five RSMAs, namely Aisyiyah Ponorogo Hospital, Muhammadiyah Lamongan Hospital, Bandung Muhammadiyah Hospital, PKU Muhammadiyah Surakarta Hospital, and PKU Muhammadiyah Yogyakarta Hospital. In addition, three other RSMAs also carry out the EMAS program, namely PKU Muhammadiyah Tegal Islamic Hospital, 'Aisyiyah Siti Fatimah Hospital, Tulangan, Sidoarjo, and Muhammadiyah North Sumatra Public Hospital.

Based on one year's observations, it is evident that Muhammadiyah hospital facilities and specialists in Jakarta are well located to improve the EMAS program approach for other districts and regions. In order to accelerate the improvement of CEmONC (Comprehensive Emergency Obstetric and Neonatal Care) services, four Jakarta-based RSMAs have been identified in the first year to complement the facilities and quality of hospitals as Muhammadiyah's pioneering hospitals.

Muhammadiyah has chosen Jakarta Islamic Hospital Pondok Kopi and Jakarta Islamic Hospital Cempaka Putih as priority hospitals for the extension of the EMAS program. Together with the Budi Kemerdekaan Health Institute (LKBK) to participate in the P1 and P2 activities with the task of observing the guidance process. Jakarta Islamic Hospital Pondok Kopi and Jakarta Islamic Hospital Cempaka Putih with LKBK mentors facilitating P1 activities at Women and Children's Muhammadiyah Hospital of Taman Puring and Islamic Mental Hospital Sukapura. In reality, additional assistance is needed by clinical teams of hospitals and other health institutions based in the Jakarta area. Once the organization meets the criteria for a "mentor-ready" hospital, they will begin mentoring other health institution facilities, inside or outside the EMAS program target



facilities.

Overall, this strategy will prepare eight facilities, including Muhammadiyah hospitals, to serve as supervisory hospitals. Not only that, a comprehensive financial management program and process was created for other provinces, so that they can report the progress of the EMAS program to Jakarta. A work plan and quarterly meetings among technical staff have been held to discuss contractual agreements and scope of work for the EMAS program.

The role and institutional commitment and support of Muhammadiyah hospitals is very strong. This is evidenced by the scope of work of cadre regeneration and the completeness of the well-executed EMAS program targets. Little by little so that they can grow together to develop and make the EMAS program successful. For example, the PKU Muhammadiyah Hospital in Central Java received the highest achievement among private hospitals at 22.2% in meeting the standards of hospitals that were ready and alert with the EMAS program.

Not only that, Muhammadiyah Deli Serdang Hospital can also meet the standards of a ready and alert hospital with the EMAS program of 9.4% with the highest achievement of all hospitals at 26.7%. Muhammadiyah and 'Aisyiyah institutions are also recorded as active participants in the health institution forum for EMAS, particularly representatives from South Sumatra, Banten, West Java, Central Java and East Java. In fact, the Muhammadiyah institution in South Sulawesi was once the coordinator for this forum. In addition, RSI Muhammadiyah Tegal, PKU Muhammadiyah South Sulawesi, and Muhammadiyah Medan Hospital are also referral hospitals with adequate facilities to make the EMAS program a success.

Muhammadiyah should be proud of achieving the complete category for the EMAS program counselling/guidance schedule. In other words, Muhammadiyah Hospitals have completed a complete guidance program, in accordance with the targets given by the EMAS program. Muhammadiyah Hospitals that have completed this counselling are Muhammadiyah Hospital, Central Java, East Java, and Muhammadiyah Hospital



Medan. PKU Muhammadiyah Islamic Hospital Tegal also received an achievement of 31% for the EMAS program medical workforce skills program.

The real story that happened at RSI PKU Muhammadiyah Tegal Regency (often called RSI Singkil Tegal). In June 2012, the EMAS team of PKU Muhammadiyah Tegal Islamic Hospital (often called RSI Singkil Tegal), led by dr. Kaslan and several doctors from LKBK met with the hospital management team to review the EMAS assessment and mentoring.

Singkil Tegal Islamic Hospital is very open to these ideas and takes a proactive approach to maximize its impact on health services. Singkil Islamic Hospital then organized additional training for midwives by developing standard operating procedures for the care of mothers and newborns.

The training itself became a direct practice setting for the EMAS team's new procedures. During the Emergency Care Training session for midwives and doctors, a mother came to Singkil Tegal Hospital with her baby who was experiencing asphyxia. The staff of Singkil Tegal Islamic Hospital skilfully and deftly provides the emergency care they have practiced during the EMAS training. Finally, the nursing staff and midwives were able to save the baby using the new hospital procedures they had just learned.

Therefore, in the future, all Muhammadiyah-'Aisyiyah health institutions spread throughout Indonesia will develop and improve the quality of services for pregnancy care and newborn care as implemented in the EMAS program.

Vitamin A Supplementation Program and Deworming for Toddlers Across Indonesia

About 37% of 21 million children under 5 years of age in Indonesia are stunted (stunted), suffer from diarrhea and measles, which are still major problems in public health development to date. Meanwhile, the government's vitamin A fulfillment program has only reached 75% of the population, which means there are still around 6 million children under five who have not been served (Riskesdas 2013).



One solution is to provide vitamin and nutritional supplements to children to avoid the risk of stunting. Giving Vitamin A supplements at least twice a year to children aged 6-59 months can reduce child mortality by 24%. Vitamin A can help protect the health of babies and children, increase immunity, reduce the incidence and severity of diarrhea and measles, protect eyes and vision, prevent anemia, and improve the process of child development.

PP Muhammadiyah (Muhammadiyah Central Board) is working with Vitamin Angels, an international NGO to eradicate vitamin/micronutrient deficiencies for Indonesian toddlers. Since 2016, Muhammadiyah has helped distribute vitamin A and albendazol (worm medicine) through Muhammadiyah and 'Aisyiyah Hospitals throughout Indonesia. In 2016-2017, approximately 900,000 deworming pills and 900,000 vitamin A pills were distributed to 90 RSMAs.

In conducting this program, Muhammadiyah also trained 14 national trainers and 30 providers in the Jabodetabek area to manage vitamin A and Albendazol distribution programs among the community. In addition, Muhammadiyah collaborates with Vitamin Angels to carry out technology-based training through e-learning for service providers at several hospitals in Central Java and East Java.

One of the main targets of this program is toddlers who have not been reached by distribution from the government. Vitamin A and Albendazol will be given to toddlers visiting the hospital or toddlers in the hospital environment. The distribution of deworming medicine and vitamin A is also given to toddlers in community groups in the hospital environment, such as schools, PAUD, TK ABA, 'Aisyiyah branches and other community groups. Vitamin A and deworming are distributed to the public on an ongoing basis every 6 months, in February and August.

This program is implemented by expanding service coverage, especially to areas with limited vitamin A and deworming services. In addition, in the future, supplements will also be added with nutrition for pregnant women.



Malnutrition Prevention Program

An article in *The Telegraph* (August 2017) wrote that Indonesia was the country with the shortest population height, compared to other countries in the world (Smith, 2016). Adult males in Indonesia had an average height of 158 cm, the shortest in Asia, less than the Philippines with an average height of 161.9 cm; Vietnam 162.1 cm; and Cambodia 162.5 cm.

Based on the 2014 Global Nutrition Report, Indonesia was among 17 countries that have serious nutritional problems (International Food Policy Research Institute, 2014). Millions of children under five experience multiple nutritional problems, namely overnutrition and malnutrition. Undernutrition in a short time (acute) could cause wasting (too thin for his height), while those that last for a long time (chronic) cause stunting (lack of height for his age).

The 2013 Basic Health Research recorded the national prevalence of stunting at 37.2 percent, an increase from 2010 (35.6%) and 2007 (36.8%). This meant that about 8.9 million Indonesian children suffer from suboptimal growth, or one in three Indonesian children. The prevalence of stunting in Indonesia was higher than other countries in Southeast Asia, such as Myanmar (35%), Vietnam (23%), and Thailand (16%). Indonesia was ranked fifth in the world for the number of children with stunting conditions.

More than a third of children under five years of age in Indonesia were below average. In fact, the stunting tolerance limit agreed upon by WHO was a maximum of one-fifth of the total number of children under five. The poor in Indonesia were 50% more likely to suffer from stunting than those from the middle to upper class. However, nearly 30% of Indonesian children from the middle to upper class are also stunted.

Failure to address this issue would have a major impact on economic growth. A scientific study conducted by Horton and Steckel (2011) found that malnutrition caused countries in Africa and Asia to lose 11 percent of their gross income. Without state intervention, the opportunity to get a quality generation and contributors to economic growth is threatened to be lost.



Nasyiatul 'Aisyiyah (NA) as a young women's organization was also concerned about the fact of stunting in Indonesia. Moreover, tackling the problem of stunting was not only the responsibility of the government alone, but also the responsibility of the community.

Nasyiatul 'Aisyiyah was working with IMA World Health, a public health organization commissioned by MCA-Indonesia, to design and manage the implementation of the KGN program (National Nutrition Campaign). From this collaboration, the NA Central Leadership (PPNA) further contributed to improving the quality of life of the nation through a stunting prevention campaign.

NA conducted advocacy nationally for 7 months, starting from August 2017 to February 2018. Starting with building the capacity of young women led by NA with the issue of stunting and its prevention. The main objective of this effort was to strengthen the awareness of NA-led young mothers to adopt a healthy lifestyle and a nutritionally balanced diet. For mothers whose children are stunted, they could immediately go to a child development doctor in order to get prompt and appropriate intervention. For mothers who were pregnant and planning a pregnancy, they could start preparing themselves by doing a diet to lose weight and improve their daily consumption patterns.

In addition, for pregnant women, taking iron tablet (blood-added tablets) and supplements given by midwives / doctors, accompanied by routine ANC checks (ante natal care) is also necessary. For mothers who have babies to try to give exclusive breastfeeding, learn complementary feeding, and reduce mistakes in giving complementary foods due to myths and lack of knowledge.

During 2017-2018, various forms of advocacy activities have been carried out by Nasyiatul 'Aisyiyah, starting from the Program Implementation Strategy Workshop, the preparation of the Stunting-Free Tangguh Young Family Module (KMTNA), public discussions, thematic studies, launching of the Stunting-Free KMTNA, ToT Stunting Free KMTNA, Stunting cam-



paign creation competition, compilation of written books, audiences with PP Muhammadiyah, and campaigns through print, electronic and social media.

No less important, PPNA has also conducted hearings at Commissions VIII, IX, and X DPR RI. The advocacy message conveyed was about the need to review the policy on age at marriage so that child marriage does not occur. Child marriage is known to increase the risk of stunting. In addition, there is a need for massive socialization regarding stunting at the family level and through pre-marital education (Commission VIII DPR RI). Meanwhile, to Commission IX, PPNA is seeking to collaborate with the Ministry of Health for a stunting prevention program with the BKKBN budget (of which there are around 4 trillion). To Commission X, PPNA asked for support in order to include the issue of stunting in the school curriculum and so that stunting prevention efforts could enter the national education program.

Cigarette Consumption Control Movement

Indonesia is a country with the third largest number of smokers in the world after China and India. At least 90 million people in Indonesia are cigarette addicts. This situation is exacerbated by the skyrocketing cigarette production. Data shows that cigarette production in 2013 was 341 billion sticks, in 2014 it increased to 353 billion sticks.

This figure is increasingly worrying because cigarette smoke also harms people around smokers. More than 92 million people are exposed to second hand smoke, the majority of whom are women and children. In fact, 11 million of them are children aged 0-4 years (Basic Health Research, 2010). This occurs not only because of the large population, but also because there is no consistency in cigarette control policies in Indonesia.

Muhammadiyah is involved in policy advocacy, both through a network of assemblies and institutions at the central level, research centre campuses and the involvement of the Muhammadiyah Youth Force. Muhammadiyah's involvement



in the issue of controlling cigarettes can be seen in terms of policy strengthening both internally and externally through public policy advocacy.

Strengthening Internal Policies of Muhammadiyah

Muhammadiyah has a number of internal policies related to controlling cigarette consumption, namely:

- 1) Fatwa Majelis Tarjih Muhammadiyah that smoking is prohibited (*haram*).
- 2) Tobacco Control Framework supported by all assemblies and institutions within Muhammadiyah.
- 3) Muhammadiyah Central Executive Circular regarding No Smoking Areas (KTR) in all charity business facilities and various forums / meetings within Muhammadiyah organizations.
- 4) Recommendation of the 47th Muhammadiyah Congress in Makassar, that Muhammadiyah be proactive in preventing the spread and consumption of addictive substances which include alcohol, tobacco and drugs.

Muhammadiyah sees it is important to respond to the issue of smoking from a religious perspective. In general, Muhammadiyah argues that one of the goals of Islamic law (*shari'ah*) is for the safety and welfare of mankind. Meanwhile, medical studies have found that smoking can damage physical and mental health. This is of course very contrary to the aims of Islamic law (*shari'ah*).

Therefore, the PP Muhammadiyah Tarjih Council in its Fatwa No. 6/SM/MTT/III/2010 concerning the Law of Smoking, with a fatwa stipulating that: (1) It is obligatory to strive for the maintenance and improvement of the highest public health status and create an environment that is conducive to the realization of a healthy living condition which is the right of everyone and is part of the objectives of sharia (*maqasid asy-syarial*). (2) Smoking is prohibited (*haram*), because: a) Smoking is included in the category of *khaba'its* which is prohibited in Q.7: 157; b) The act of smoking contains the element of throw-



ing oneself into destruction and even slowly committing suicide so that it is contrary to the prohibitions of the Al-Qur'an in Q.2: 195 and Q.4: 29; c) The act of smoking harms oneself and others who are exposed to cigarette smoke; d) Cigarettes are recognized as addictive substances and contain harmful toxic elements; e). Smoking is clearly dangerous to the health of smokers and people around who are exposed to cigarette smoke, so spending money on cigarettes means doing redundant acts that are prohibited (Q.17: 26-27).

Furthermore, Haram smoking Fatwa recommended Muhammadiyah to be involved in advocacy efforts on smoking policies. Among other things, the fatwa calls on the government to immediately ratify the Framework Convention on Tobacco Control (FCTC), increase tobacco excise, prohibit cigarette advertising, and help diversify and transfer businesses and crops for tobacco farmers.

One proof of Muhammadiyah's commitment to smoking was the implementation of the 2010 First Century Muhammadiyah Congress in Yogyakarta which was declared a smoke-free forum. In the 2010 Muhammadiyah Congress arena, participants and enthusiasts do not smoke in the building or at the congress location. The committee deployed officers to warn the congressmen not to smoke at the congress location. This policy was carried out, not only because the campus had established a policy as a smoke-free area, but also because of the Tarjih Council fatwa. Considering the large number of participants and visitors as well as the joys of this event, the 2010 congress can be called as one of the largest forums to declare itself a smoke-free forum in Indonesia.

Muhammadiyah cigarette fatwa received various responses in the community, encouraging conversations among the community regarding the dangers of smoking and the object of study by looking at its effects on changing people's perceptions of smoking habits. Within Muhammadiyah internal circles, this fatwa strengthens the culture of not smoking at random and even abandoning smoking activities altogether. Thus, in daily communication a positive stereotype develops



that one of the characteristics of Muhammadiyah people is not smoking.

As a follow-up to the Tarjih Council's cigarette fatwa, several policies were issued, including PP Muhammadiyah circular letter No. 412/I.0/H/2011 regarding the implementation of the No Smoking Area (KTR) program in every charity business facility, secretariat, and all meeting forums within the Muhammadiyah organization, as well as a joint agreement on the implementation of KTR by 4 assemblies, namely the PKU Council, the Assembly of the Department of Research and Development, Elementary and Higher Education Council, and PP Muhammadiyah Social Service Council. Furthermore, socialization was carried out by distributing IEC materials on KTR to 700 Muhammadiyah venture charities (AUM) including Schools, Hospitals, Muhammadiyah Universities, Orphanages and PWM throughout Indonesia and sending independent monitoring letters to 3500 AUM throughout Indonesia.

The results of monitoring the implementation of KTR in Muhammadiyah circles in 2012 on 163 AUMs show that knowledge related to the KTR policy in Muhammadiyah is quite high. Most of the AUM (85.42%) already know the policy on KTR and support its implementation (100%). In fact, 91.67% of respondents know that policies must be implemented by Muhammadiyah leaders and managers of AUM. The issue of smoking and other addictive substances has also begun to be discussed in various Muhammadiyah forums. As in the 2015 Congress in Makassar, the discussion on 'Muhammadiyah and Universal Publicity, Nationality and Humanity Strategic Issues', Muhammadiyah reiterated its commitment to tackling the consumption of addictive substances in point 10 of the recommendation:

10. Control of Narcotics, Psychotropics and Addictive Substances
"Indonesia is currently often used as a market for the trade, production and distribution of various narcotics, psychotropic and addictive substances (cigarettes and alcohol), weak in preventive mechanisms and law enforcement. Muhammadiyah calls on the government and all elements of society to fight against narcotics, psychotropic substances and other addictive substances. Collabo-



rating and synergizing with all potentials of the community in overcoming emergencies of addictive substances (cigarettes, alcohol and narcotics).

The cigarette problem is said to be one of the factors that influence the utilization of demographic bonus opportunities and public policy advocacy efforts through judicial reviews in the Constitutional Court. The cigarette problem is also related to point 6 in the document Maximizing the Demographic Bonus and point 8 on Saving the Country with Constitutional Jihad.

Public Policy Advocacy

Muhammadiyah is also active in advocating through a network of campuses and research centres, regarding smoking-free areas, massive campaigns to the community and certain groups. Several policy advocates, among others, encourage the government to immediately accede to the Framework Convention on Tobacco Control (FCTC), a convention under WHO since 2003, which provides complete guidance on how to control cigarette consumption. Indonesia is the only country in Asia that has not acceded to the health convention.

Muhammadiyah was also involved in proposing a road map for controlling the consumption of tobacco products to the Coordinating Ministry for People's Welfare, Bappenas or National Development Planning Agency, and the Ministry of Health. Although the draft regulation was not fully adopted by the government, Muhammadiyah's proposal was adopted by the Indonesian Ministry of Health to become the Minister of Health Regulation Number 40 of 2013 concerning the Roadmap for Controlling the Impact of Cigarette Consumption on Health. This roadmap provides policy guidance on smoking from 2009 to 2024. This regulation is one of the important government instruments for cigarette control in Indonesia.

Muhammadiyah is also involved in the judicial review path through the Constitutional Court. The Muhammadiyah Youth Force consisting of the Muhammadiyah Youth, Nasyyiatul 'Aisyiah, the Muhammadiyah Student Association, together with



the Indonesian Social Empowerment Foundation, filed a lawsuit against Article 46 paragraph 3 letter b and letter C Law No. 32 of 2002 concerning Broadcasting and Article 13 letters b and c. Law No. 40 of 1999 concerning the Press in 2017. The essence of this lawsuit is a petition to prohibit cigarette advertising like other addictive substances such as alcohol. However, this effort was still unsuccessful because the lawsuit was rejected by the Constitutional Court.

Muhammadiyah and elements of the Muhammadiyah Youth Force are also involved in various other policy advocates, such as strengthening the policy of the No Smoking Area (KTR) regional regulation, advocating for the Tobacco Bill, and revising the Broadcasting Law

Research Centre

Apart from enforcing and implementing internal policies and public policy advocacy, Muhammadiyah also develops cigarette control study centres at the UHAMKA Faculty of Health Sciences, the Muhammadiyah Tobacco Control Centre (MTCC) at UM Yogyakarta and UM Magelang, as well as the Ahmad Dahlan Tobacco Control Centre. (ADTCC) at ITB Ahmad Dahlan Jakarta.

The UHAMKA Faculty of Health Sciences in collaboration with the National Commission for Child Protection conducted a research on the effect of cigarette advertising on children in 2007. This research is very well known in the world of advocacy for cigarette control in Indonesia, especially in advocating for the prohibition of cigarette advertising. Meanwhile, the University of Muhammadiyah Yogyakarta established the Muhammadiyah Tobacco Control Centre (MTCC) in 2011, which is also equipped with a Smoking Cessation Clinic at Asri Medical Centre. This institution was established as a follow-up to the implementation and implementation of the UMY KTR with several mandates, namely conducting research, policy advocacy, and building networks for the movement to control cigarette consumption. MTCC UMY conducts advocacy by assisting several local governments around Yogyakarta in writ-



ing academic texts and drafting KTR regulations. MTCC also fosters anti-smoking cadres who are important assets in the nation's future development.

MTCC UMY encourages civil society groups to advocate for KTR, including encouraging the establishment of the Healthy Jogja Without Tobacco Forum (JSTT) network which consists of NGOs and universities that care about tobacco control (consisting of 20 NGOs and 3 universities: UGM , UII, and STIKES or College of Health Science).

The Ahmad Dahlan Institute of Technology and Business Jakarta conducts studies and advocates for controlling cigarette consumption from an economic perspective through the Centre of Human and Economic Development (CHED). CHED advocates for government agencies to raise excise rates and other control instruments to assist the development process. Meanwhile UM Magelang established MTCC which focuses on study of non-smoking areas and empowerment of tobacco farming. MTCC UM Magelang conducts advocacy for the establishment of KTR in the Central Java region and conducts various alternative research studies for tobacco farming.

With these various research centres, Muhammadiyah provides a variety of new perspectives in efforts to control and study cigarette consumption and tobacco farming in Indonesia.





MTCC UMY: The government must take accurate steps to fight smoking for the sake of the younger generation. The High-Level meeting with the theme "Increase in Excise and Cigarette Prices to Protect the Community and the Next Generation of the Nation", was held by MPKU PP Muhammadiyah and MMTCC, 9 October 2018 at the Muhammadiyah Da'wah Centre Auditorium Jalan Menteng Raya 62, Central Jakarta. (source and photo: umy.ac.id)



MTCC UM Magelang in collaboration with the Indonesian Ministry of Health, International Union Against Tuberculosis and Lung Diseases (The Union), the Central Java Provincial Health Office and the Alliance of Regents and Mayors Caring for Non-Smoking Areas (KTR) held a "Training on Formulation of Smoking Area Regulations (KTR) in Central Java Province "for three days, 17-19 April 2018 at Artos Hotel, Magelang.



FACING DISEASE AND PLAGUE IN THE MIDDLE OF SOCIETY

Prevention and Antiviral Treatment of Avian Infuenza

Indonesia has experienced a serious bird flu pandemic. The first time a case was found in poultry in Pekalongan, Central Java in 2003, the bird flu outbreak continued to spread. From 2003 to 2012, the number of cases of bird flu increased, covering 15 provinces, namely: North Sumatra, West Sumatra, Riau, South Sumatra, Bengkulu, Lampung, DKI Jakarta, West Java, Central Java, Yogyakarta, East Java, Banten, Bali, South Sulawesi and West Nusa Tenggara.

In general, bird flu is a contagious disease caused by influenza type A, type H5N1, and transmitted by birds. This disease initially occurred in the Republic of Korea, Vietnam, Japan, Thailand, Cambodia, Taiwan, Laos, China, Bangladesh and Pakistan. Entered Southeast Asia via Vietnam and spread to Indonesia. The source of the virus is thought to have come from migrating birds and the transportation of infected wild birds, but they do not show symptoms.

In Indonesia, this bird flu outbreak has been specifically designated by the central government as a national extraordinary event since 2006. There were 55 cases of bird flu in 2006, and only 11 cases in 2011. Per January 2012, there were 184 cases of bird flu with 152 cases died. According to WHO data, Indonesia is the country with the most cases of bird flu transmission after Bangladesh. The results of the study informed that many birds infected with bird flu migrated to Indonesia because Indonesia's territory was a transit point for transportation routes and there were many poultry farms.

The bird flu virus can be transmitted through the air or direct contact with infected birds. Or, indirectly due to exposure to contaminated objects and it could also be through food, drink, and touch. Transmission to humans starts from direct contact with the secretions of infected birds. Humans who have a high risk of contracting are children, because of their weaker immune system. In addition, poultry farm work-



ers, sellers, handlers of poultry, and owners of house domestic poultry.

Symptoms of a person with bird flu are suffering from an ISPA (upper respiratory tract infection), high fever (more than 38 degrees Celsius), sudden sore throat, cough, blowing nose, muscle aches, headache, sudden weakness, and the onset of pneumonia- lungs (pneumonia). If it does not get proper treatment, it can cause death.

To suppress the bird flu epidemic, Muhammadiyah formed a Bird Flu Control Team (TPFB) in collaboration with USAID and CBAIC. This program starts from educating the community and the surrounding environment to care for their health so that they are free from the bird flu epidemic. The team started from counselling on clean living, targeting people who have poultry. The counselling contains material on keeping the cage clean, performing cage disinfection, vaccination, changing community attitudes, healthy living habits, teaching skills and developing culture and initiative.

Muhammadiyah's Avian Influenza Control Team (TPFB) has its own way of counselling against bird flu, and is assigned to areas that are badly affected. The socialization of community-based bird flu prevention began in March 2009. Initial activities were coordination and outreach with related parties such as district, sub-district and village governments. In its support, facilitators use local commercial radio and local community radio which is packaged through on-air talk shows and local-based socialization. There are many challenges in the field, from people who do not understand the bird flu virus, there is a risk that if the extension workers are not careful it can actually spread avian influenza either from poultry to poultry, or from poultry to humans. This can occur because biosecurity is not found and poultry are rarely, or even never vaccinated.

Volunteers from TPFB Muhammadiyah raised awareness to the public through the socialization of the dangers of bird flu and anticipating its prevention. In addition to increasing public awareness about bird flu and its prevention, the socialization was also aimed at encouraging healthy and clean lifestyle



(PHBS) and other skills. From this socialization there were changes, among which many residents immediately built cages and intended to house their pet chickens.

TPFB Muhammadiyah volunteers also conduct counseling on large-scale farms to inform the correct breeding procedures by applying the livestock pattern in accordance with the Animal Husbandry Service instructions. Duck breeders are encouraged to keep their ducks in cages, separating small and mature ducks for sale with ducks that are cleaner and healthier.

Volunteers are also assigned to conduct special education on environmental cleanliness and air pollution. A lot of livestock manure that is not handled properly, is not disposed of in the right place, also endangers farmers and the surrounding community. Volunteers also held socialization on the manufacture of fertilizer (*bokas*), which is made from poultry and cow dung. Then this fertilizer is sold at low prices but with better quality than fertilizers sold in the market.

TPFB Muhammadiyah volunteers act as community assistants, along with village officials, PKK cadres, hamlet heads, and village communities who are compact in realizing PHBS. In general, villagers are accustomed to doing *Jumsih* (clean Friday), but it is only carried out in certain places, such as the village office and mosque. For the PHBS realization, *Jumsih* was carried out in different places, in an unusual environment, and in poultry cages owned by residents. Residents are asked to intensively carry out the *Jumsih* action in a high-risk environment.

TPFB volunteers also conducted socialization on Bird Flu Response, to convey information in different ways. The socialization was carried out with big activities that were packaged more fun and cheerful, in collaboration with related parties such as the village government, public health centre, PPL, and security forces. The activities were in the form of a bird flu chants competition, a poultry and egg cooking competition, a quiz competition, a drawing competition, and a poultry coloring contest. In addition, a joint long march action was held to promote the socialization of bird flu and free medical treat-



ment. Alhamdulillah, various events, both formal and non-formal, organized by TPFB Muhammadiyah volunteers were successful and had a positive impact on the community directly.



The PP Muhammadiyah Bird Flu Control Team (TPFB) conducted a Village Volunteer Training Based on Community Participation and Preparedness for Facing Epidemics in Sidomulyo District, South Lampung Regency on March 8-9, 2008, at the Sidomulyo District Office Hall. A number of village volunteers from 13 sub-districts have been trained in the prevention of bird flu in Lampung, among others, South Lampung: Natar, Gedongtataan, Tanjung Bintang, Negeri Katon, Kalianda, Penengah, Jati Agung; East Lampung: Sukadana, Way Jepara, Batang Hari, Sekampung, Sekampung Udik and Jabung Lama.

Malaria Prevention

The history of malaria in Indonesia began in the era of the 1900s, when the number of sufferers reached 30 million and caused the death of 12,000 people. There are 24 species of *Anopheles* sp mosquitoes as disease carriers. And there are five types of parasites, namely: *plasmodium falciparum*, *vivax*, *malaria*, *ovale* and the newest knowlesi. Patients with malaria are characterized by fever, chills, sweating and accompanied by headaches, nausea, vomiting, diarrhea, and muscle aches or aches.

Malaria is still a health problem up to now that still be an enemy in this country. Of a total of 258.9 million Indonesians



in 2016, a quarter live in areas at risk of malaria. Malaria cases in Indonesia are found in Bengkulu, Kalimantan, Sulawesi, Gorontalo, East Nusa Tenggara, and Papua. Globally, malaria causes the death of 445 thousand people.

In 2009, a Decree of the Minister of Health of the Republic of Indonesia was issued to strengthen malaria control efforts from the central level to the public health centre. Various efforts have been made by the government consistently, in collaboration with many private health organizations in Indonesia, including the Muhammadiyah MPKU, in an effort to tackle the malaria epidemic in an effective and sustainable manner.

The government is targeting Indonesia to be free from malaria by 2030. Efforts to achieve this target are determined in part by the effectiveness of treatment. Effective treatment means giving artemisinin-based combination therapies (ACT) in the first 24 hours of a fever patient and the medication must be drunk within three days. Early detection, which is carried out within the first 24 hours when a patient has a fever, can be used as a basis for taking a policy that early detection can reduce malaria morbidity.

Meanwhile, the consistency of giving ACT is obtained by increasing public awareness of taking prophylactic drugs. Apart from having an effect on the effectiveness of the drug, if the patient complies with taking medication, there will be no resistance to antimalarials. Parasitic resistance to antimalarial drugs, mosquito resistance to insecticides, and inadequate health system performance are the biggest obstacles to eliminating malaria.

Based on the 2013 Basic Health Research, it was found that the effective treatment rate had only reached 45.5%. There are still 54.5% of treatments that have not been effective. Nationally, only 33.7% of malaria sufferers received ACT drugs from the government program. There are still 66.3% who went to health workers and did not get ACT. Even though the use of ACT has been recommended more than 10 years ago, from 2009 since the issuance of the Decree of the Indonesian Minister of Health.



SR MPKU PP Muhammadiyah has 44 Village Malaria Posts (Posmaldes) spread across 7 provinces: East Kalimantan, West Kalimantan, South Kalimantan, Central Kalimantan, Central Sulawesi, South Sulawesi and Gorontalo. Posmaldes is the spearhead in efforts to eliminate malaria through community empowerment.

Posmaldes Muhammadiyah activities are health efforts in the form of concrete actions carried out with the community which are coordinated by Posmaldes cadres. To eradicate and prevent malaria in the village, Posmaldes carries out activities in the form of monitoring, detection, taking community members to the nearest health facility if needed, carrying out activities with community members, such as sports, counselling and mutual cooperation in cleaning the environment and incorporating extension elements into social gathering activities. .

Cadre coaching and monitoring of the continuity of activities are carried out through supervision activities, in order to get a real picture of obstacles in the field and problem-solving solutions and to review cadres' knowledge. In the supervision activity, an assessment of the achievement of the Posmaldes activity was carried out, with the assessment criteria set by the SR MPKU PP Muhammadiyah. Assessment elements include: completeness of Posmaldes standards, implementation of activities through documentation of activities, coordination with the closest health facilities, and involvement in Muhammadiyah activities. The complexity of an archipelagic country with the diversity of access to health services has contributed to the back and forth of the achievement of malaria elimination. Therefore, Posmaldes is placed in many remote districts and sub-districts.

In West Kalimantan, there are 6 Polmades of which 15 active cadres are trained to carry out familiarization activities, patient mapping, patient discovery, environmental service, sports, to follow-up taking medication for malaria sufferers. Throughout 2013, out of 2,133 houses visited by the cadres as many as 183 times, only 10 people suffered from malaria. The cadres provide counselling and socialization on how to take



medicine intensively. The success rate obtained by this province is 90% cure for malaria sufferers. All thanks to good cooperation among the cadres in dealing with various obstacles, such as damaged roads and bridges leading to people's homes.

Meanwhile, in Central Kalimantan, 7 Posmaldes and 14 cadres were very active in carrying out familiarization activities, patient mapping, patient discovery, environmental service, sports, and follow-up taking medication for malaria sufferers. Of the 3,191 houses that had been visited by the cadres as many as 1,056 times throughout 2013 and none of the malaria sufferers were found. Until the activities carried out by cadres focused on environmental service and sports to prevent malaria.

South Kalimantan is the province with the most malaria cases. A total of 100 patients were found by Posmaldes cadres, 80 of whom came from Jaro District. In this province there are only 4 Posmaldes, cadres in this province are very militant even though only 8 people. They are struggling to raise independent funds to improve Posmaldes in Sasapi Village, in addition to carrying out introduction activities, patient mapping, patient discovery, environmental service, sports, and follow-up taking medication for malaria sufferers. Of the 1,869 houses that had been visited by the cadres 209 times throughout 2013, the cadres even ran out of forms during the visit. The cadres provide counselling and socialization on how to take medicine intensively. Although many of the local people still have difficulty reading or writing, the province has a 97% success rate for malaria sufferers.

Not different from South Kalimantan, in East Kalimantan, 80 malaria sufferers were found. However, in this province, the cure rate for sufferers only reached 76% due to incomplete treatment of malaria sufferers. In this province there are 8 Posmaldes with 16 active cadres fostered. They carry out introductory activities, patient mapping, patient discovery, environmental service, sports, and follow-up taking medication for malaria sufferers. The cadres carry out this activity well, even though there are many obstacles that are experienced in



Posmaldes Campursari such as the unwillingness of adequate facilities to go in and out of the forest to visit people's homes. Throughout 2013, 2,942 houses were visited by cadres of 375 times.

Central Sulawesi Province is the third province with the most malaria sufferers. There were 64 malaria sufferers from 2,263 houses of the population who were visited as many as 162 times by cadres throughout 2013. This province has the most Posmaldes, namely 10 posts with 20 assisted cadres.

TB Countermeasure Program

Tuberculosis (TB) cases in Indonesia are not something that can be taken lightly. Even in the world, TB is a dangerous infectious disease. It is estimated that 9.4 million new cases of TB disease in 2019 and about 1.7 deaths (including 380,000 people with HIV) make it one of the world's largest infectious killer diseases. The TB prevalence survey conducted in six provinces in 1983-1993 shows that the prevalence of TB in Indonesia ranges from 0.2-0.65%. Meanwhile, according to the report on global TB control issued by WHO (2004), the incidence rate in 2002 reached 555,000 cases (256 cases per 100 thousand population), and 46% of them are estimated to be new cases.

Therefore, the Ministry of Health is implementing mass TB control in accordance with the principle of decentralization. TB control is carried out through cooperation and partnerships between the government, non-government, private and community sectors. For this reason, the implementation of the TB Care 'Aisyiyah program which began in 2003 is basically a real contribution of Aisyiyah as a civil society movement in Indonesia in achieving the 2015 Millennium Development Goals (MDGs) and the 2030 Sustainable Development Goals (SDGs).

This program is managed and run by the Health and Environment Council (MKLH) 'Aisyiyah Central Board which has now become the Health Council. Its vision is the achievement of 'Aisyiyah's efforts in the field of health and the environment



to achieve a healthy society both physically and mentally, towards realizing a truly Islamic society. Namely, as a society which is covered by the values of justice, peace, prosperity and mutual happiness. Through the Tuberculosis (TB) Prevention Program, 'Aisyiyah strives to participate in health development in Indonesia and achieve the Millennium Development Goals (MDGs) number 6, namely reducing the spread of infectious diseases.

As a mandate from the Congress and Tanwir 'Aisyiyah, these TB control efforts are carried out in areas that have received support from donor agencies and independently. Therefore, 'Aisyiyah's TB Control (Community TB Care) program continues to be developed in 33 provinces in Indonesia. 'Aisyiyah is one of the Principal Recipients (PR) or the main recipient of funds for the TB control program. In implementing the TB program, 'Aisyiyah appointed MKLH or the Health Council as the part responsible for program planning, implementation and evaluation.

Many times, 'Aisyiyah has been trusted as PR in the Round New Funding Model (NFM) which was held for the period January 2016-December 2017.' Aisyiyah is also trusted as the recipient of direct funds (Principal Recipient / PR Global Fund) from the international donor agency in the prevention of TB Round 8 period 2008-2013. The point a program was continued in the Round Single Stream Funding (SSF) which was held in the January 2014-June 2016 period.

These programs are programs to combat TB disease focused on community-based activities, which are managed by the Central Executive Health Council 'Aisyiyah. 'Aisyiyah is responsible for coordinating activities in 160 districts / cities. 'Aisyiyah also collaborates with other religious institutions and CSOs in several provinces such as in NTT in collaboration with Catholics (PERDHAKI), and in North Sulawesi in collaboration with Pelita Kasih Christian Foundation (PELKESI).

Through the Round NFM, the program was developed into Community TB-HIV Care 'Aisyiyah. The NFM Program also developed Community System Strengthening and Removing



Legal Barriers for TB-HIV Patients. Main Strategy of Community TB-HIV Care 'Aisyiyah.

Main Strategy of Community TB-HIV Care 'Aisyiyah

The NFM program strategy continues the SSF Round in which the focus of community change is not only as an object, but as a subject. 'Aisyiyah as CSO, plays a role as a facilitator in the national TB-HIV prevention program.

The strategy of 'Aisyiyah's program is: (1) Strengthening outreach to TB-HIV risk groups, (2) Direct monitoring of TB and MDR TB patients until recovery, (3) Increasing the participation of the wider community to support TB-HIV prevention activities through activities advocacy, (4) Increasing access and networks to government and non-government hospitals in the service of TB-HIV patients, (5) Increasing community movements (cadres, religious leaders, community leaders, patients) through TB Care Groups (KMP TB) and KMP TB MDR, (6) Transfers the management of TB activities from a project/program orientation to an activity that is actually owned by the community and civil society organizations.

'Aisyiyah has been involved in this TB program since 2003, so she has been involved in helping the government tackle TB for about 15 years. Currently TB-HIV Care 'Aisyiyah for the period 2018 2020 is one of the Principal Recipients of the Global Fund. There are about 9,000 cadres who have been trained in TB-HIV Care 'Aisyiyah. Meanwhile, there are 6,000 active cadres. The focus of its activities is around: finding, accompanying, and empowering. That is, finding patients infected with TB and accompanying their treatment and health services, then empowering patients who have recovered from TB to become motivators who support other patients who have not recovered and are still in the treatment program.

The beneficiaries of this program are those who are weak and need support regardless of region, community, gender, culture and religion. TB-HIV Care 'Aisyiyah has received a MURI award for the Door Knocking Movement by visiting as many as 1,000 houses and carried out simultaneously in all prov-



inces in Indonesia. The 2017 Door Tap Movement, carried out by providing counselling, finding TB suspects, taking them to the health centre, monitoring treatment, coaching and mentoring with the Drug Swallowing Supervisor (PMO), and recording and reporting. This program is run from year to year consistently, so that the achievement of patient recovery targets also increases. One of them is shown by the increase in the percentage of pulmonary TB patients who converted in East Lampung district in 2011, the figure was 98.2%. This figure exceeds the target set at 80%. This shows that TB case management is getting better.

Overall TB PR 'Aisyiyah handled 231,370 new cases (BTA positive) or about 73% with a treatment success rate of 50%. This achievement certainly could not be achieved without the participation of militant TBHIV Care cadres who run the program consistently and continuously.

SHAPING NATIONAL HEALTH WORKERS CADRES

Apart from service action, an important component in a social movement is human resources. In the action of health development and services, HR refers to doctors, nurses, midwives, pharmacists and other health workers. Health guidance and services are a sector that is very full of knowledge, professional skills, and technological developments that are only controlled by a few people. This then makes the provision of health services not as easy as organizing educational institutions or social institutions.

In the early days of the PKO movement in the early 20th century, due to the absence of doctors, Muhammadiyah's health services involved many doctors from outside Muhammadiyah. Some of them are indigenous abangan (not Islamic boarding school student), non-Muslims, and some are even European (not indigenous).

The absence of doctors is still a problem today. Many Muhammadiyah Clinics are forced to close or change their function due to the absence of doctors who provide health services. This is even more pronounced when the govern-



ment limits doctor's practice to a maximum of three places. In the period before this regulation was enacted, there were doctors who had a spirit of charity who were willing to devote themselves to providing health services at lower wages, even for free, because doctors could practice in many places. However, after the regulation came into effect, many clinics lost their doctors due to restrictions on places to practice doctors.

The remuneration system and profit sharing of Muhammadiyah clinical health services at that time were not maximally organized. The orientation of Muhammadiyah health services which focuses on the *duafa*, makes it less possible to collect high costs from patients who seek treatment. Not to mention that there is a BPJS that manages the National Health Insurance system. The management of health services in Muhammadiyah health service units relies on modest payments from patients, donations from Muhammadiyah members, and the sincerity and enthusiasm of charity for working health workers. This is of course far from the spirit of modern capitalistic professionalism.

Beginning in 2020, Muhammadiyah has 12 Medical Faculties which annually produce no less than 700 new doctors. Some of these medical school's graduate about 100 doctors each year, others only about 50 doctors each year. If all the new doctors are assumed to only fill the needs of doctors in the 107 RSMA and 231 Clinics Muhammadiyah-'Aisyiyah, then there should be no Muhammadiyah Clinic experiencing a shortage of doctors. However, that is not the case. Not all PTM graduate doctors are absorbed in the Muhammadiyah health service unit or choose to devote themselves, preaching through health services at Muhammadiyah.

The factors causing the non-filling of Muhammadiyah clinics by PTM graduates include the respect of the Muhammadiyah institution itself for the rights of its graduates to determine their place of service. Alumni have the right to determine their career, personal development and life. Not all Muhammadiyah clinics are in their place of domicile after taking medical education. PTM medical graduates as "customers" of PTM are con-



sidered unlikely to be subject to binding obligations without adequate rights to bind them.

The low bargaining power of Muhammadiyah clinics to attract PTM graduates is another factor. Doctor is a professional position that is achieved through a difficult and costly educational process. It is humane if the new doctors then choose a place to carry out their profession with favorable economic calculations or at least reliable as the foundation of their life. In this regard, Muhammadiyah clinics still have limitations.

The existence of a National Health Insurance that implements a capitation system in financing clinical services is an opportunity for clinical development. However, applying for cooperation with BPJS is also not a case that can just happen. The application for cooperation must be accompanied by, or preceded, by efforts and investment in developing the clinic itself, both in its facilities and in its human resources.

In the last five years, MPKU PP Muhammadiyah has made efforts to strengthen networks, coordination and cooperation between Muhammadiyah Hospital, PTM Medical Faculty, and Muhammadiyah Clinic. This program is called the Sister Hospital, one of which is the provision of work bond scholarships for PTM Medical Faculty students who are willing to be placed in Muhammadiyah clinics after they become doctors. Meanwhile, the payment of their salaries while working at the Muhammadiyah Clinic is borne by the Muhammadiyah Hospital, which acts as the clinic supervisor.

This system has begun to bear fruit, albeit in limited numbers. The doctors who graduated from Muhammadiyah Yogyakarta University are placed in Muhammadiyah clinics in West Java, DIY and Central Java which have collaborated with UMY and several Muhammadiyah hospitals that are committed to providing guidance to these clinics.

Cooperation in the network of hospitals, clinics, and Muhammadiyah campuses is a form of practicing Muhammadiyah humanitarian work which is done together. This spirit of mutual cooperation in health services is proof of the existence of



the best people who always preach to realize the goals of Islam, namely the benefit of people in the world and the hereafter. The best people are people who have a movement ideology, leadership, cadre resources, service actions, and strong networks. It is a proof that virtue and good deeds must always be manifested in congregation, networking, coordination and cooperation. This cooperation system is called the Sister Hospital or the brotherhood between hospitals, clinics and Muhammadiyah colleges.

The Sister Hospital program was later developed with the term "The 1,000 Clinics" movement. It extends the spirit of mutual cooperation not limited to hospitals, clinics and universities, but involves all other components of Muhammadiyah such as schools, mosques, *baitul mal*, Lazismu, PCM, and PRM, all of which can be involved in establishing clinics by joining forces with each others, working with shared roles and resources.

The spirit of mutual cooperation in the Muhammadiyah aspect is one of the manifestations of Pancasila as *daarul ahdi wa syahadah* in the area of public health services. *Gotong royong* is a storefront or miniature of the concept of a united nation as the values and ideals embodied in the third principle, Persatuan Indonesia or the unity of Indonesia.

In addition, Muhammadiyah has also provided education for health workers for doctors, midwives, nurses, pharmacy and other health workers as well as in fields with 10 medical faculties and various faculties of health sciences, and health colleges (midwifery academy, nursing academy, and study program pharmacy).

Law Number 12 of 2011 concerning Higher Education, has mandated five forms of higher education consisting of academies, polytechnics, colleges, institutes and universities. National development in the field of higher education is an effort to educate the nation's life to improve the quality of Indonesia's human resources. Muhammadiyah with the spirit of surah Ali Imran verse 104, has made rapid developments in responding to the times through Muhammadiyah's Charitable Enterprises



in the form of universities.

One of the Decisions of the Muhammadiyah Teaching Council Conference held in Pekalongan was to establish the Faculty of Law and Philosophy in Padang Panjang, which was officially opened on 3 Rabiul Akhir 1375/18 November 1955. However, due to various reasons and based on the Decision of the Teaching Council Conference in Jakarta in 1956, the Faculty of Law and Philosophy at Padangpanjang was moved to Jakarta, with the new name Teacher Education College (PTPG), inaugurated on November 18, 1957. PTPG was changed to the Faculty of Teacher Training and Education (FKIP) under the Muhammadiyah University of Jakarta. With the development of science and knowledge, the Muhammadiyah Jakarta campus branch began to grow in various regions and PTMs emerged throughout Indonesia. Muhammadiyah currently has 165 Muhammadiyah and Aisyiyah Universities (PTMA) throughout Indonesia.

Along with the development of times and technological advances from science, PTMA should always disseminate its benefits in educating the nation's children from various religions, ethnicities, cultures, and whatever. Muhammadiyah's efforts through PTMA to help ease the state's responsibility through education are no longer in doubt. From 165 PTMAs in Indonesia (Per July 2019), 55 PTMAs are in the form of universities, 7 institutes, 89 colleges, 5 polytechnics, and 9 academies.

As for PTMA accreditation, Per July 2019, 6 PTMs were accredited A (3.7%), 52 (31.7%) PTMA was accredited B, 39 (23.8%) PTMA was accredited C, 67 (40.9%) PTMA was not accredited. The 6 PTMAs that have been accredited "A" are: Muhammadiyah University of Yogyakarta, Muhammadiyah University of Surakarta, UM Malang, Prof. DR. HAMKA Muhammadiyah University. Jakarta, Ahmad Dahlan University Yogyakarta, and Muhammadiyah University of North Sumatra.

PTMA shows a fairly rapid development. Muhammadiyah must also be ready to expand its usefulness in the health sector, especially preparing human capital in the health sector.



Referring to history, the existence of Muhammadiyah in the health sector is, among other things, a response to the fairly rapid rate of Christianization through hospitals and other medical centres built by Christian missions during the Dutch colonial period.

As of now, Muhammadiyah's mission in the health sector bounds to bear fruit, because AUM has begun to grow in the health sector in the form of clinics and even hospitals. To prepare health personnel, graduates from health science study programs are required such as medicine, pharmacy, nurses, midwives, and others. Data on the development of various PTMAs prepares for this, both at the D3, D4, S1, professional, to postgraduate levels can be seen in the attachment.

The data was obtained from the Ministry of Research, Technology and Higher Education's Active Student Database in 2019. Several study programs at PTMA that are related to the health area, both from the D3 / D4 / S1 / professional and postgraduate levels are summarized to find out how many students and graduates from PTMA. Students from medical, dentistry, nursing, midwifery, pharmacy, nutrition, psychology, physiotherapy, and other study programs are a very extraordinary asset from Muhammadiyah as a concrete contribution to this country.

Of the many AUMs, it is known that the fields of education and health are quite prominent. K. H. Ahmad Dahlan believes this nation will progress because of education considering that education is a place to galvanize oneself to become people who have a strong, well-trained, and agile personal character to realize Muhammadiyah's missionary vision.

Right now, Muhammadiyah has 67 PTMAs in the health sciences. Interestingly, education in the health sciences popularly known to as education with quite expensive fees and difficult entrance tests. However, public interest in health study programs is fairly high. The survey results show the reasons why the public is attracted to the health science study program: a) the community considers the health science study program to be a cool or favourite study program; b) long-term



benefits; c) high paying job opportunities; d) needed for now and for the future; e) wide open opportunities to serve the community.

By looking deeper into the data, it turns out that the role of PTMA in producing health workers is more than sufficient. This is evidenced by the wide variety of health science majors offered by PTMA. In addition, the most popular study programs are midwifery, nursing, and psychology study programs at PTMA, both in nursing academies, midwifery academies, and health colleges. These study programs are much needed at the opening of prospective government employees or hospital employees.

The role of PTMA that cannot be underestimated is the continuing contribution of alumni. Every year, a young scholar or professional is born who is ready to serve the country, where the distribution is adjusted to regional needs. Previously, there has been a study of the health workers needed in a particular place. From that, PTMA throughout Indonesia has a large number of students plus quality is one thing that is really considered based on national accreditation either BAN-PT (National Accreditation Board - Higher Education) or LAM-PTKes (Independent Accreditation Institute for Health Higher Education). In the future, PTMA graduates who come from health science programs, both D3/D4/S1/profession, and post-graduate are not only limited to getting benefits for themselves, but are willing to sacrifice and contribute more to the world of health, especially from the problem of changing the paradigm of society to be more concerned about health. and preparing a golden generation based on advanced health services



DISASTER HEALTH SERVICES: IN ACTION IN THE MIDDLE OF A STORM

Disaster Management and National Health

One form of Muhammadiyah health services as a representation of the spirit to help general afflictions is the work of the Muhammadiyah Medical Team in overcoming disasters. Since the 2004 Aceh tsunami, then the Yogyakarta earthquake in 2006, Muhammadiyah has accelerated the capacity building of its medical team for disaster management. Since then, the Muhammadiyah Medical Team has always tried to be present with a humanitarian response in various disaster locations in the country, both during the emergency response period and during the rehabilitation period to provide health services for survivors, including the flood case in Wasior, West Papua in 2010 and more recently in the flash flood in Bima in 2017.

Since 2009, Muhammadiyah has sent its first medical team to work overseas. A team was sent on assignment to the Gaza Strip amid the Israeli - Palestinian conflict. Until now, the Muhammadiyah Medical Team has taken part in various foreign disaster locations, both natural disasters and social conflicts and wars. The last case handled was health services for Rohingya refugees (Myanmar conflict) in Bangladesh.

The role of Muhammadiyah in an effort to contribute to the health of the nation is not something that is done without obstacles, obstacles and challenges. The Muhammadiyah organization has been through various internal and external problems. Every period of the history of the nation's journey becomes the background of Muhammadiyah's challenges and struggles in seeking health services.

Muhammadiyah's progress and contribution in public health services and development interacts with the ideals of the Indonesian nation to uphold humanity as stated in the second principle of Pancasila. Therefore, the spirit of the doctors, nurses, midwives, administrators of Muhammadiyah Hospitals and Clinics is the spirit of serving and providing assistance based on human values, not work that is limited by is-



sues of group, race, culture, and religion.

The spirit of charity through profession and mandate in Muhammadiyah circles is proof of Muhammadiyah's efforts to create true Islamic society. Namely, a society that always works based on the Islamic religion which is oriented towards increasing human values or the benefit of mankind in the world and the hereafter. Muhammadiyah humanitarian action is also Muhammadiyah's contribution in realizing the ideals of national and state life, to develop the whole Indonesian people.

The Muhammadiyah Health Team participates in various disaster management efforts, both in prevention, preparedness, emergency response and post-disaster recovery activities. This role was carried out since the establishment of the Muhammadiyah hospital, although it has become a very large role since the disaster events had a big impact since the Aceh tsunami in 2004.

At the time of the 2004 Aceh tsunami, this was the first time that the Muhammadiyah health team had been deployed on a large scale to a disaster site for a long time. The health team from the RSMA, the health team from the medical education program and the PTMA health worker education program, and also Muhammadiyah cadre personnel who work as health workers are mobilized in a large program of emergency response services and post-tsunami recovery in Aceh. This activity is supported by all Muhammadiyah networks in Indonesia as well as donor partners and NGOs from various countries.

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This activity then continued on to subsequent disasters, both with the deployment of local and national health teams. For example, the 2006 Yogyakarta earthquake, the 2007 Central Java-East Java flood, the 2009 West Java earthquake, the 2009 West Sumatra earthquake.

In 2007, the PP Muhammadiyah Health and Welfare Council (MKKM) initiated the establishment of the Muhammadiyah Disaster Management Centre called the Muhammadiyah Disaster Management Centre (MDMC). With the birth of the MDMC, disaster management activities are no longer limited to emergency response and recovery, but also prevention and preparedness. Various collaborations were then carried out, one of which was the initiation of the Hospital Preparedness



and Community Readiness program called HCPDM (Hospital and Community Preparedness for Disaster Management) with the Australian government. In 2008, the Muhammadiyah Medical Team together with members of the Indonesian Humanitarian Forum sent a medical mission to the Palestinian Gaza Strip.

After the Muhammadiyah First Century Congress in 2010 in Yogyakarta, MKKM was expanded into the Public Health Advisory Council (MPKU), the Social Service Council (MPS), and the Disaster Management Agency (LPB) which continued to use the designation MDMC as a public “brand”.

With its own institutions, MDMC's disaster response activities are broader and cross-sectoral. MPKU is positioned in the function of providing health resources to be mobilized by MDMC in emergency response and recovery activities, and coordinating hospital-based disaster risk reduction programs with MDMC in various strategies and efforts.

As the coordinator of disaster management activities at Muhammadiyah, MDMC then developed various volunteer clusters as well as areas of disaster management in a wide range. The activities of sending Muhammadiyah health teams to disaster areas became more intensive, with the main support from the RSMA in coordination with the MPKU, as well as teams from Muhammadiyah universities. It was recorded that in 2010-2019, every year an average of 20 Muhammadiyah Health Teams were sent to disaster locations, which were cross-regional and coordinated by MDMC at the PP Muhammadiyah level. Not to mention the hundreds of health services provided by the Muhammadiyah health team at the local level and coordinated by MDMC at the PWM and PDM levels.

Funding support for disaster health service operations has also become greater, apart from financial support from the RSMA origin team, funds are also supported from Lazismu. If a major event occurs such as the 2010 eruption of Mount Merapi, the 2018 NTB earthquake, the earthquake-tsunami-liquefaction in Central Sulawesi 2018, the support of international partners has also been successfully consolidated in the form of



programs in the field, including emergency response and health recovery programs. In the 2018 Central Sulawesi liquefaction earthquake, the largest health team was dispatched after the 2004 Aceh tsunami and the 2006 Yogyakarta earthquake. Recovery activities were also carried out intensively, including building a Muhammadiyah Hospital in Palu and also facilitating international assistance for the construction of other health care facilities in the regions.

EMT Muhammadiyah: International Gait

After the first mission of sending a disaster medical team to Gaza Palestine in 2009, Muhammadiyah continued to carry out international humanitarian missions, especially for sending a medical team. During the Philippines typhoon in November 2013, a medical team was sent. A sizeable mission is to dispatch a health team for the ministry of Rohingya refugees in Bangladesh with the Indonesia Humanitarian Alliance (IHA) in 2017.

Learning from these international missions, MDMC is supported by MPKU and LAZISMU in working to establish an Emergency Medical Team (EMT) that is verified by WHO. Until the end of 2019, the formation of this team had entered the final stage. The plan is for the WHO verification process in January-February 2020. With EMT Muhammadiyah verification by WHO, EMT Muhammadiyah will become one of the permanent teams that will receive a mandate from WHO to respond to health emergencies in various countries in the world.

Disaster risk reduction programs in the health sector are also intensively running, such as the HPCRED 1 and 2 (Hospital Preparedness and Community Readiness for Emergency and Disaster) programs in 2015-2018 in Lamongan, Gresik, Malang, Bima, Palangkaraya, and Makassar. Facilitator training and module development for Disaster Safe Hospitals were held, so that currently Muhammadiyah already has modules, facilitators, and pilot hospitals for the construction of Hospital Disaster Plans, as well as disaster management simulations, the process of which is in collaboration with the Health Crisis Centre of the Ministry of Health and BNPB.





Kai Von Harbaou, from WHO praised EMT International Muhammadiyah. "You guys are extraordinary, because you are able to prepare EMT type 1 in one year. There is no country that can prepare an EMT in this short time," he said in the Pre-Verification for two days 20-21 January 2020 at PKU Gamping and the tool readiness degree at Sportorium UMY. After being verified by WHO, Muhammadiyah will immediately launch an International Emergency Medical Team (EMT) initiated by MDMC, MPKU and Lazismu. (Photo: muhammadiyah.or.id)

HFI: Humanitarian Synergy Effort

As a movement that considers itself to be followers of the Prophet Muhammad, Muhammadiyah seeks to actualize progressive Islam, by presenting Islam as a religion of enlightenment, builder of progress and civilization (din al-hadlarah). Muhammadiyah interprets the actualization of jihad as an endeavor to exert all abilities (badluljuhdi) to create an advanced, just, prosperous, dignified, and sovereign life for all human beings. Jihad in the view of Islam is not a struggle with violence, conflict and hostility.

Hilman Latief, in his dissertation at Utrecht University in the Netherlands entitled Islamic Charities and Social Activism Welfare, Da'wah and Politics in Indonesia (2012), stated that publicity problems can be solved. According to him, the problems of the ummah can be overcome if each institution is able to transform and communicate the religious values, they hold into universal values accepted in the humanitarian concept.



At present, the problem of public relations is increasingly global, many international non-governmental organizations can be invited to work together to solve these problems. In the humanitarian concept, faith-based organizations are divided into four classifications.¹² First, accommodative-humanitarianism, a religious-based humanitarian group but the implementation of its humanitarian movement is not designed at all to fulfil religious agendas. In terms of mission, accommodative humanitarian institutions do not explicitly emphasize their religious mission. Religion or faith is more interpreted as the spirit of humanism which believes in the true brotherhood of all humans.

Second, humanitarian synthesis (synthesis-humanitarianism). In this category, FBNGO has a very clear religious orientation by placing religion as the main motivation in its humanitarian action. Although religion is quite central, it does not have the evangelical or preaching spirit to teach survivors. In the humanitarian perspective of synthesis, actors who provide themselves as servants of humanity represent the form of God's love or grace.

Third, evangelical humanitarian (evangelistic humanitarianism). As the label suggests, evangelical humanitarian or da'wah puts forward the evangelical aspect of humanitarian activities. Disaster management or development actions carried out by this category of FBNGO are not the main objective, but rather to spread the message of religion. In other words, FBNGO actors spread religious missions through their humanitarian actions. Both the person or institution that donates funds for FBNGO and the related FBNGO activist have the same goal, namely to provide services in the hope that the target or the survivor who receives the benefits is expected to accept a religious mission from him.

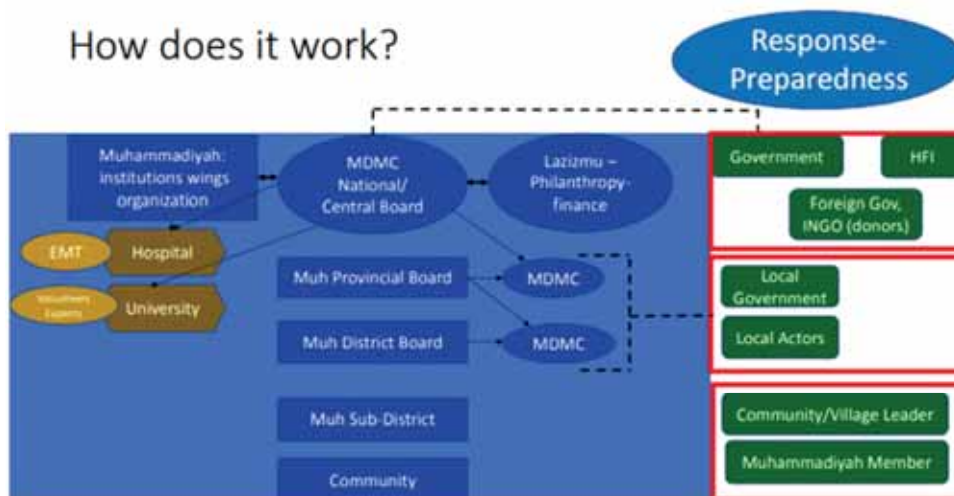
Fourth, radical humanitarian (radical nonengagement). FBNGO in this category has a very strong rooted religious

¹² <http://ejournal.uin-suka.ac.id/pasca/jkii/article/viewFile/1063/11>



ideological foundation. The difference with the third category is that this fourth category has narrower and more radical denominational-based humanitarian views and practices (religious groups). This can be seen from the concentrated missions carried out only for survivors who have the same belief or religious affiliation as this organization. In Indonesia, the Indonesian Humanitarian Forum (HFI) has been established, initiated by seven NGOs namely MDMC, the Indonesian Tanggul Bencana Foundation, the Yakkum Emergency Unit (YEU), Dompot Dhuafa, Karina-KWI, Wahana Visi Indonesia, and the Community Empowerment Building Association. HFI is committed to building mutual understanding among humanitarian actors, especially NGOs with backgrounds of different ethnic groups, ethnicities, religions and countries, to campaign for norms and principles of humanitarian standards. HFIs develop dialogue and partnerships at all levels. This organization intends to unite every available resource and turn it into a force to win human life from helplessness, vulnerability, and things that can threaten people to have a decent and good life.¹³

HFI's activities focus on five things, namely capacity build-



¹³ <http://www.humanitarianforumindonesia.org/AboutUs.aspx>



ing, accountability, building bridges, coordination and cooperation, and developing humanitarian standards. HFI seeks to create cooperation among humanitarian actors, then make it a coordination line and dialogue space available to anyone who wishes to join. HFI strives to achieve its mission, namely promoting human values, norms and principles, advocacy, platform development, communication and information system development, and to facilitate activities.

To achieve this, HFI plans two strategic programs: First, organizational consolidation and strengthening of membership both vertically and horizontally. Second, implementing five modules of humanitarian forum initiatives (capacity building, regulations, policies and standards of coordination cooperation, bridging all programs and activities related to the five things mentioned).

Since 2010, many humanitarian organizations have joined HFI, including PKPU, Church World Service Indonesia, Habitat for Humanity, DRR Unit of the Union of Churches in Indonesia (PGI PRB Unit), and Rebana Indonesia Foundation (Baptist Church Network), Rumah Zakat. (2014), National Agency for Disaster Management and Climate Change Nahdlatul Ulama, and Baznas Disaster Response (BTB, a Baznas agency for disaster response). Currently, HFI has 15 members. This religious-based humanitarian organization (FBO) is very important, because it has close proximity or is part of the affected community, has close trust, knowledge, relationships, and access to community members, compared to other bases. The FBO is a major provider of assistance and protection during humanitarian crises and their effects.

Muhammadiyah has responded to disaster issues as one of the Tanwir Muhammadiyah Bengkulu decisions which gave mandates which include building peace, respecting diversity, and respecting human dignity. In order to provide answers to various humanitarian problems, it is necessary to actualize jihad as an endeavor to mobilize all abilities (badlul-juhdi) to realize the lives of all human beings that are advanced, just, prosperous, dignified, and sovereign. The Tanwir Decree seeks the



following work steps: ¹⁴

Internationally, Muhammadiyah is considered a pillar of moderate Islam and a pillar of democracy in Indonesia. Because of that many organizations that want to help and cooperate. The issue of disaster in community-based disaster reduction management (CBDRM) is Muhammadiyah's macro strategy as an Islamic society that is based on the teachings of the Al-Maun chapter which contains charitable processes, empowerment, social capital, social resilience, and a civilized society.

Safe and Disaster Prepared Hospital

Apart from developing institutions through MDMC and cross-organizational cooperation through HFI, Muhammadiyah also encourages increased hospital capacity and community preparedness in disaster response. Among the programs are Hospital and Community Preparedness for Disaster Management (HCPDM) and Hospital Preparedness and Community Readiness for Emergency and Disaster (HPCRED) conducted by Muhammadiyah Hospital, among others by RS Muhammadiyah Lamongan (RSML).

RSML was appointed as one of 4 Muhammadiyah hospitals throughout Indonesia which became the "pilot project" of the MPKU PP Muhammadiyah Disaster Alert Hospital, in collaboration with Australian Aid. The Hospital and Community Preparedness for Disaster Management (HCPDM) program runs for 3 years. This program aims to obtain managerial enrichment, strengthening of disaster medical teams, assistance to disaster preparedness clinics around hospitals, and internal readiness of hospitals in disaster response.

At that time, a disaster medical team (Disaster Medical Committee) or the Disaster Health Committee (KKB) was formed, with 16 members who received emergency and disaster training. The team is prepared for a quick response to go to the disaster location. After 11 years, the DMC / KKB grew

¹⁴ <https://www.itb-ad.ac.id/wp-content/uploads/2019/05/Materi-Rahmawati-Husein-OK-Aktualisasi-Nilai-Al-Maun-dalam-Kemanusiaan.pdf>



and developed into a special unit in the RSML with 78 members, which had its own annual budget and training program, both internal and external to other agencies.

RSML DMC has become one of MDMC's main strengths in sending an advance health team to disaster locations that are difficult to reach, for example the Lombok earthquake, earthquake-tsunami-Palu liquefaction, South Halmahera flood, and North Konawe flood. RSML DMC also contributed to responding to international cases. In sending the medical team to Bangladesh, DMC RSML is the largest sender of the entire RSMA network throughout Indonesia with a total of 7 people (3 doctors and 4 nurses). In the International EMT selection, DMC RSML listed itself as the hospital with the highest number of team members, namely 10 people (2 doctors, 7 nurses, and 1 medical record).

At the regional and regional levels, the RSML KKB took a big role in various lines. In addition, the RSML KKB also actively plays a role and collaborates with the Lamongan BPBD, the Lamongan Police, the Lamongan District Health Office, the Lamongan Regency Government, and the Indonesian Ministry of Health's Health Crisis Centre. RSML has also standardized the Work Guidelines for the Hospital Disaster Health Committee for the first time in Indonesia. This book is a reference not only among Muhammadiyah hospitals but also government agencies such as National Brain Centre Hospital, Regional Army Hospital, and Puskikes AL or Navy Hospital.

In addition to developing a Disaster Safe Hospital Training module and model, the RSML KKB also developed the concept of "disaster barn". You do this, by setting aside the remaining monthly operational funds, saved as a special savings that can only be used during emergencies and disasters. These funds are outside the RSML KKB annual budget, thus further strengthening the concept of Disaster Safe Hospital. With the commitment of the board of directors in the form of funding support, disaster risk reduction programs at RSML can be carried out well





CHAPTER THREE

INTERSECTION AND CORNERING: MUHAMMADIYAH IN NATIONAL AND CURRENT HEALTH ISSUES

- Family Planning and Vaccinations; Different Paths have the same result
- Hospital Law Dispute; A Different Way of Viewing
- JKN or National Health Insurance; It is not enough with good intentions



Even though both Muhammadiyah and the government are devoted to serving public health, they often go along the same path that supports each other, but sometimes they also intersects on a different road. They even have to race on a curving road. Some of the intersections between Muhammadiyah and the government are read at least in the family planning program, the policy on hospitals (the Hospital Law in JR), as well as in the health insurance program, especially the BPJS.



FAMILY PLANNING AND VACCINATION: DIFFERENT ROAD BUT THE SAME RESULT

In the 1950s, at the beginning of independence, Indonesia got a drastic increase in population. This surge was due to the existence of new families accompanying the euphoria of independence. The increase in population was quite worrying for some circles.

From there, the idea emerged to control population growth by planning a family planning program. Based on tirto.id's investigation, the idea of a family planning program was first raised by public officials in 1952, namely by the Head of the Mother and Child Welfare Bureau at the Ministry of Health in Yogyakarta, dr. Julie Sulianti Saroso. At that time, he stated in the daily *Kedaulatan Rakjat* which was published on 16 August 1952 that mothers should be brave and willing to restrict births¹. Similar facts are also posted on the page by soeharto.co. In an article entitled *History of the Family Planning Program in Indonesia*, there was mention of the excitement of the Yogyakarta community as a result of Sulianti's interview with the August 16, 1952 edition of the *Kedaulatan Rakyat* daily.

Sulianti's statement received criticism from many parties, including from the Yogyakarta Women's Organization (GOWY) which immediately held a meeting to discuss this statement. The results of the meeting flatly rejected dr. Sulianti's opinion regarding birth restriction. GOWY argued that birth restriction was a violation of human rights, results in the killing of young babies, and could even expand prostitution and undermines the morale of society. The GOWY meeting did not approve birth restriction as a way of dealing with population growth problems.²

Even though dr. Sulianti had tried to convey a clarification which was also published in the daily on September 15,

¹ [Tirto.id](http://tirto.id), *Sejarah KB dan Ide Dua Anak Cukup dari Era Sukarno sampai Soeharto*, accessed on October 22, 2019.

² soeharto.co, *Sejarah Program KB di Indonesia*, accessed on November 13, 2019



1952, the excitement did not subside. Because the community already determined their attitude.³

This furore led to the calling of dr. Sulianti by the Minister of Health, Johannes Leimena. Sulianti was warned not to bring up this delicate problem anymore. This warning was given by the Minister of Health because previously the Minister received a warning from President Soekarno. In a speech spoken in Palembang after the “Yogya Incident”, President Soekarno also stated that he did not agree with birth restrictions.⁴ Because of this warning, dr. Sulianti did not mention it again. Although from a health perspective, limiting births is important for maternal health. The term birth restriction itself eventually fell out of use.⁵

The incident in Yogyakarta prompted several female leaders to establish the Family Welfare Foundation (YKK) on November 12, 1952. YKK was led by Mrs. Marsidah Soewito. YKK views the problem of the birth rate boom from a health standpoint. Basically, YKK’s goal is to improve the welfare of children, youth and mothers.

Based on experience, YKK steps carefully, not using the term birth restriction, but rather regulating pregnancy for the reason of health. YKK established its first clinic on Gondolayu Street, Yogyakarta. Clinic visitors who consulted their pregnancy were advised to do periodic abstinence, azal, or very simple contraceptives made of foam rubber dipped in salt.

The same thing was done in Jakarta, the Midwifery Section of the RSUP, led by Prof. Sarwono Prawirohardjo. In the Midwifery Polyclinic led by dr. M. Judono and assisted by dr. Koen S. Martiono, since 1953 a program called Post Natal Care had been implemented, which examined patients six weeks after giving birth.

All this was still done in secret, because the norms of society at that time could not accept it. Especially with the

³ Tirto.id, *Loc. Cit.*

⁴ *Ibid.*

⁵ *Ibid.*



existence of Article 534 of the Criminal Code which reads:

“Anyone who openly displays efforts to prevent pregnancy, or is openly and not asked to offer efforts or assistance to prevent pregnancy, or by broadcasting an unwanted article declares that such effort or help can be obtained, can be punished with punishment. a maximum imprisonment of two months or a maximum fine of two hundred rupiahs”.⁶

Even so, this practice continued. Especially then, in early 1957, Mrs. Dorothy Bush, a member of IPPF Field Service, came to Indonesia to explore the possibility of establishing a family planning organization in Indonesia. Mrs. Bush stayed at dr. Suharto, the president’s personal doctor and chairman of the IDI. Doctor Suharto was interested in birth control issues. Doctor Abraham Stone, head of the Margareth Sanger Research Institute in New York came to Jakarta. He finalized the discussion on birth control issues and the need to establish a family planning organization.

This idea was later supported by doctors, especially experts in obstetrics and gynecology. On 23 December 1957, at a meeting at the Indonesian Doctors Association building at Jalan Sam Ratulangi, Jakarta, the Family Planning Association (PKB) organization was formed. PKB was later changed to the Indonesian Family Planning Association (PKBI).

Due to the situation and conditions that made it impossible to move widely, this association only focused on matters of a socio-medical nature and on the principle of volunteering to space births and treat infertility. In its implementation, the approach is especially for mothers who have just given birth. The dissemination of the concept of family planning proceeded quietly⁷.

Everything that was carried out secretly ended in October 1966, Governor Ali Sadikin said, “Use my city as a family planning pilot project,” as told by doctor Hanifa and then quoted by Suara Karya.⁸The direction of the family planning movement became clearer when on August 16, 1967, President

⁶ Article 534 of Law Number 1 of 1946 concerning Criminal Law Regulations.



Soeharto gave a speech before the Mutual Cooperation Council (DPR GR). This is the first time that a head of government in a country with the fifth largest population in the world has expressed a concern about population and family planning issues. In 1967, Indonesia also signed a Declaration of Human Rights, which, among other things, states that it is a human right to determine the number of children it wants.⁹ Since then the government took over the responsibility for the implementation of family planning through Presidential Instruction No. 20 of 1968 by forming the National Family Planning Institute (LKBN) with semi-government status.

It could be said that these were critical times. Even though the government showed that it took the family planning program, the majority of the people were still against it. According to most people, family planning was at opposite views with normative rules, customs and religious interpretations.

In fact, Muhammadiyah also realized the anxiety over the threat of population explosion. At least it was recorded in Suara Muhammadiyah magazine no. 12 (June) 1968. Page 10 of the magazine posted an article written by Drs. Moh. Amien Rais on Population Issues in Our Country; National Social and Economic Development was required. In this article, Moh. Amien Rais clearly described the world population explosion in third world countries (Afro-Asia and Latin America) whose birth rates 2 -3 times more than developed countries.

According to Rais, it was the effect of the social structure of society in developing countries which still relatively feudal, traditional, and primitive. Low levels of education, lack of light of modern life, illiteracy, a lot of supervision and prejudice in society had quite far-reaching social implications. Related to this, there were three fundamental issues that must be considered, including equal distribution of population, family planning and the opening of new job opportunities. Rais criticized

⁷ soeharto.co, *Loc. Cit.*

⁸ tirta.id, *Loc. Cit.*

⁹ soeharto.co, *Ibid.*



the government for being late in matters of family planning policy, both in terms of facilities, in the early stages, let alone its seriousness. The number of birth control clinics in Indonesia was not compatible when compared to India, Pakistan, or the United Arab Republic.¹⁰

In fact, this critics was not in congruence with the decision of the Tarjih Congress in Sidoarjo, July 23-27, 1968. Instead of deciding the family planning program as compulsory, the decision of the Tarjih Congress was not different with the majority opinion in Muslim community. The family planning program implemented with pregnancy prevention measures was still considered as a contradiction to Islamic teachings, considering that one of the goals of marriage was having children. However, the decision did not halted at the point, since there was an exception in the second decision, namely: "in an emergency, family planning is allowed with only the requirement of husband-wife agreement and does not cause physical and spiritual harm".¹¹At this Tarjih Congress, family planning was not a single discussion. The Tarjih congress also discussed the issue of banks, Lotto and Nalo, hijab, and pictures of K. H. Ahmad Dahlan. Interestingly, if we look closely in the explanation section, the decision was still in line with Rais, especially regarding birth planning. Prevention of pregnancy was considered contrary to Islamic teachings if it was only motivated by the rejection to have children, or by damaging or changing the organs concerned, such as: cutting, binding, and others (explanation number 4).¹²

The full explanation of the decision is as follows: First, the verses of the Al-Qur'an and the traditions mentioned in the preamble, serve as the introduction to the next preamble. Second, the balance between the intention of marriage to obtain offspring, the suggestion to reproduce offspring, trying to prevent our offspring from becoming a burden to others and trying to make the Muslim ummah a strong community, be-

¹⁰ Moh. Amien Rais, "Persoalan Penduduk di Negara Kita" (Population Issues in Our Country), in *Suara Muhammadiyah*, No. 12, June 1968, p. 10.



comes unanimous in the formulation of family planning decisions. Third, the recommendation to multiply offspring as mentioned in the hadith of Anas bin Malik R.A: “*Marry a woman who are loving and can deliver many babies to you (prolific)*” etc., should be interpreted as a suggestion for Muslims as ummah, not as individuals. Therefore, each individual can still consider his or her situation, whether there is the ability to carry out this recommendation or not. Fourth, pregnancy prevention which is considered contrary to Islamic teachings are attitudes and actions in marriage that are imbued with the intention of not having children, or by damaging or changing the organs concerned, such as: cutting, binding and so on. Fifth, the determination of pregnancy spacing can be justified as an emergency on the basis of health and education with the consent of husband and wife with the consideration of expert doctors and religious experts. Sixth, the criteria of the emergency were as follows:

- a. Worrying about the safety of the soul or the health of the mother, because you are too pregnant or giving birth. If this is known by experience or a reliable doctor’s statement, in accordance with the teachings of the word of Allah: 1) *Do not plunge yourself into damage (Q.s. Al-Baqarah: 195); 2) And do not kill yourselves, verily Allah loves you. (Q.s. An-Nisa ‘: 22);*
- b. Worrying about the safety of religion, due to the narrowness of life, such as worrying about being dragged into accepting things that are haram, or carrying out / violating prohibitions because they are motivated by the interests of children, in line with the word of Allah SWT. and the hadith of the Prophet: 1. *Allah wants convenience for you and does not want trouble for you. (Q.s. Al-Baqarah: 185); 2. It is not Allah’s will to cause trouble for all of you. (Q.s. Al-Maidah: 6); 3. The poverty is approach-*

¹¹ Atjara dan Putusan Mu’tamar Tardjih (Ulama) Muhammadiyah se-Indonesia di Sidoarjo, in *Suara Muhammadiyah* no. 15-16 August 1968, p. 8-9.

¹² *ibid.*



ing disbelief. (Narrated by Abu Na'im in the book of Hilyah, from Anas);

- c. *Worry about the health or education of children if the birth spacing is too close. Do not cause harm (from yourself) or return harm (to others). (Hasan hadith narrated by Ahmad, Ibn Majah from Ibn 'Abbas by Ibn Majah from 'Ubbadah)*Seventh, emergency considerations are individual in nature and the issuance of a Law is not justified, because it will be compelling. Therefore, a unanimous agreement between husband and wife is absolutely necessary.

Although the explanation of this decision can be understood in line with the family planning program launched by the government, the explanation of this decision also draws a clear demarcation line. That is, the government should not implement this program repressively (seventh explanation).

After the verdict in the Tarjih congress, the family planning issue returned to calm. The government was still not serious in taking care of it. Citizen participation was still low. However, since 1970, the escalation begun to change. In that year the government adopted a policy that family planning was an integral part of national development.

The government issued Presidential Decree No. 8 of 1970 concerning the establishment of the National Family Planning Coordinating Board (BKKBN) which has the status of a government agency. In accordance with the progress of the program which has increased, the BKKBN organization continues to be refined. In 1972, the Presidential Decree No. 33, which changed the status of the BKKBN to a Non-Departmental Government Institution which is directly under the President.

Since 1972, the Government had begun to concern on this issue deeply but it seemed that Muslims majority still rejected all kinds of family planning programs. The worrying expressions in the Tarjih congress was proven. The New Order government was very serious and even tended to be repressive in guarding this family planning policy. There were many stories of families having to stay at the Kodim (Military



District Command) and the Koramil (Military Sub-District Command) just because they refused to join family planning.

Some people were increasingly antipathy to this family planning program. In fact, at the local level, the rejection of the family planning program was used as a program for political parties participating in the elections. This political party carried the jargon "*Gabah pari PB, menang Ka'bah ilang KB*". (Gabah pari PB, wins Ka'bah lost KB)".

In this chaotic situation in the field, Muhammadiyah, who was finally able to receive the family planning program, felt called to help the government in making all citizens aware of the importance of the family planning program. Muhammadiyah then accepted the program by excluding attitudes and actions that were reluctant to have children in marriage by damaging or changing the organs concerned, such as cutting, binding, and so on. This is recorded in three serial articles written by dr. Kusnadi, at Suara Muhammadiyah (SM) from number 24 (December) 1972 to number 2 (January 1973). In the three articles entitled "Family Planning in Islamic View", dr. Kusnadi explained in great detail the importance of maintaining the health of the mother and child, even with a clear explanation of the argument, he concluded that in Islam, the ideal pregnancy is one that is 3 years apart.¹³

The alignment of Muhammadiyah and government movements then changed in early 1974, when the government began launching Program Kontrasepsi Mantap (Kontap) or a steady contraceptive program with the tubectomy, vasectomy, and menstrual regulation methods supported by the Indonesian Association of Steady Contraception (PKMI). Although this contingency program was recognized by the government as not being included in the national program, the socialization disturbed the peace of Muslims. Muslims thought the government had crossed the line of demarcation of the forbidden family planning method. Due to the government's careless-

¹³ Kusnadi, "Keluarga Berencana dalam Pandangan Islam" (Family Planning in Islamic View), in *Suara Muhammadiyah*, No. 24, 01, 02, 1968 and 1975.



ness, the MUI issued a fatwa which confirmed that tubectomy, vasectomy, and menstrual regulation were unlawful methods of family planning.

Muhammadiyah Central Board also made a statement published in the magazine No. SM. 14 (July) 1974 which emphasized the prohibition of tubectomy, vasectomy, and menstrual regulation with vacuum aspirator¹⁴. This PP Muhammadiyah statement was actually another form of affirmation of the 1968 Tarjih Sidoarjo Congress.

Still, this problem became serious enough as reflected in the Headline of SM Magazine number 14, July 1974. With the title "Implementation of Family Planning (KB)", SM magazine exposed an explanation of the reason why Muhammadiyah accepted the national family planning program that existed since Pelita I and increasingly seen as serious in Pelita II with an increasingly large budget. In this editorial, SM showed Muhammadiyah's real support for this program, namely by the decision of the 38th Muhammadiyah Congress in Ujung Pandang in 1971 which programmed Muhammadiyah prosperous family units. This program was directly managed by MPKU PP Muhammadiyah, PP 'Aisyiyah, and the PP Muhammadiyah Tabligh Council. This showed that Muhammadiyah supports the family planning program wholeheartedly.

Anyway, Muhammadiyah would not allow any deviation from the family planning program. According to the Muhammadiyah study, *program kontrasepsi mantap* (the steady contraception program) using the vasectomy, tubectomy, and menstrual regulation methods was among the deviations from the family planning program that must be reviewed immediately by the Government¹⁵. This Muhammadiyah Central Board statement was strengthened by the health science argument

¹⁴ Statements of PP Muhammadiyah Hukumnya Haram Vasectomi, Tubectomi dan Menstrual Regulation dengan Vacuum Aspirator, in *Suara Muhammadiyah* No. 14, July 1974, p. 4.

¹⁵ Pelaksanaan KB (Implementation of Family Planning), *Suara Muhammadiyah*, No. 14, July 1974, p 3.



presented in the Muhammadiyah Voice at the same number by dr. H. Kusnadi.¹⁶

In the article entitled Dangers and Effects of Vasectomy and Tubectomy; menstrual regulation resulting in this abortion, dr. Kusnadi reminded again of the noble purpose of the family planning program that in accordance with Islamic teachings. But unfortunately, in practice, this program was being manipulated secretly. The family planning method which was prohibited by Islam was even propagated by field officer door to door, door to door, targeting the common people who did not understand the effect of vasectomy on them, both in terms of health and religion.

According to the investigation by Suara Muhammadiyah editorial staff, the notes from dr. Kusnadi also reported that Panti Rapih Hospital, Bethesda Hospital, and UGM Hospital had implemented family planning practices from July 1973-to March 1974, which were prohibited by religion (vasectomy and tubectomy) against 533 Yogyakarta residents. Of this number, 53% of the participants were Muslim, 30% Christian, and the rest were from other religions. As many as 70% of the participants of the contingency were ordinary farmers aged around 20-35 years. They were captured from house visits by PLKB (family planning field officers), 10-15% knew from the doctor, and the rest from other information in the community.

Two PP Muhammadiyah figures, H. Djarnawi Hadikusma and H. AR Fachruddin were also called to have an opinion. The General Chairperson of PP Muhammadiyah, H. AR Fachruddin emphasized that if you participate in KB because worrying of being poor, then the law of joining the KB can invalidate your faith. However, if the reason is due to health, then it is allowed. Meanwhile H. Djarnawi reminded BKKBN not to continue with the vasectomy and tubectomy programs that had already been forbidden by Muhammadiyah since 1969

¹⁶ Kusnadi, "Bahaya Serta Akibat Vasectomi dan Tubectomi; *Menstrual Regulation* Akibatnya adalah Abortus" (Dangers and Consequences of Vasectomy and Tubectomy; Menstrual Regulation Consequently is Abortion), in *Suara Muhammadiyah*, No. 14, July 1974, p. 10-11.



and MUI (1974). However, H. Djarnawi provided a solution to the BKKBN's concerns, which was also anxious because of the fatwa of seven ulama which prohibited the use of the IUD because the one wearing the IUD was a male doctor, so this could be circumvented by providing female medical personnel. Unless there is another emergency.

Despite issuing harsh statements like this, the SM magazine editorial firmly stated that Muhammadiyah continued to be committed to supporting the family planning program, provided that this noble program should not be contaminated in ways that are not true and ways that are not transparent.¹⁷ In subsequent developments, the vasectomy and tubectomy controversy slowly receding. At the Tarjih National Conference in 1980 in Klaten, the issue of IVF was also discussed. The National Conference ruling states that IVF is allowed on the condition that the sperm and ovum belong to a legal married couple.

Indirectly, the decision of the National Conference of Tarjih on IVF has ended the polemic about vasectomy and tubectomy. Permanent infertility due to vasectomy and tubectomy can be treated with IVF technology. Moreover, some later findings in health science also made it easier to restore permanent infertility due to vasectomy and tubectomy. Thus, there are no more religious or health reasons that prohibit *Kontap*. In fact, in further developments, there was a Muhammadiyah hospital that had opened this steady contraceptive service facility. 'Aisiyah was also more intimate in cooperating with BKKBN to socialize family planning programs. Moreover, in 1990, 'Aisiyah stated that' Aisiyah had supported the family planning program from the very beginning.¹⁸

The latest development, during the 103rd anniversary celebration of 2017, 'Aisiyah Daerah Purbalingga became

¹⁷ Pelaksanaan KB (Implementation of KB), in *Suara Muhammadiyah*, No. 14, July 1974, p. 3.

¹⁸ 'Kerjasama Aisiyah-BKKBN ('Aisiyah-BKKBN Collaboration), in *Suara Muhammadiyah* No. 24, 1990, p. 12.



sponsors of the steady contraception program. In fact, the medical operation was carried out at PKU Muhammadiyah Purbalingga Hospital. ¹⁹After this family planning case, there were almost no more conflicts between Muhammadiyah and health policies in Indonesia. In particular, those that are directly related between state policies in the field vis-a-vis the interests of the people in carrying out religious teachings.²⁰ In fact, in the case of immunization that was rejected by some Muslims, Muhammadiyah was in fact at the forefront of advocating this program. Even for polio vaccines that contain pig elements, Muhammadiyah calls it permissible (halal) things that can be done.

In a fatwa to answer questions from the Environmental Council of PP 'Aisyiyah in 2009 regarding the legal status of vaccines, especially for polio immunization, which is suspected of using enzymes from pigs, Majelis Tarjih provided the following explanation.

In the case of polio, this disease is quite dangerous for humans. On the other hand, the vaccine, which is a means to prevent oneself from this dangerous disease, contains elements of pork, which is clearly forbidden to eat the meat, although it is not a raw material, but merely a tool (intermediary) to separate cells. In a legal study, avoiding polio is a necessity, although a vaccine that utilizes the trypsin enzyme from pigs must be used. This is in accordance with the rules of fiqhiyah which means: "*The exigency occupies an emergency*".

Likewise, pigs are *mafsadah* (a thing that brings badness or morally unacceptable), polio is also evil. When facing two things that are both *mafsadah*, one has to consider which one is the bigger the harm by choosing the lighter one. Therefore, in order to fortify polio, it is permissible to use the vaccine.

¹⁹ Aisyiyah Purbalingga Berikan Pelayanan KB MOW Gratis (Aisyiyah Purbalingga Provides Free MOW Family Planning Services), in suaramuhammadiyah.id accessed on October 25, 2019.

²⁰ Ruslan Fariadi. 2019. *Kompilasi Fatwa Tarjih untuk Kesehatan dan Medis* (Compilation of Tarjih Fatwas for Health and Medical). Yogyakarta: Suara Muhammadiyah.





The MOW family planning service is free, organized by Aisiyah Daerah Purbalingga in collaboration with PKU Muhammadiyah Bobotsari Purbalingga Hospital. The Regional Leadership Health Council Aisiyah Purbalingga carried out this social service in March and April 2017. 125 participants joined the MOW family planning program, 4 MOP participants, and around 400 chose the implant method.

Photo:
suaramuhammadiyah.id



This is in accordance with the rule of *fiqhiyah* (Islamic jurisprudence) which means: If two *mafsadah* contradict, then pay attention to which one is worse by doing the lighter *mafsadah*.“

In conclusion, it can be understood that polio vaccination that utilizes the trypsin enzyme from pigs is permissible or permissible, as long as no other vaccine is found that is free of this enzyme.²¹ Although at the end of this fatwa there are recommendations to the competent and competent authorities to carry out research related to the use of enzymes from animals other than pork, which are halal and not unclean. This recommendation does not change the permissibility of using

²¹ www.tarjih.or.id, *Hukum Vaksin* (Vaccine Law), accessed on November 12, 2019



the “haram vaccine”. Until someday a vaccine can be found that is completely free of goods whose legally origin is haram. It was at that time that the pig vaccine was only subject to haram law.

This fatwa about a vaccine containing pork enzymes is arguably the ultimate argument ending the debate. Even though there are elements of both unclean and haram (pork), Muhammadiyah still allows its use. This fatwa is far more advanced than the fatwa of other Islamic institutions which tends to float and is still doubtful because of the pork element in it.

This bold fatwa of Muhammadiyah seems inseparable from the spirit of the early Muhammadiyah generation which seeks to build a foundation of public health with a rational and scientific approach based on all the latest findings. This can be traced to suggestions to abandon slovenly behaviour that is not pro-modern health, even though it is justified by fiqh doctrine. For example, the use of water measuring two kulah or water barel, which the fiqh considered and legally condemned as holy and purifying water, but was abandoned by Muhammadiyah.

In subsequent developments, almost nothing of the latest studies and findings in the field of health sciences is not in line with Muhammadiyah’s thinking. Starting from cases of transplantation of limbs, smoking prohibition, donor limbs, and utilization of corpse limbs. Likewise with government programs to improve the level of public health, there is nothing that is not in accordance with Muhammadiyah’s programs and religious thoughts. For example, eradicating tuberculosis (TBC), eradicating stunting, and creating healthy areas.



HOSPITAL LAW DISPUTES, A DIFFERENT POINT OF VIEW

As mentioned in the first part, in the early days of Muhammadiyah's charitable efforts in the health sector, Muhammadiyah and the government (both the Dutch, Japanese and Republican colonial governments) were recorded as always going hand in hand in efforts to build national health. As with the orphanages and schools, Muhammadiyah health services continue to exist to fill the empty spaces that cannot be touched by the hands of state services which are still very limited, compared to the vast area and population of which are culturally diverse.

At that time, all health care efforts were still social charities that were not profit-oriented. However, as the existing state practices and systems are increasingly organized, the Government is also increasingly required to pay more attention to health issues which are the basic rights of every citizen. On the other hand, along with the increasing level of prosperity of the people, a profit-oriented health service business has also grown. People have started to have choices with their respective consequences.

It is in a situation like this that the government is required to protect public health. All public health service providers must be standardized. Do not let people fall victim to the lack of seriousness of health service providers, especially hospitals.

This is reflected in considerations a, b, and c in Law number 44 of 2009 concerning Hospitals. The full text is as follows:

- a. that health service is the right of everyone guaranteed in the 1945 Constitution of the Republic of Indonesia which must be realized by efforts to improve the highest public health status;
- b. that the Hospital is a health service institution for the community with its own characteristics, which is influenced by the development of health science, technological advances, and the socio-economic life of the community, which must continue to be able to improve services that are of higher quality and affordable to the community in



- order to realize the highest health degree. height;
- c. that in the framework of improving the quality and coverage of hospital services and regulating the rights and obligations of the community in obtaining health services, it is necessary to regulate hospitals by law.

In practice, the goodwill and considerations of the state in drafting this law create complexity and problems. Especially for Muhammadiyah who had served public health, long before the Republic of Indonesia was formed.

The source of the problem in this law lies in the provisions of Article 7 paragraph (4): "Hospitals established by the private sector as referred to in paragraph (2) must be in the form of a legal entity whose business activities are only engaged in hospitalization". This article has consequences for Muhammadiyah and other legal entities that do not specialize in the field of hospitals, and are no longer allowed to own or manage hospitals.

Muhammadiyah has been engaged in many fields of social services since 1912. The provisions of Article 17 of the Hospital Law are clearly detrimental to Muhammadiyah because all hospitals owned by Muhammadiyah have no legal certainty and are in danger of having their operational permits revoked or not extended because they are not in the form of a legal entity whose business activities are specifically in the field of hospitals. Meanwhile, the offer of this law which allows time to form a new legal entity devoted to managing hospitals is clearly not a solution, but will only create new problems for Muhammadiyah.

This main complexity creates derivative complications that are technical in nature, namely those in Article 17, Article 21, Article 25 paragraph (5), Article 62, Article 63, and Article 64 paragraph (1).

Article 17: Hospitals that do not meet the requirements as referred to in Article 7, Article 8, Article 9, Article 10, Article 11, Article 12, Article 13, Article 14, Article 15, and Article 16 are not granted a license to establish, are revoked or not ex-



tended Hospital operational permit.

Article 25 (5): The license as meant in paragraph (2) is granted after fulfilling the requirements as stipulated in this law.

Article 62: Every person who deliberately operates a hospital without a license as referred to in Article 25 paragraph (1) shall be punished with imprisonment of 2 (two) years and a maximum fine of Rp. 5,000,000,000.00- (five billion rupiahs).

Article 63 (1): In the case of a criminal offense as referred to in Article 62 is committed by a corporation, other than imprisonment and fines against its management, the punishment that can be imposed against the corporation is in the form of a fine with a weighting of 3 (three) times the fine as referred to in Article 62. Article 63 (2): In addition to the fine as referred to in paragraph (1), the corporation may be subject to additional penalties in the form of: a. revocation of business license; and / or b. revocation of legal entity status.

Article 64 (1): At the time this law comes into effect, all existing hospitals must comply with the applicable provisions in this law, no later than 2 (two) years after this law is promulgated. Article 64 (2): At the time this law comes into effect, the existing hospital operating license will remain valid until it expires.

In other words, Article 7 paragraph (4), which requires that private hospitals be established by legal entities that only operate in the field of hospitals, clearly cannot be fulfilled by Muhammadiyah, which is an organization that does not specialize in its business activities in the hospital sector.

At that time the government explained that the provisions of Article 7 paragraph (4) were formulated with the consideration that if the legal entity managing the hospital is in the form of a legal entity whose business activities are only in the field of hospitals, it is hoped that hospital management will be carried out in accordance with the objectives of health services by applying rational, professional management, transparent, and accountable, in accordance with the principles of good corporate governance without leaving the role of the founders



or organizers, namely foundations, cooperatives, or associations²².

Law 44/2009 states that a hospital is a health service institution that provides comprehensive individual services, providing inpatient, outpatient and emergency services. Hospitals are run based on Pancasila which are based on human values, ethics, professionalism, benefits, justice, equality of rights, anti-discrimination, equity, protection and patient safety, and have social functions. The achievement of all the provisions above is not related to the form of a legal entity whose business activities are only engaged in hospitalization.²³

The provisions of Article 7 paragraph (4) of Law 44/2009 and its explanation are a form of excessive concern and without strong grounds. This provision actually threatens/disturbs the hospital which has been carrying out its function properly. So far, there has been no bankrupt hospital (not having good governance) because the legal entity does not only manage the hospital in accordance with the provisions of Article 7 paragraph (4) of Law 44/2009.²⁴ On the other hand, there are several hospitals whose legal entities are in accordance with the provisions of Article 7 paragraph (4) of Law 44/2009, but in fact have poor governance, namely unable to pay health workers and other employees because these legal entities use profits for expansion. set up another hospital. Good governance is not determined by the legal entity, but depends on many factors, including human resources. If the provisions of Article 7 paragraph (4) of Law 44/2009 are still enforced, it is expected that it will have a systemic impact on health, education and research services conducted by hospitals. In the end, it will result in losses to the community, government, and the hospital itself. ²⁵

²² Government explanations quoted from *Salinan Putusan Mahkamah Konstitusi* (the Copy of the Constitutional Court Decision), No. 38/PUU-XI/2013.

²³ Ibid.

²⁴ Ibid.

²⁵ dr. Slamet Budiarto, S.H., M.Kes. Testimonies at the Constitutional Court hearing, quoted from *Salinan Putusan Mahkamah Konstitusi* (the Copy of the Constitutional Court Decision), No. 38/PUU-XI/2013, p. 44.



Hospitals that cannot fulfil the provisions of Article 7 paragraph (4) of Law 44/2009 have two options, namely to close their hospital activities or to continue carrying out activities without permission. If the hospital is closed, the community will be directly affected in the form of not getting health services and there will be massive layoffs of the hospital employees. The government also loses because currently the number of beds (hospitals) is very less than the needs of the community.²⁶

If the hospital continues to carry out activities without a permit, it will be threatened with criminal provisions in Article 62 and Article 63 of Law 44/2009. In the absence of a hospital license, the permission of health workers (especially doctors) is automatically hampered, which in the end will result in doctors practicing without a license to practice. Hospitals are under criminal sanctions for employing doctors without a license to practice, as regulated in Article 42 and Article 80 of Law 29/2004 on Medical Practice.²⁷

The government's theory is refuted in the field, so far no hospital has gone bankrupt (due to lack of good governance), because the legal entity does not only manage hospitals. On the other hand, there are some hospitals whose legal entities are in accordance with the provisions of Article 7 paragraph (4) of Law 44/2009 but instead have poor governance, that is, they cannot pay health workers and other employees because these legal entities use the profits to expand/build houses, sick again.²⁸

Opinion Dr. Irman Putra Sidin, S.H., M.H., it is funny that there are citizens who carry out the function of helping state tasks, providing hospital services that are not profit-oriented, but only because they do not meet the administrative requirements in the form of a permit, they must be a prisoner for two years. Such norms are unrealistic and unpredictable,

²⁶ Budiarto, *Loc. Cit.*

²⁷ *Ibid.*

²⁸ *Ibid.*



especially if only with the sentence equality before the law, of course, the formulation of norms like this actually makes the state lose its constitutional protection to citizens or groups of citizens.²⁹ The spirit of the a quo law is difficult to deny as a true spirit, thus giving birth to the provisions of Article 7 paragraph (4) of the Hospital Law which states that hospitals that are established by the private sector as intended must be in the form of a legal entity whose business activities are only engaged in the hospital sector. However, in reality a policy norm or legislative law politics is not sufficient only with the right spirit for constitutional enforcement. A norm that appears to ignore the reality or constitutional wisdom is actually unconstitutional, even though it has a spirit that is hard to doubt its existence.³⁰

Long before the Republic of Indonesia was formed, Muhammadiyah had carried out functions that should be carried out by the state, such as running charities and efforts to help general suffering in the fields of education, economy, social health, or other social activities. If there are deficiencies in hospitalization activities, the Government must help improve the quality, not even spread threats in the name of the Law.³¹

The norm of Article 7 paragraph (1) of the Hospital Law will be unconstitutional as long as it does not mean that a hospital established by the private sector as intended must be in the form of a legal entity whose business activities are only engaged in the field of hospitals, except for hospitals established by community organizations, associations, or associations that have carried out charitable activities before the independence period.³²

The difference in perspective or point of view between Muhammadiyah and the government in seeing and positioning the relation between professionalism and this legal entity, as

²⁹ Dr. Irman Putra Sidin, S.H., M.H. Persaksian di sidang Mahkamah Konstitusi, dikutip dari *Salinan Putusan Mahkamah Konstitusi*, Nomor 38/PUU-XI/2013, hlm. 46.

³⁰ Ibid..

³¹ Ibid.

³² Ibid.



well as other damaging effects due to the enactment of this law, forced Muhammadiyah to submit a judicial review or review of Law Number 44 of 2009 to the Constitutional Court (MK). Particularly in Article 7 (4) and its derivative articles, namely Article 17, Article 21, Article 25 paragraph (5), Article 62, Article 63, and Article 64 paragraph (1).

In Muhammadiyah's study, all of the problematic articles contradict the 1945 Constitution, especially the fourth paragraph of the Preamble to the 1945 Constitution;

"... Then rather than that to form an Indonesian State Government that protects the entire Indonesian nation and all the blood of Indonesia and to promote public welfare, educate the nation's life, and participate in implementing world order based on independence, eternal peace and social justice, "

The problematic articles are also not in accordance with Article 28C paragraph (2) of the 1945 Constitution: "Every person has the right to advance himself in fighting for his collective rights to develop his community, nation and country". Article 28D paragraph (1) of the 1945 Constitution: "Every person has the right to recognition, guarantee, protection, and legal certainty that is just and equal treatment before the law". Article 28E paragraph (3) of the 1945 Constitution: "Everyone has the right to freedom of association, assembly and expression of opinion".

The lawsuit was registered on March 14, 2013. After going through a series of trials, the Constitutional Court granted the lawsuit with a ruling stating: To grant the Petitioner's petition partly; Article 7 paragraph (4) of Law Number 44 of 2009 concerning Hospitals (State Gazette of the Republic of Indonesia of 2009 Number 153, Supplement to the State Gazette of the Republic of Indonesia Number 5072) contradicts the 1945 Constitution of the Republic of Indonesia, as long as it is not interpreted as "a hospital established by the private sector as referred to in paragraph (2) must be in the form of a legal entity whose business activities only operate in the hospital sector, except for public hospitals which are operated by non-profit legal entities";



Article 7 paragraph (4) of Law Number 44 of 2009 concerning Hospitals (State Gazette of the Republic of Indonesia of 2009 Number 153, Supplement to the State Gazette of the Republic of Indonesia Number 5072), does not have binding legal force as long as it is not interpreted as “Hospital established by the private sector as referred to referred to in paragraph (2) must be in the form of a legal entity whose business activities only operate in the field of hospitals, except for public hospitals operated by a non-profit legal entity.

One of the considerations by the Constitutional Court to grant this lawsuit is the obligation to change the legal entity for associations or foundations that have been providing hospital facilities, which will result in the risk of closing or cessation of existing hospital services. In fact, this is contrary to the intention of forming a *quo law*. Moreover, if the association or foundation that currently manages the hospital has difficulty changing the form of a legal entity that operates a hospital that is separate from its parent legal entity. This will indirectly harm the rights and interests of the community to obtain health service facilities.

Regarding the government's argument which states that only hospitals that are managed by special legal entities whose business activities are only engaged in the hospital sector have the capacity as legal subjects to exercise their rights and obligations autonomously and independently, according to the Court is an incorrect argument. The Court is of the opinion that to carry out hospital management in an autonomous and independent manner, it does not require a legal entity that is specialized in the field of hospitals.

Actually, the party that really needs an autonomous and independent character is the daily management of the hospital. The need for such autonomy and independence, according to the Court, would not be hampered simply because hospitals were not established with a special legal entity operating in the field of hospitals.

Even though hospitals are established as a special legal entity in the field of hospitals, if the majority shareholder wishes to curb the independence and autonomy of the hospital's daily



management, then the objectives of forming the a quo law will not be achieved. This shows that what needs to be regulated so that the objective of running a hospital is achieved is not by regulating the hospital to be in the form of a special legal entity - because the form of a special legal entity is not identical with the quality of hospital services - but by ensuring that whatever the choice of hospital legal entity form is, all these legal entities accommodate the ideal objectives of hospital services.

According to the Constitutional Court, protection for the hospital business cannot only be provided if the hospital business is a legal entity that is specialized in the field of hospitals. Hospitals that are in the form of other legal entities, because of their nature as legal entities, of course also get guarantees for the sustainability of the business units under their auspices based on the constitution.

If Article 7 paragraph (4) of Law 44/2009 and its explanation were intended by the legislators to provide protection to hospitals from the risk of loss to business units other than hospitals that are under the same legal entity, then according to the Constitutional Court, the potential the loss or failure of the hospital business unit referred to only occurs in limited liability legal entities operating private hospital businesses. Such risks do not occur with private, non-profit legal entities, such as associations or foundations.

According to the Constitutional Court, the legislators had wrongly perceived all hospitals as “businesses”, even though the hospital was not always a business entity, such as a hospital which is run by social agencies that are part of the social charity activities of a foundation or association.

Thus, the requirement to form a special legal entity to provide hospital service facilities cannot be applied equally to all hospitals. This provision cannot be applied to public hospital hospitals that are not for profit.

Muhammadiyah's lawsuit, which the Constitutional Court later granted, was proof that Muhammadiyah was trying to istiqomah to guard the Pancasila consensus as Darul Ahdi wa Syahadah. Ensure all da'wah and social movements (including



the health sector) initiated by Muhammadiyah are in accordance with the prevailing order, legal system or regulations under the auspices of the basic constitution of Pancasila. In this case, Muhammadiyah plays a role as a component of society that expresses aspirations and safeguards regulations based on the organization's vision and mission orientation.

Therefore, as a manifestation of the aspiration to improve the quality of life of the community towards a just, prosperous and prosperous society, the government has compiled various regulations, including in the health sector, both in the form of laws and regulations of the Minister of Health. Among these laws are Law number 36 of 2009 concerning Health and Law number 44 of 2009 concerning Hospitals. This law is then complemented by various regulations of the Minister of Health. Muhammadiyah seeks to play an active role in overseeing the various forms of health regulation.

Such escort efforts are carried out in the form of conveying aspirations at the time of formulation, supervision during implementation, even reviewing and filing a lawsuit when the regulation is deemed inappropriate or detrimental to the public. In guarding regulations, Muhammadiyah not only plays a role as a partner of the government in formulating regulations, but also acts as an advocate for the people in rejecting unfair and harmful regulations.

As an association that was established before the Republic of Indonesia was founded, the Muhammadiyah organization which is engaged in religious / preaching and social, education and teaching and health has made changes to its Articles of Association, adjusting it to state regulations. Change has received approval from the Minister of Law and Human Rights of the Republic of Indonesia. So the presence of this law has negated the approval of the Minister of Law and Human Rights of the Republic of Indonesia, which has been the legal basis for the Muhammadiyah organization.

Muhammadiyah is a religious organization that organizes da'wah in various fields. Hospitals are only one sector of Muhammadiyah's da'wah activities in addition to education and



other social charities. If Muhammadiyah adjustments to the prevailing regulations can only be done by forming a new legal entity that specifically operates hospitals, this is seen as creating a vulnerability to conflict and centralization which is detrimental to the organization's da'wah. In addition, it will certainly harm the people who have received benefits from Muhammadiyah health services.

Another thing that is done by Muhammadiyah in guarding health regulation is to play an active role in various opportunities to channel Muhammadiyah's aspirations and thoughts in policy formulation. This was carried out in various seminar forums, discussions and advocacy efforts through meetings with policy stakeholders, namely the Indonesian Ministry of Health and the House of Representatives.

To strengthen the process of channelling Muhammadiyah's aspirations and thoughts in the health sector in particular, and to ensure that the aspirations selection process takes place bottom-up, with the hope that the thoughts and aspirations raised will represent real conditions in the community, Muhammadiyah has formed various forums or associations with service unit representatives as members. health and health education institution units. Through the Diktilitbang or Higher Education and Development Research Council, Muhammadiyah has formed the Muhammadiyah Medical and Health Education Association (APKKM). In addition, MPKU PP Muhammadiyah also initiated the formation of the Association of Hospitals' Aisyiyah and Muhammadiyah (ARSAMU). It is hoped that through the two associations, Muhammadiyah can be maximized in guarding and colouring government policies in the health sector.

The role of Muhammadiyah in guarding government regulations in the health sector is the most representative form of describing the relationship between the state and the religious community. A description of the participation or participation of Muslims in the democratic state system. The role of Muhammadiyah as a civil society organization in guarding regulations is a manifestation of democratic values oriented to the



people, as stated in the fourth principle of Pancasila,

Regulation which is the main domain of the state interacts with the vision and mission of the Muhammadiyah religious movement. Muhammadiyah's various ideas, ideas, and efforts in the health sector are implemented derivatives of the vision of Muhammadiyah's religious beliefs. And this will meet the role of the government as a regulator that issues and oversees various regulations on health in Indonesia.

Muhammadiyah will continue to strive to colour state regulations to match the vision of its religious beliefs in the health sector. The government will try to regulate every issue and effort related to health that applies in Indonesia as much as possible to be a solution to the problem and accelerate progress towards a healthy Indonesia, towards a just, prosperous and prosperous society.

MUHAMMADIYAH AND JKN(NATIONAL HEALTH INSURANCE); IT IS NOT ENOUGH WITH GOOD INTENTIONS

There are four goals to be achieved with the formation of the Unitary State of the Republic of Indonesia. These ideals are contained in the Preamble to the 1945 Constitution. First, protect the entire Indonesian nation and all Indonesian blood; Second, promote public welfare; Third, educating the nation's life; And fourth, participate in implementing world order based on freedom, lasting peace and social justice. In the early days of independence, the first and second objectives were spelled out in article 34 (1) of Law D 1945 which reads: "The poor and neglected children are cared for by the state". Actualization of this article in the world of health services is the provision of hospital fees for the poor by processing a certificate of disability. However, this service is not running optimally and the form is not yet clear.

After the reform era, the state's obligations towards the people were detailed in the second and fourth amendments to the 1945 Constitution. Namely in article 28H (1) Everyone has the right to live in physical and mental well-being, to have



a place to live, and to have a good and healthy living environment and the right to obtain health services; (2) Every person has the right to receive special facilities and treatment to obtain equal opportunities and benefits in order to achieve equality and justice; (3) Every person has the right to social security which enables his complete development as a dignified human being.

In addition, article 34 (1) the poor and neglected children are cared for by the state; (2) The state develops a social security system for all the people and empowers the weak and incapable of society according to human dignity; (3) The state is responsible for the provision of adequate health service facilities and public service facilities.

Controversy over the Interpretation of the SJSN Law or the National Social Security System Law

The National Social Security System is a program ordered by the 1945 Constitution article 28 letter H paragraph (3), namely: “Every person has the right to social security which enables his complete development as a dignified human being”. In accordance with Article 34 paragraph 2, the State is assigned the task of developing a social security system for all people and empowering weak and underprivileged people according to human dignity.

Health services are the right of citizens as stated in the 1945 Constitution article 28h paragraph (1): “Every person has the right to live in physical and mental prosperity, to live, and to have a good and healthy living environment and the right to obtain health services.” The state also received an order from Article 34 paragraph (3) of the 1945 Constitution, the State is responsible for the provision of proper health service facilities and public service facilities. Thus, it can be concluded that the National Social Security System is a direct order of the 1945 Constitution, including the state's obligation to provide proper health service facilities and public service facilities.

Law No. 40 of 2004 on SJSN was issued by order of the 1945 Constitution for the implementation of national social



security. This law divides the types of national social security programs (article 18) including:

- a. Health insurance;
- b. Accident insurance;
- c. Pension plan;
- d. Pension Security and;
- e. Life insurance.

The social security administrators according to the SJSN Law article 5 paragraph (3), the Social Security Administering Bodies as referred to in paragraph (1) are:

- a. Limited Liability Company (Persero) Labor Social Security (JAMSOSTEK);
- b. Limited Liability Company (Persero) Savings Fund and Civil Servant Insurance (TASPEN);
- c. Perusahaan or Company of (Persero) Social Insurance for the Indonesian Armed Forces (ASABRI); and
- d. Indonesian Health Insurance Corporation (Persero).

In article (4) it is explained that, in the event that a Social security administering body other than those referred to in paragraph (3) is needed, a new one can be formed by law.

Whereas the provisions of Article 5 Paragraph (3) and (4) of the SJSN Law actually state that there is no order to dissolve or combine JAMSOSTEK, TASPEN, ASABRI and ASKES. However, what is ordered is that if a BPJS is needed other than the 4 (four) institutions, then it is established by law. Herein lies the error in interpreting the article concerning the BPJS. So that the BPJS Law Number 24 of 2011 came out which merged the four institutions into two BPJS institutions, namely BPJS Employment and BPJS Health.

JKN (National Health Insurance) Tangled Thread

BPJS or Indonesian National Health Insurance system is established by the BPJS law to handle all social security in the health sector. In 2004-2007, the government has implemented a health insurance program for the poor under the name ASKESKIN with the organizer is PT ASKES with participants of approximately 60 million poor people. Then, in 2008 the health



insurance program was changed to Public Health Insurance. Jamkesmas or community Health insurance is organized by the Ministry of Health. Through Presidential Decree No. 12 of 2013 the National Health Insurance program (JKN) began January 1, 2014. With the issuance of the BPJS Law and Presidential Decree No. 12 of 2013, the JKN program for all Indonesian citizens began on January 1, 2014.

The noble intention of the National Health Insurance is very good with the aim of protecting the public health of Indonesian citizens. But unfortunately, the provisions of the SJSN Law and the BPJS Law are implemented differently through the implementing regulations, starting from presidential decree, minister of health regulations and BPJS Regulations. This implementing regulation is different from the provisions in the SJSN Law and the BPJS Law. Presidential Decree No. 12/2013 concerning National Health Insurance, Minister of Health Regulation on JKN Rates, minister of health regulations on JKN Services and BPJS regulations on referrals are implementing regulations that contradict many laws and regulations above.

The conflicting rules are:

- 1) The benefits of JKN, in the SJSN Law, are that basic health needs are implemented in standard classes, but the provisions in the Presidential Decree and minister of health regulations all health needs are covered and implemented in all classes of care.
- 2) In the SJSN Law, fee contributions are allowed for patients who want services above the standard, in the regulations of the Minister of Health regulations, fee contributions are not allowed.
- 3) In accordance with the SJSN Law and Presidential Decree on JKN, that the difference in costs resulting from upgrading is the hospital rate minus the INA CBGs rate, but in the provisions of the Minister of Health's regulation the rates for INA CBGs for classes above are reduced by INA CBGs rates below. This also applies to patients who advance to the VIP class.
- 4) The tariff provisions should be based on the economic



index of an area based on recommendations from the association of health facilities and BPJS, but the rates are determined unilaterally by the ministry of health and not based on an accurate economic index. This resulted in waste of JKN funds and injustice.

- 5) The COB (Coordination of Benefit) provision is expected to improve services for participants who are able to pay more, but cannot be implemented due to the absence of implementing regulations.
- 6) BPJS regulations regarding referral systems that require patients from FKTP to go through type D or C hospitals first, this is contrary to the Minister of Health Regulation No. 001 of 2012 concerning the Referral System.

On the other hand, the existence of a BPJS deficit greatly affects the service for JKN participants, especially in terms of the quality of health services. The BPJS deficit was caused by: 1) insufficient financing; 2) Poor service system; 3) Mismanagement.

Muhammadiyah's Role

For the Muhammadiyah-'Aisiyyah Hospital (RSMA), organizing and serving social security especially for the duafa has been done since the establishment of the RSMA. The source of funds for this service is taken from your Blue funds. Most RSMAs also provide guarantees for duafa taken from subsidies for non-Duafa hospital patients.

However, the existence of Law Number 24 of 2011 concerning Social Security Administering Bodies and its derivative regulations, indirectly changes the philosophy of the social security system in Indonesia. The existing philosophy, the SJSN Law, is that every citizen has the right to basic health care services provided in standard classes. Meanwhile, the Indonesian Ministry of Health defines providing all health services in all classes of care. This interpretation by the ministry of health which is different from the SJSN law is the beginning of the problems of the National Health Insurance program.



From this the good intentions and goodwill of the government to its people are very clear. Especially when it was stated in 2014 that this social security covered all classes in the hospital. Of course, this popular policy was welcomed by the people, this is reflected in the increasing number of JKN patients in all health care facilities. Nearly 90% of hospital patients are JKN participants. Large coverage is not accompanied by financing and a good system has an impact on decreasing or poor service quality.

With 107 hospitals and 231 clinics, Muhammadiyah is ready to support this national social security program. Until 2018, only two hospitals and several clinics had not collaborated with BPJS Kesehatan due to some technical regulations.

The existence of this BPJS program also provides convenience to Muhammadiyah because all groups, from poor, half poor to others are protected by this social security system. During the JKN era, RSMA also developed rapidly. The number of patients increased, and the number of RSMA also increased to 107 hospitals and 231 clinics.

Even so, the existence of a BPJS that covers all these health services creates a bit of a complication. Among the complications is the use of tariffs based on packages. This is clearly not in accordance with the conditions in each region. Hospitals in big cities have stagnated and have decreased in terms of finances and the number of patients. Income in hospitals in both cities and regions is the same, but expenses are different because wages and service fees are different. More expensive in big cities.

Just to explain, the biggest cost for all hospital houses is for human resources (salaries, training, etc.) which almost reaches 40% of the total budget. The package system used by BPJS equalizes all types of financing packages. Meanwhile, the payroll system for personnel in Indonesia uses the UMR system. In general, the UMR in big cities is much higher than the UMR in small cities. For public hospitals whose staff are paid by the state (PNS/ASN) it may not have much influence. But for private hospitals, this 40% budget item is no longer a simple



affair. Ironically, the tariff for this package system applies equally to government hospitals and private hospitals, while human resources, medical equipment and government hospital buildings are already covered by the APBD or APBN. The package for private hospitals should be bigger than for government hospitals.

As a result of this rule, private hospitals, including RSMA, find it difficult to develop a service calculation system using packages and INA CBGs. INA CBGs package rates paid to the hospital. Therefore, INA CBGs must be calculated carefully, accurately and based on clinical pathways. However, INA CBGs BPJS does not use clinical pathways and is calculated based on the existing budget. Not calculated based on the unit cost of each disease.

Therefore, this BPJS-style package payment model hinders the use of medical technology. The more advanced technology counts the same as the standard technology. For example a more sophisticated ultrasound is made the same. Due to tariffs that do not differentiate between technological sophistication, RS uses the least amount of technology. Thus the quality of service is less than optimal.

The INA CBGs tariff also hampers the process of diagnosis, for example the diagnosis of some symptoms that cannot be claimed is forced to be recorded in another language that can be claimed. INA CBGs rates shift the diagnosis from conventional to modern based on ICD 10 and ICD 9. As a result, it hinders the development of medical science and technology. So that the INA CBGs rate needs to be reclassified.

Supposedly, the use of medical technology for payment does not use the INA CBGs method, but is tailored to the needs of the patient. On the other hand, the government is “involved in doing business” through regional hospitals and vertical hospitals, thus causing full regulation of conflict of interest. The government’s good intention to provide the best health services for its people is not only based on intention, but must also be followed by financing and a good service system.



Improvement of JKN from Muhammadiyah's Point of View

Presidential Decree No. 75 of 2019 contains an increase in the National Health Insurance premium which is calculated based on actuary counts, so that the increase in premiums has better met JKN financing needs. This already good JKN financing will be meaningless if it is not supported by a good service system. Therefore, the implementing regulations for the National Health Insurance must be totally revised.

Muhammadiyah views that the National Health Insurance program must be sustainable because it provides many benefits to the community. Therefore, Muhammadiyah needs to contribute to making proposals for this JKN program so that its implementation is good and of good quality.

Muhammadiyah's suggestions for improving JKN are as follows.

1. Do not reduce the benefits of JKN for the community.
2. Created a single rate between hospital classes. (Changes to Minister of Health Regulation No. 52/2016, Minister of Health Regulation No. 64/2016 and Minister of Health Regulation No. 4 2017).
3. Enforce tariff regionalization based on regional minimum wage and building investment costs. (Changes to Minister of Health Regulation No. 52/2016, Minister of Health Regulation No. 64/2016 and Minister of Health Regulation No. 4 Year 2017).
4. Cost difference applies to patients who upgrade to class (outside class 3), calculated based on the difference between hospital rates and INA CBGs rates. (Amendment to Minister of Health Regulation No.51 of 2018).
5. Collected fees are charged to patients who request non-standard services. (Amendment to Minister of Health Regulation No.51 of 2018).
6. The difference in inpatient class upgrade costs is based on the difference between the costs guaranteed by the BPJS (INA CBGs) and the hospital fees. (Amendment to Minister of Health Regulation No.51 of 2018).



7. COB (Coordination of Benefit) to date has not been going well, requiring implementing regulations.
8. The BPJS IT system must be controlled by two parties, namely the Ministry of Health, DJSN and BPJS for accountability to occur.
9. The JKN participants in the FKTP will be equalized immediately, the function of public health centres in urban areas will be returned to the preventive promotive program.





EPILOG

MUHAMMADIYAH NEVER STOP BUILDING NATION'S HEALTH

dr. H. Agus Taufiqurrahman, M.Kes., Sp.S.
Chairman of Muhammadiyah Central Board

Muhammadiyah develops its preaching wings in various lines and joints of life. One of the things that Muhammadiyah has done is to provide health services, a service oriented to the wider community in order to nourish the life of the nation. Muhammadiyah realizes that a strong nation is a nation that is supported by a healthy society.



In the history of Muhammadiyah, one of the assemblies (sections) that was formed at the earliest in carrying out the role of community *da'wah* was the PKO (Penoeloeng Kesang-saraan Oemoem) Section or Assistance for the Relief of Public Suffering. PKO implements the spirit of the surah Al-Ma'un, the surah on which Muhammadiyah takes action to take sides for the poor and orphans. The terms Al-Maun and Suffering are like one breath, so that PKO becomes the home or institutionalization of Muhammadiyah's idea of siding with and defending the poor. Through PKO Muhammadiyah carries out Al-Ma'un's mission through programs in the fields of health, humanitarian (disaster), the formation of the poor and orphans.

Over time, because the scope of PKO's duties is very broad, currently PKO's duties and roles are divided into several assemblies and institutions. The role in the field of disaster is carried out by the Disaster Management Agency (LPB) or popularly known as the Muhammadiyah Disaster Management Centre (MDMC), the role of empowerment for the poor and marginalized is carried out by the Community Empowerment Council (MPM), the role of supporting orphans and the elderly (senior) is carried out by the Social Service Council (MPS) and the role of health services is carried out by the Public Health Advisory Council (MPKU).

As a *da'wah* movement, health services are one of the manifestations of *da'wah bil ha'* (action approach), namely the *da'wah* carried out by Muhammadiyah with real actions and actions in serving the community, benefiting others. Health services, is a method of preaching Muhammadiyah rationally in providing assistance to people who are infected with diseases or are sick through medical action. When people are still trapped in a mystical realm, illness or illness suffered by humans is believed by some people because of mystical disturbances, so insight and treatment are carried out in mystical ways, which often smells of shirk. Therefore, Muhammadiyah is here to introduce to the community the model and method of treatment with a medical not mystical approach. With this model, Muhammadiyah's indirect method is to stem and elimi-



nate shirk practices in the community in the health sector with a rational approach.

Muhammadiyah in carrying out health services puts forward the spirit of *rahmatan lil 'alamin* (a concept in Islam to provide grace to all mankind and the environment), giving services for all regardless of social background, religion, ethnicity and social status. The spirit of “rahmatan lil alamin” makes all Muhammadiyah programs have the dimension of compassionate ethics. Even now, Muhammadiyah remains committed, and tries its best to provide the best possible health services in order to create national progress in the health sector.

After the nation's independence for more than 70 years, access to health services has not been evenly distributed, there are still unequal access to health services both in cities, in rural areas and in difficult areas. As an archipelagic nation, locations that are separated by the sea are certainly a challenge in itself to provide access to affordable health services that touch all levels of society. The role of preaching Muhammadiyah through health has a real contribution, in terms of quantity Muhammadiyah's charities in the health sector, starting from health centres, clinics and hospitals are spread not only in the urban sphere, but also in rural areas and in various parts of the country, even in areas difficult, isolated, namely in areas 3 T (left behind, outermost, frontier). Muhammadiyah has a floating clinic to serve people in the islands.

As a social organization, Muhammadiyah runs non-profit health services. What is produced by health services managed by Muhammadiyah health institutions is developed and returned for da'wah activities in the health sector. One form is that Muhammadiyah has a *ta'awun* (an Islamic concept of mutual cooperation) program devoted to equitable access to health by establishing health facilities in various regions. Muhammadiyah also educates the nation's best sons and daughters to become health professionals. In this field, Muhammadiyah provides scholarships for general medical, dentistry, pharmacy and nursing students. Muhammadiyah sends medi-



cal personnel to various regions, even abroad to join in humanitarian missions to respond to natural disasters and social disasters.

The challenges in the world of health are getting bigger and more complex. We realize that people need to get better education about the environment and health. Various types of diseases and their spread develop in such a way that people must be aware of them and try to anticipate them. The culture of living clean and healthy is still a problem in itself. People are not fully aware that various diseases that arise are the result of unhealthy life patterns and behavior. As an Islamic organization, Muhammadiyah is required to have a big role in instilling a clean and healthy lifestyle. Muhammadiyah planting and cultivating clean and healthy living habits need to be further encouraged, as part of efforts to prevent disease emergence.

A world that is connected due to globalization, which is supported by the development of transportation technology, has made human mobility easier from one place to another. This also has an impact on the spread of disease, which is increasingly spread over geographic boundaries of an area. This is a challenge in itself for health services managed by Muhammadiyah. Of course, Muhammadiyah together with the strengths of other national elements must work together and cooperate as well as possible. The progress of a nation is our common task, therefore Muhammadiyah strives to work together, build partnerships with all parties, be it government, private sector and other stakeholders, in order to improve the quality of health services, and the affordability of services provided to the community in order to advance the nation.

The venture charities managed by Muhammadiyah in the modern, digital and millennial era must be able to become a progressing health service institution. Health service institutions managed by Muhammadiyah must become superior and modern institutions. Modern in the sense that it is in accordance with the latest developments in science, support for sophisticated and advanced facilities and infrastructure with adequate IT and system facilities, as well as in terms of quality



of service. Muhammadiyah charities in the health sector must be able to become centres of excellence that are the pride of the people and have a different character from other health service institutions. Islamic style and character must be strong and prominent in Muhammadiyah health service institutions. Islamic and superior.





Muhammadiyah Central Board of the PKO Division in 1938



Muhammadiyah Figures Profile in Health





Almarhum Haji Agu Salim yang bersama-sama dengan K.H.A. Dahlan dan Dr. Sutomo telah ditetapkan oleh Pemerintah Republik Indonesia sebagai Pahlawan Kemerdekaan Nasional, pernah pula aktif dihalangan Muhammadiyah (1925-1932). Gambar (dari kiri kekanan) : H.A. Salim, A. R. C. Salim dan H. Sudja.

Several photos of Daniel or Daniyalin, who became known as Kiai Haji Syoedja, a student, santri and cadre of KHA Dahlan education. Chairman of the first section of the Penoloeng Kesengsaraan Oemoem (PKO) or Assistance for the Relief of Public Suffering (inaugurated by KH Ahmad Dahlan on June 17, 1920 at the Moehammadijah Members Special Session (*openbaar*))



Haji Mohammad Syoedja'

The Maestro of Assistance for the Relief of Public Suffering

His first name is Danil or Daniyalin, the son of Haji Hasyim Ismail village head who was born on Tuesday, August 24, 1886 AD / 1303 H. studied at the Wonokromo Islamic Boarding School in Yogyakarta and "reciting" the kyai (leader) at the Gedhe Kauman Mosque. Dr. Mu'tashimbillah alGhozi, grandson of Haji Syoedja 'wrote the foreword in the book written by Haji Syoedja himself, that the family home of Lurah Hasyim, a lurah (leader) of the head of the Yogyakarta Palace, is on the north side of the KHA house. Dahlan, separated by a field. Together with other young people in Kauman village, the children of the village head, Haji Hasyim, later became students, santri, friends and supporters of KHA Dahlan's struggle in starting the Muhammadiyah organization. He was a student of Kyiai Ahmad Dahlan who later became one of the figures who gave color to the Muhammadiyah movement.



There are at least four roles of a Haji Muhammad Syoedja¹ in his work in Muhammadiyah and the struggle of Muslims². First, being the initiator of the *Penoeloeng Kesengsaraan Oemoem* (Assistance for the Relief of Public Suffering); second, improving the pilgrimage trip and the formation of the Indonesian Hajj Association (PDHI); third, organizing the Indian/Indonesian Al-Islam Congress (Islamic Religion Congress) 1922-1932 (for nine times); and fourth, being a member of the Hezbollah Commandos. However, what is most significant for Muhammadiyah's journey in building the nation's health is his pioneering work in starting and leading the Assistance for the Relief of Public Suffering.

When the Muhammadiyah organization was declared to be established on December 20, 1912, Haji Syoedja 'was not yet listed as one of its board members. His age is considered too young. However, Haji Syoedja (along with his younger brother, Haji Fachroedin) were two of the seven figures who stated that they were willing to become the board of the *Boedi Oetomo Kring Kauman*. Management in the *Kauman Kring BO* is a requirement for K.H. Ahmad Dahlan to submit a *rechtpersoon* (legal legality) of the Muhammadiyah organization to the Governor General of the Dutch East Indies. Thus, Haji Syoedja and Haji Fachroedin were among the figures who played a role and contributed to paving the way for the submission of the Muhammadiyah *rechtpersoon* application.

Haji Syoeja 'role in the Muhammadiyah organization was only significant when in 1920, he was appointed as Chairman

¹ The name Syoedja 'or Muhammad Syoedja' was obtained by Daniel or Daniyalin, after he left for the pilgrimage. It has been a habit from the past until now, Javanese Muslims usually make up a new, certified name given by the ulama 'in Makkah, after performing the haj pilgrimage. As for the name Daniel or Daniyalin, his father gave him because he was born in the year Dal. In the manuscript of Haji Hasyim Ismail, it is written "When dlahiripun Daniyalin ambarengi ing dinten Tuesday Wage on the 23rd month of Duzlqa'dah, Dal year. Sanat 1303 "(When Daniyalin was born, it coincided with Tuesday Wage on the 23rd month of Duzlqa'dah in Dal. Sanat 1303). This manuscript was written by Lurah Haji on the marginalia page of his *Fathul Mu'in* book in Arabic script *pegon* (Jawi).

² According to Muarif, a historian of Muhammadiyah's voices.



of Hoofdbestuur Moehammadiyah Bahagian Penoloeng Kesengsaraan Oemoem (PKO) or Assistance for the Relief of Public Suffering. About seven and a half years after the declaration of the establishment of the Muhammadiyah organization, to be precise on June 17, 1920, an open general meeting (openbare vergadering) of Muhammadiyah was held, attended by around 200 Muhammadiyah participants, members and sympathizers. This meeting scheduled the formation of the division/section³ (now called the assembly) which supports the work of Muhammadiyah's Hoofdbestuur⁴. One of them is the or Assistance for the Relief of Public Suffering section which is abbreviated as PKO with Kyai Soeja 'as its chairman.

After being appointed as chairman, H.M. Syoedja 'made a work plan that at that time was still considered strange and impossible by most attendees of the meeting. He conveyed the plan related to the PKO division entrusted to him, with the expression that he would build hospitals, poor houses, and orphanages, to help people in distress. He mentioned foreign words in Dutch: hospital, armenhuis and weeshuis.

The idea of establishing a hospital was seen as something that was impossible to achieve at that time, something that was still far from the minds of Muslims at that time, so he was laughed at; considered a digressing dreamer. Hospital, *armenhuis* and *weeshuis*, those strange and foreign terms are something that exists only in the minds and lives of the Westerners, the Dutch colonialists, by the European Christian missionaries who came with the colonizers.

However, with full scale one hundred percent belief and unwavering faith in Allah's promise in the letter of Muhammad verse 7, if you help Allah's religion, Allah will help you and strengthen your position; Also the belief in Allah's promise in surah al-Ankabut verse 69, people who are jihad (earnestly trying their utmost) to seek the pleasure of Allah, Allah will appoint a solution. Haji Syoedja 'firmly conveyed his intention to work as the Head of the PKO Division.

And, sure enough, two or three years later, God's promise was present in front of him. A young man from Malang



came, Doctor Soetomo, a Javanese doctor who graduated from STOVIA Surabaya, facing Kiai Haji Ahmad Dahlan. Kiai Dahlan handed it over to Haji Syoedja 'who had dreamed of a hospital to help his suffering people. So, a health clinic was started in 1923. Thanks to goodwill, sincerity, perseverance and sincerity (jihad), Haji Moehammad Syoedja's dreams turned into reality.

At that time, the Muhammadiyah organization succeeded in establishing the PKU Muhammadiyah Yogyakarta Hospital (1938), the Orphanage (Panti Asuhan) in Lowanu Yogyakarta and the Poor House in Serangan, Ngampilan Yogyakarta. Now, PAY in Lowanu Yogyakarta has grown into two, PAY Muhammadiyah (son) remains at Lowanu and PAY 'Aisiyah (daughter) in Serangan. As for the poor house, only historical memories remain. A photo published in the Muhammadiyah almanac in 1359 H. / 1940 AD tells of the existence of a "Muhammadiyah Poor House".

Throughout his service at the Muhammadiyah organization, Kyai Syoejda 'had filled several positions, including: Chairman of Hoofdbestuur (HB) Muhammadiyah Assistance for the Relief of Public Suffering Division (1920), Inspector (Member) HB Muhammadiyah East Indies (1923), HB Commissioner Moehammadijah (1924), Examiner HB Muhammadiyah (1925), Vice President HB Moehammadijah (1934-1936), Advisor to PP Muhammadiyah (1959-1962).

Haji Moehammad Syoedja 'died on August 5, 1962, known as one of the figures who inherited KH's attitude. Ahmad Dahlan, his teacher and fellow in arms. He was a formulator and interpreter in the reality of the Muhammadiyah movement, especially in the fields of health, humanity and the benefit of the people. PKU Muhammadiyah Hospital, the Orphanage, in its various forms, is now scattered everywhere in Indonesia. In fact, it has also begun to be developed in foreign countries, outside the archipelago.





Dr. H. Kusnadi. Chairman of Health Division Muhammadiyah Central Board

Because of his dedication while serving as a doctor serving public health in his hometown, his name has been immortalized as the name of the regional hospital, Dr. H. Koesnadi Bondowoso, written in the old spelling.

**“I entrusted this Muhammadiyah
Hospital”**

(Dr. H. Kusnadi message to the young doctors of RSIJ).



dr. H. Kusnadi

Pioneering Islamic Hospital in the Capital of Indonesia¹

Since childhood, the late dr. H. Kusnadi was active in the Scouting of Hizbul Wathan in Bondowoso, during the Dutch colonial rule. The son of Muhammadiyah and Aisyiyah figures in Bondowoso, he really loves Hizbul Wathan's scouting. The fruit of his love for Hizbul Wathan's scouting activities made a prosecutor in Bondowoso, named Muhammad Asrah, moved to sponsor little Kusnadi to attend Hollandsch-Inlandsche School (HIS, a Dutch primary school for bumiputera). At that time, if there was no sponsorship from the government or government officials, an ordinary indigenous child would not be able to attend a public school.

After studying at HIS, Kusnadi again received sponsorship from Attorney Muhammad Asrah to continue his medical studies at Airlangga University (Unair) Surabaya, which was previously known as the Nederlandsch Indische Artsen School (NIAS). Graduated from medical education at Unair, dr. Kusnadi was assigned to Lumajang district. Several years later he moved to Bondowoso to work as a district doctor. Not long ago, dr. Kusnadi was appointed a doctor for the Residency of Besuki. His persistence in working led him to get a scholarship from the government to continue his specialist studies in internal

¹ This article is quoted from the official Muhammadiyah website, taken from <http://www.muhammadiyah.or.id/id/news-17956-detail-dokter-kusnadi-tokoh-penggerak-bidang-kesehatan-penerima-muhammadiyah-award.html>



medicine, especially lung disease. It had been his dream for a long time to become a specialist in pulmonary disease because he was motivated by his mother who died of lung disease.

Before moving to Jakarta, dr. Kusnadi was active in Muhammadiyah da'wah activities in Bondowoso. There, he was very persistent in looking for sponsors for the establishment of SMP Muhammadiyah. His activities at Muhammadiyah in Bondowoso made dr. Kusnadi had the opportunity to attend the Muhammadiyah congress which was held periodically.

After moving to Jakarta, dr. Kusnadi continued his activities at the Muhammadiyah organization. He had the idea to establish an Islamic hospital in the capital, namely Jakarta Islamic Hospital Cempaka Putih (RSIJ CP). Doctor Kusnadi thought that there was a need for a hospital with an Islamic philosophy in the capital. Together with his colleagues, Ir Sanusi and Mahmud, dr. Kusnadi tried to propose the establishment of an Islamic hospital to the Muhammadiyah Central Board. Long story short, dr. Kusnadi was finally able to convince related parties to support the hospital establishment plan. After going through various considerations and suggestions regarding the establishment of the hospital and compliance with the provisions of the applicable laws, on April 18, 1967 based on Notary Deed No. 36 of 1967 from Notary R. Surojo Wongsowidjojo, established the Jakarta Islamic Hospital Foundation (RSIJ) which was led directly by dr. Kusnadi.

Apart from pioneering and developing Jakarta Islamic Hospital Cempaka Putih, Dr. Kusnadi is also known as an activist in various organizations. Doctor Kusnadi was known to be active in the Masyumi Party, pioneering and managing the Muhammadiyah Public Health Advisory Council (MPKU), pioneer of the Indonesian Tuberculosis Eradication Association (PPTI), pioneer of the Association of Indonesian Public Health Promoters and Educators (PPPKMI), and several other organizations. Dr. Kusnadi played a major role in the establishment of 200 maternity homes in Indonesia. Thanks to the lobby and



approach taken by Dr. Kusnadi with the government, Spiritual Guidance of Jakarta Islamic Hospital Cempaka Putih or Spiritual Guidance of Jakarta Islamic Hospital Cempaka Putih has often won the trust to guide prospective Indonesian pilgrims. Dr. Kusnadi used the SHU acquisition from the training of prospective pilgrims to raise the RSIJ, and also gave birth to other hospitals, such as hospitals in Pematang, Samarinda and other areas.

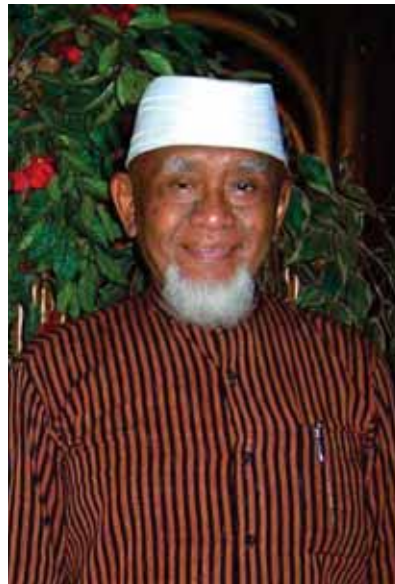
Meanwhile, dr. H. Kusnadi often invited young RSIJ doctors to actively participate in PKU Council meetings and also with external parties, one of which was the BKKBN or the National Population and Family Planning Board, in order to create regeneration in the management of RSIJ and also to create Muhammadiyah cadres in the health sector. In addition, he also often sent young doctors abroad to study hospital management to improve the quality of the hospital especially those related to hospital management and social affairs.

At the end of his life, dr. H. Kusnadi asked his children to be active and support Muhammadiyah. Besides that, dr. H. Kusnadi also advised that he clarified his struggle in pioneering the establishment of RSIJ as a venture charity owned by Muhammadiyah. The last sentence that came from dr. H. Kusnadi was "I entrust this Muhammadiyah Hospital", he conveyed this message to the young doctors of RSIJ.

Meanwhile, far away in his hometown of Bondowoso, East Java, to commemorate his dedication while serving as a doctor there, his name has been immortalized as the name of the regional hospital, namely Dr. H. Koesnadi Bondowoso, written in the old spelling.



Among doctors, dr. Sugiati is well-known as an expert in "treating sick hospitals". That is, his expertise is in improving hospital management. Once the sick hospital has returned to health, he will move to another hospital that is experiencing illness. And so on.



Profile

dr. H. Sugiati A.S.

Effective in Healing the "Sick" Hospital

The fruit of the closeness of dr. Sugiati and President Gus Dur, have now established several NU hospitals and clinics in East Java.

Doctor H. Sugiati Ahmad Sumadi was born in Sumberejo, Batur, Banjarnegara, June 22, 1937. Since he was still in junior high and high school, he had been active as a scout administrator for Hizbul Wathan at his school. During his studies he was active in the Islamic Student Association (HMI) organization. Apart from organizing, dr. Sugiati also actively recited the Koran to a Muhammadiyah figure, namely K. H. Baedhowi.

Doctor Sugiati was a police officer doctor. After police duties with early retirement as a police officer, he was director of the Jakarta Islamic Hospital (RSIJ), from 1978 to 1985. If dr. H. Kusnadi had a role in pioneering RSIJ, dr. H. Sugiati was instrumental in developing RSIJ into four, namely Jakarta Islamic Hospital Cempaka Putih Central Jakarta, Jakarta Islamic Hospital Pondok Kopi East Jakarta, Islamic Mental Hospital Klender East Jakarta, and Jakarta Islamic Hospital Sukapura North Jakarta.

Apart from developing the four hospitals, dr. Sugiati also played a lot in the development of Muhammadiyah hospitals in the regions. For this matter, he even pledged his land and house certificates to the Bank to get a loan, and the money was used to finance Muhammadiyah hospitals in Palembang



and Bandung. Because of his persistence and hard work in reviving the Muhammadiyah hospital, among the MPKU administrators he was known as an expert on the health of hospitals that were “sick”.

At Muhammadiyah, dr. Sugiati had served as Chairman of the MPKU in 1980. When serving as Chair of the MPKU, he diligently collaborated with organizations such as WHO, UNICEF, including the BKKBN or the National Population and Family Planning Board and organizations abroad in developing homes. ill Muhammadiyah. Doctor Sugiati was also known to be active in providing guidance to the emerging Muhammadiyah-Aisyiyah clinics and Hospitals, such as in Gombong, Singaparna, Aceh, Bima, Malang, and Bumiayu.

Doctor Sugiati was also active in pioneering and establishing various schools or Muhammadiyah Academy of Midwives and Nurses in various cities. It was recorded that there were approximately 18 schools / academies that he founded. Besides that, dr. Sugiati also pioneered a Pension Fund for Muhammadiyah RSI employees, pioneered the establishment of the Medical Faculty of the Muhammadiyah University of Jakarta (UM), founded the recitation of doctors and employees of the Muhammadiyah Hospital, initiated the obligation to dress Muslim women for nurses, doctors and female workers at the Jakarta Cempaka Putih Islamic Hospital. Doctor Sugiati had served as Chairman of the Islamic Hospital Cooperation Agency (BKRSI) for the period 1991-1994, became Chairman of the All Indonesia Islamic Health Efforts Council (MUKISI) in 1994.

Doctor Sugiati was known to be very close to President K. H. Abdurahman Wahid (Gus Dur). For the sake of close relationship, dr. Sugiati encouraged Gus Dur to convince NU leaders to establish hospitals in the regions together with Muhammadiyah to keep up with the development of Christian hospitals which was quite developed at that time. The fruit of the closeness of dr. Sugiati and President Gus Dur, NU have now established several hospitals and clinics in East Java





“Medical Students Don't Just Look For Specialists”.

"The Primary Service Doctor (DLP) education program aims to strengthen quality primary health services."

(dr. H. Erwin Santosa, M.Kes., Sp.A.)



dr. H. Erwin Santosa

Muhammadiyah Medical Education Fighters

Dr. H. Erwin Santosa, Sp.A., M.Kes. born in Yogyakarta, June 16, 1951. Completing medical education at Gajah Mada University in 1978, dr. Erwin Santosa is a figure who has devoted a large part of his life to the world of health care and education. In 1980, while serving as head of the puskesmas in Lampung, he took the time to be active in the world of education by managing the school as the principal of the Muhammadiyah Sribawono High School in Central Lampung.

After completing paediatric education in 1987, then serving as a paediatrician at the Sleman Regional Hospital, he decided to retire early from his status as a civil servant doctor and received an assignment from the Muhammadiyah Association as Director of PKU Muhammadiyah Yogyakarta Hospital in the 1993-1999 period.

Dr. Erwin completed the task by becoming one of the initiators for the establishment of the Faculty of Medicine, University of Muhammadiyah Yogyakarta (UMY) which was the first PTM Medical Faculty. This shows his vision of the importance of Muhammadiyah in developing health education as an inseparable part of existing and rapidly developing health services.

He served as Dean of the Faculty of Medicine of UMY for 3 periods (1999-2011). During his tenure as dean, he gave



birth to various Health Sciences Study Programs (Prodi) at UMY, including Nursing Study Program, Dentistry Study Program, Pharmacy Study Program, and UMY Hospital Management Study Program.

While managing FKIK UMY, Doctor Erwin tried hard to synergize Muhammadiyah's charities in the field of health education and health services. In that effort, he formed the Muhammadiyah Medical and Health Education Forum (FPKKM) in 2007. FPKKM later developed into the Muhammadiyah Medical and Health Education Association (APKKM). The first FPKKM meeting was held in Yogyakarta with the host of the UMY Medical Faculty.

The recommendations from the first meeting of the Muhammadiyah Medical and Health Education Forum were:

- 1) Harmonious cooperation between the Medical Faculty (FK) and the Muhammadiyah-'Aisyiyah Hospital (RSMA);
- 2) RSMA prepares itself to become a teaching hospital;
- 3) Involvement of health study programs (other than medicine) in FPKKM; and
- 4) Making RSMA a vehicle for medical and health education.

This recommendation was realized by the signing of a Memorandum of Understanding between the Health and Community Welfare Council and the Chancellors of Muhammadiyah Higher Education who have a health program regarding the Human Resources utilization program in the health sector at Muhammadiyah health business charities. From the results of the first meeting, an agreement was born between the Council of Higher Education, Research and Development (Diktilitbang) and the Public Health Advisory Council (MPKU) of the Muhammadiyah Central Leadership regarding the preparation of RSMA to become the Main Teaching Hospital for the Medical Faculty of Muhammadiyah Higher Education.

In 2011, dr. Erwin as the chairman of APKKM who and also the chairman of the Muhammadiyah-'Aisyiyah Hospital Consortium (KORSMA) seeks to build communication, consolidation and shared perceptions between PTM leaders



who have the Medical Faculty and RSMA leaders, as well as various other stakeholders. After the initiation and all of his efforts, the Muhammadiyah Central Executive then issued a decree that synergized the medical faculty with RSMA, namely:

- 1) University of Muhammadiyah Yogyakarta and PKU Muhammadiyah Yogyakarta Hospital,
- 2) University of Muhammadiyah Malang with RSM Lamongan,
- 3) Muhammadiyah University Jakarta and Jakarta Islamic Hospital,
- 4) Muhammadiyah University of Surakarta and PKU Muhammadiyah Surakarta Hospital,
- 5) Muhammadiyah University Semarang and Roemani Muhammadiyah Hospital,
- 6) Muhammadiyah University of Makassar and Siti Khajidah 1 Makassar Hospital,
- 7) Muhammadiyah University of Palembang and RSM Palembang,
- 8) Muhammadiyah University of North Sumatra with RSM Medan, and
- 9) Muhammadiyah University of Purwokerto and PKU Muhammadiyah Gombong Hospital.

After the Muhammadiyah First Century Congress in 2010, dr. Erwin received the mandate as Deputy Chairperson of MPKU PP Muhammadiyah, then became chairman in the next period (2015-2020). To carry out this mandate, dr. Erwin often travels to visit various RSMAs in Java and other islands that already have RSMA.

During the regional visit, the problems seen by dr. Erwin is that there are difficulties for doctors at RSMA in fulfilling the obligation to attend Advance Cardiac Life Support (ACLS) training, because the queues are quite long. This affects the fulfilment of doctor capacity standards at the RSMA Emergency Room. Responding to this problem, dr. Erwin then initiated a collaboration with the Indonesian Association of Cardiology Specialists (PERKI), to conduct joint training with APKKM. Since 2013, APKKM has collaborated with PERKI to organize ACLS



training 4-5 times a year, with 25-60 participants per organization.

In 2010, the Government implemented a policy on doctor internship obligations (placement of new graduate doctors for expertise). Dr. Erwin, who has served as a Management / Treasurer of AIPKI (Association of Indonesian Medical Education Institutions), Surveyor of KARS (Hospital Accreditation Committee) and Member of the Steering Committee for the PTN Education Hospital, Dirjen Dikti Kemendikbud / Kemenristek Dikti or Ministry of Research and Technology and Higher Education, saw this as an opportunity to meet the needs of general practitioners. at RSMA. He lobbied with the Indonesian Doctors Internship Committee (KIDI), to offer RSMA as an internship vehicle.

Through this internship program, RSMA will get the placement of new doctors, who have received honoraria from the government. Even though at that time, KIDI did not have funding for training for private hospitals as a vehicle for internships, he agreed that the RSMA in the DIY and Central Java regions would be funded by UMY and the East Java region would be funded by UMM. With this program running, he hopes that FK PTM graduates can get internship placements at RSMA. Until now, the doctor's internship program continues at RSMA.

Another thing that is of concern and concern to dr. Erwin is a shortage of doctors at the Muhammadiyah-Aisyiyah Clinic. This raises the idea of the need for synergy between PTM as the party that organizes medical education, clinics that provide health services and hospitals that act as clinic supervisors. This synergy program was later named Sister Hospital. Under this scheme, Higher Education provides scholarships to medical students with a work association in the form of assignments at the Muhammadiyah-Aisyiyah Clinic. Meanwhile, RSMA provides guidance to clinics and doctors stationed at the clinic.

This program began with the holding of a collaboration between the Muhammadiyah-Aisyiyah clinic and the UMY Medical Faculty. The Faculty of Medicine of UMY provides



scholarships for professional stage students, with an obligation to serve in the clinic. On its way, in 2011, it developed a full scholarship program for prospective medical students who came from Muhammadiyah orphanages or Islamic boarding schools, which are still routinely run today. This scholarship program was followed by the Faculty of Medicine, University of Muhammadiyah Malang and University of Muhammadiyah Semarang with different patterns.

Doctor Erwin Santosa is one of the initiators of the development of STIKES 'Aisyiyah Yogyakarta into' Aisyiyah University (Unisa) Yogyakarta. The initiation was carried out to improve the quality of education for health workers and to establish various faculties and study programs outside of the health sciences, but with links to the health and hospital fields. Among other things, study programs of architecture, information technology, accounting, biotechnology, communication science, and others are all health-minded.

The change of STIKES 'Aisyiyah to' Aisyiyah University of Yogyakarta, as a university managed by Indonesia's first women's organization, was stipulated by Decree of the Ministry of Research, Technology and Higher Education No. 109 / KPT / I / 2016 dated March 10, 2016, three weeks before dr. Erwin Santosa, one of the initiators, died on March 31, 2016.



REFERENCES

Book

- Bachri, Syaiful. 2015. *Rumah Sakit Muhammadiyah untuk Rakyat, Perjuangan Hak Konstitusional di Mahkamah Konstitusi*. Jakarta: UMJ Pers.
- Bahaudin: t.t..The Hague: Netherlands Indian Public Health Service, terbit pada tahun 1937
- Djoko Marihandono (ed.). 2017. K.H. Ahmad Dahlan (1868-1923). Jakarta: Museum kebangkitan Nasional Kemendikbud RI.
- HB Moehammadijah Bg Taman Poestaka. 1925. Pandangan tentang Agama Islam dan Pergerakan Muhammadiyah, dalam *Almanak Muhammadiyah* ke-2 tahun 1344 (1925).
- HB Moehammadijah Bg Taman Poestaka. 1935. Azas PKO, dalam *Almanak Moehammadijah* 1354 H/1935 M.
- Ismail, Nawari. 2015. *Metodologi Penelitian untuk Studi Islam: Panduan Praktis dan Diskusi Isu*. Yogyakarta: Samudera Biru.
- Majelis Pembina Kesehatan Umum PP Muhammadiyah. 2018. *Buku Panduan Klinik Muhammadiyah*. Yogyakarta: SM.
- Majelis Tabligh PP Muhammadiyah. 2015. *Buku Pendamping Panduan Dakwah Rumah Sakit Muhammadiyah/Aisyiyah*. Yogyakarta: Majelis Tabligh PP Muhammadiyah.
- Nashir, Haedar. 2010. *Muhammadiyah Gerakan Pembaruan*. Yogyakarta: SM..
- Pimpinan Pusat Muhammadiyah, t.t. *Himpunan Putusan Majelis Tarjih*. Jogyakarta: PP. Muhammadiyah. Cet. III.
- Pusponegoro, dkk. 2016. *Kegawatdaruratan dan Bencana: Solusi dan Petunjuk Teknis Penanggulangan Medik dan Kesehatan*. Jakarta: Gramedia.
- Rais, M. Amien. 1998. *Membangun Politik Adiluhung, Membumikan Tauhid Sosial Menegakkan Amar Ma'ruf Nahi Munkar*. Bandung: Zaman.
- Rata, Abd. Wahid. 1938. *Riwayat Penghidupan dr. Soetomo dan Perjuangannya*. Medan: Penerbit Pustaka Courant & Boekhandel.
- Salam, Junus. 1968. *Riwayat Hidup K.H.A Dahlan: Amal dan Perdjongannya*. Djakarta: Depot Pengadjaran Muhammadiyah.
- Syarifuddin Jurdi. 2010. *Muhammadiyah dalam Dinamika Politik Indonesia 1966-2006*. Yogyakarta: Pustaka Pelajar.
- Sudja', HM. 2018. *Cerita Tentang Kiai Haji Ahmad Dahlan: Catatan Haji Muhammad Sudja'*. Yogyakarta: Suara Muhammadiyah.
- Taufiqurrahman. dkk. 2015. *Holistic Health Care (Psychospiritual Health Care): Buku Pendamping Pedoman Dakwah RSMA*. Yogyakarta: Majelis PKU dan Majelis Tabligh PP Muhammadiyah.

Journal

- Andri Gunawan. 2018. Teologi Surat al-Maun dan Praksis Sosial dalam Kehidupan Warga Muhammadiyah, *Jurnal SALAM*, Vol.5 No.2.



- Dwi, Cahyu. 2014. "Gambaran dan Motivasi Perawatan dalam Pemenuhan Spiritual Pasien di Ruang ICU PKU Muhammadiyah Gombong". *Jurnal Ilmiah Kesehatan Keperawatan*, Vol. 10, No. 2, Juni 2014.
- Edy, Bambang. 2015. "Peningkatan Kualitas Kesehatan Masyarakat Melalui Layanan Kesehatan Holistik on Delivery Fakultas Ilmu Keperawatan UM Semarang". *Jurnal Keperawatan dan Kesehatan Masyarakat*, Volume 1, No. 4, Oktober (Diakses pada 7 April 2018).
- Kristiana, Rulita, dan Iqbal. 2015. "Terapi Holistik dalam Penanganan Skizofrenia". *Jurnal Ilmiah Psikologi INTUISI*(1), (Diakses 14 April 2018).
- Nurul. 2014. "Metode Bimbingan Rohani Islam di Rumah Sakit". *Jurnal Bimbingan Konseling Islam*, Volume 5, No. 2.
- Salbiah. 2006. "Konsep Holistik dalam Keperawatan Melalui Pendekatan Model Adaptasi Sister Callista Roy". *Jurnal Kesehatan Keperawatan Rufaidah Sumatera Utara*. Volume 2.
- Setyanto, A, Nur Hidayah, dan Sri Handari. 2018. "Evaluation of Human Resources Management Practices at RSU PKU Muhammadiyah Delanggu".
- Yusuf. 2013. "Terapi Keluarga dengan Pendekatan Spiritual Terhadap Model Keyakinan Kesehatan Keluarga dalam Merawat Pasien Skizofrenia". *Jurnal Ners*, Volume 8, No. 1.

Document

- Documentation of Bina Rohani RS PKU Muhammadiyah Yogyakarta
- Mh. Djaldan Badawi. Anggaran Dasar dan Anggaran Rumah Tangga Muhammadiyah 1912-1985. Yogyakarta: Sekretariat PP Muhammadiyah, 1998.
- LPB PP Muhammadiyah. 2016. *Materi Rakernas 2016* Yogyakarta: LPB PPM.
- MPKU PP Muhammadiyah. 2018. Desain Operasional dan Penyusunan Buku Muhammadiyah Membangun Kesehatan Bangsa.
- MPKU PP Muhammadiyah. 2019. Prosiding FGD Muhammadiyah Membangun Kesehatan Bangsa. Yogyakarta, 7 Maret 2019.
- MPKU PP Muhammadiyah. 2019. Prosiding FGD Muhammadiyah Membangun Kesehatan Bangsa. Jakarta, 14 Maret 2019
- PP Muhammadiyah. 2015. Berita Resmi Muhammadiyah No. 01/2015-2020/ September 2015

Magazine

- Suara Muhammadiyah, No. 01, 1968
- Suara Muhammadiyah, No. 02, 1968
- Suara Muhammadiyah, No. 12, 1968.
- Suara Muhammadiyah No. 15, 1968.
- Suara Muhammadiyah No. 16, 1968.
- Suara Muhammadiyah, No. 24, 1968
- Suara Muhammadiyah, No. 14, 1974.
- Suara Muhammadiyah No. 24, 1990.
- Suara Muhammadiyah No. 10, 2017.
- Suara Muhammadiyah. No. 2, 2019.



Internet

- Admin soeharto.co, Sejarah Program KB di Indonesia, accessed on November 13, 2019. Source: SUARA KARYA (06/06/1989)
- Arkoun Abqaraya. Ini Pidato dr. Soetomo Saat Resmikan RS PKU Muhammadiyah Surabaya, dalam <https://pwmu.co/5223/04/22/ini-pidato-lengkap-dr-soetomo-saat-resmikan-rs-muhammadiyah-surabaya/>, accessed on December 19, 2019.
- Admin KratonJogja.ID. 2017. Sri Sultan Menerima Muhammadiyah Award. <kratonjogja.id/peris-tiwa/36/sri-sultan-menerima-muhammadiyah-award> accessed on November 28, 2019.
- BHPUMY. 2017. "UMY Kembali Berikan Beasiswa Dokter Muhammadiyah". *Universitas Muhammadiyah Yogyakarta*. <www.umy.ac.id/umy-kembali-berikan-beasiswa-dokter-muhammadiyah.html>
- Humanitarian Forum Indonesia. "About HFI". <www.humanitarianforumindonesia.org/AboutUs.aspx>
- International Food Policy Research Institute. 2014. "Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition". <<https://globalnutritionreport.org/reports/2014-global-nutrition-report/>>
- Petrik Matanasi. 2019. Sejarah KB dan Ide Dua Anak Cukup dari Era Soekarno sampai Soeharto, <tirto.id/sejarah-kb-dan-ide-dua-anak-cukup-dari-era-soekarno-sampai-soeharto-ecJj> accessed on October 22, 2019.
- Muarif. 2019 "Siapakah Drijowongso?", <www.suaramuhammadiyah.id/2016/03/26/siapakah-drijowongso> accessed on Desember 19, 2019).
- Rahmawati Husein. 2019. "Melayani Kemanusiaan sebagai bentuk Risalah Pencerahan dan Aktualisasi Nilai-nilai Islam. Makalah Pengkajian Ramadhan 1440 H Pimpinan Pusat Muhammadiyah di ITB Ahmad Dahlan Jakarta" <<https://www.itb-ad.ac.id/wp-content/uploads/2019/05/Materi-Rahmawati-Husein-OK-Aktualisasi-Nilai-Al-Maun-dalam-Kemanusiaan.pdf>>
- Smith, O. 2016. "Mapped: Theworld's tallest (and shortest) countries. *The Telegraph*. <<https://www.telegraph.co.uk/travel/maps-and-graphics/the-tallest-and-shortest-countries-in-the-world>>
- Sri. "Filosofi, Konsep Holistik & Proses Perawatan Kegawatan & Kekritisian". *elisa.ugm.ac.id*. accessed on April 14, 2018.
- Quoted according to the original writing and spelling of the book "Presiden RI Ke II Jenderal Besar HM Soeharto dalam Berita", Buku XI (1989), Jakarta: Antara Pustaka Utama, 2008, p. 837-843.
- Tribun. 2019. "10 Pahlawan Pencegah Stunting Terima Penghargaan". *Tribun News*. <<https://manado.tribunnews.com/2019/11/16/10-pahlawan-pencegah-stunting-terima-penghargaan>>



APPENDICES



LIST OF MUHAMMADIYAH-'AISYIYAH HOSPITALS (per Jan 2020)

HOSPITAL NAME	TYPE	ADDRESS	PHONE
SUMATERA UTARA			
1	RSU Muhammadiyah Sumatera Utara	D	Jl. Mandala By Pass No.27, Medan 061-7348882, 7348222
SUMATERA BARAT			
1	RSU 'Aisyiyah Padang	D	Jl. H. Agus Salim No. 6 Padang 0751-23843
2	RS 'Aisyiyah Kota Pariaman	D	Jl. Abdul Muis 26 Taratak, Pariaman 0751-92544
SUMATERA SELATAN			
1	RS Muhammadiyah Palembang	C	Jl. Jend. Ahmad Yani No. 13, Ulu, Palembang 30263 0711-511446
LAMPUNG			
1	RSU Muhammadiyah Metro	D	Jl. Sockarno Hatta No.42 Mulyojati 16B, Metro Barat 0725-7850378
BANTEN			
1	RSIA PKU Muhammadiyah Cipondoh Kota Tangerang	C	Jl. Maulana Hasanudin No. 63 Cipondoh Kota Tangerang 021-55775013
DKI JAKARTA			
1	RS Islam Jakarta Cempaka Putih	B	Jl. Cempaka Putih Tengah I No.1 Jakarta Pusat 021-4250451
2	RS Islam Jakarta Pondok Kopi	B	Jl. Raya Pondok Kopi Jakarta Timur 021-8610471
3	RS Islam Jakarta Sukapura	C	Jl. Tipar Cakung No. 5 Sukapura 021-4400778
4	RS Jiwa Islam Klender	C	Jl. Bunga Rampai X P.Klender 021-8622491
5	RSU Muhammadiyah Taman Puring Jakarta Selatan	C	Jl. Gandaria I/20 Kebayoran Baru, Jaksel 021-7208358
JAWA BARAT			
1	RS Muhammadiyah Bandung	C	Jl. K.H. Ahmad Dahlan 53 Bandung 022-7301062
3	RS Muhammadiyah Cirebon	D	Jl. Dr. Wahidin Sudirohusodo No. 79, Cirebon 0231-247406
3	RSU Universitas Muhammadiyah Cirebon	C	Jl.Kh. Wahid Hasyim no. 08 Mertapada Wetan Kec. Antanajapura Kab. Cirebon 0231-638000
JAWA TENGAH			
1	RS Roemani Muh. Semarang	C	Jl. Wonodri Sendang 22, Semarang 024-8444623
2	RS PKU Muhammadiyah Surakarta	B	Jl. Ronggowarsito No. 130, Surakarta 0271-714578
3	RS PKU Muhammadiyah Delanggu	C	Jl. Raya Delanggu Utara No.19, Delanggu 0272-551051
4	RS PKU Muhammadiyah Temanggung	C	Jl. Raya Kedu Km. 2 Kalisat, Temanggung 0293-596704
5	RS PKU Muhammadiyah Sruweng	C	Jl. Raya Sruweng No. 5 Sruweng Kebumen 0287-382597
6	RS PKU Muhammadiyah Mayong	D	Jl. Pegadaian No. 12 Mayong Jepara 0291-4256500
7	RS PKU Muhammadiyah Karanganyar	C	Jl. Papahan Tasikmadu, Karanganyar 0271-494019
8	RS PKU Muhammadiyah Cepu	C	Jl. Ronggolawe No.137,Cepu 0296-421727
9	RS PKU Muhammadiyah Gombong	C	Jl. Yos Sudarso No.461 Gombong Kebumen 0287-473614 / 0287-471780
10	RSU PKU 'Aisyiyah Boyolali	D	Jl. Pasar Sapi Baru Singkil - Karanggeneng - Boyolali 0276-322898
11	RS Muhammadiyah Selogiri Wonogiri	D	Jl. Lama Nambangan Selogiri, Wonogiri 0273-322624



	HOSPITAL NAME	TYPE	ADDRESS	PHONE
12	RSU PKU Muh. Gubug Grobogan	D	Jl. Letjen Suprpto No.12, Gubug	0292 533102
13	RSU Muhammadiyah Siti Aminah-Bumiayu	D	Jl. Pangeran Diponegoro No.155 Desa Jatisawit, Brebes	0289-432209
14	RS Islam PKU Muhammadiyah Tegal	C	Jl. Singkil Km. 5 Kab.Tegal	0283-3448131
15	RS Islam PKU Muhammadiyah Pekajangan	C	Jl. Raya Ambokembang No.42-44, Pekalongan	0285-785367
16	RS Muhammadiyah Rodliyah Achid Moga	D	Jl. Raya Moga Pulosari Km.2, Banyumudal, Moga, Kab. Pemalang	0284-583410
17	RS Islam Kendal	C	Jl. Ar Rahmah No.17 Weleri, Kendal	0294-641870
18	RSIA 'Aisyiyah Klaten	C	Jl. KH. Hasyim Asy'ari Mojaya Klaten Tengah – Klaten	0272-327660
19	RSU Muhammadiyah Darul Istiqomah Kaliwungu Kendal	D	Jl. Sekopek No.15, Kaliwungu 51372 Kendal	0294-382148
20	RS 'Aisyiyah Kudus	D	Jl.HOS Cokroaminoto 248, Kudus	0291-437780
21	RS 'Aisyiyah Muntilan	D	Jl. KH. A. Dahlan No. 24, Muntilan	0293-587372
22	RS PKU Muhammadiyah Sragen	D	Jl. Raya Sragen - Solo Km. 8, Kel. Krikilan, Masaran, Sragen	0271-644370
23	RSU Fastabiq Sehat PKU Muhammadiyah Pati	D	Jl Raya Pati - Tayu km 03 Tambaharjo Pati	0295-4199008
24	RS PKU Muhammadiyah Petanahan	D	Jl. Daendels, KM-1, Desa Munggu, Kec. Petanahan Kebumen	0287-5506116
25	RS PKU Muhammadiyah Wonosobo	C	Jl. Gatot Subroto, Kel. Sudungdewo, Kec. Kretek, Kab. Wonosobo	0286-329185
26	RS PKU Muhammadiyah Kartasura	D	Jl. Slamet Riyadi No.6 Kartasura, Sukoharjo	0271-780156
27	RSU PKU Muhammadiyah Sukoharjo	C	Jl. Mayor Sunaryo No. 37 Sukoharjo	0271-593979
28	RSU 'Aisyiyah Purworejo	D	Jl. Mayjend Soetoyo 113, Purworejo	0275 - 321435
29	RS PKU Muhammadiyah Blora	D	Jl. Raya Blora - Cepu KM 3 Kecamatan Jepon Kab. Blora	0296-532257
30	RS Muhammadiyah Mardhatillah Randudongkal	D	Jl. Jend Sudirman Timur, Randudongkal, Kab. Pemalang	0284-582508
31	RSU PKU Muhammadiyah Jatinom Klaten	D	Jl. Raya Jatinom – Klaten Km 01 Gedaren, Jatinom, Klaten.	0272-337334
32	RS PKU 'Aisyiyah Jepara	D	Jl. Kopral Sapari No. 18 A, Jepara	0291-591276
33	RS PKU Muhammadiyah Kutowinangun	D	Jl. Pemuda No.12 Kutowinangun	0287-661137
34	RSIA 'Aisyiyah Pekajangan Pekalongan	C	Jl. Raya Pekajangan No.610 Kedungwuni Pekalongan	0285-785909
35	RSGM Universitas Muh. Semarang	C	Jl. Kedung Mundu Raya No.22, Semarang	024-76740230
36	RSGM Soelastri Universitas Muhammadiyah Surakarta	C	Jl. Brigjend Slamet Riyadi, Purwosari, Laweyan, Surakarta	0271-7467796
37	RS PKU Muhammadiyah Sampangan Surakarta	D	Jl. Cempaka, RT.2/20, Semanggi, Pasar Kliwon, Surakarta	0271-633894
38	RSU PKU Muhammadiyah Pedan	D	Polaharjo, Sobayan, Pedan, Klaten	
39	RS PKU Muhammadiyah Wonogiri	D	Jl. Durian, Sanggrahan, Giripurwo, Wonogiri	
40	RS Islam Purwokerto	D	Jl. H. Masyuri Rejasari No 39 Purwokerto Jawa Tengah	0281-630019
42	RSU PKU Muhammadiyah Banjarnegara	D	Jl. Raya Banjarnegara - Banyumas Km.18, Kel. Danaraja, Banjarnegara	0286411598



HOSPITAL NAME		TYPE	ADDRESS	PHONE
43	RS PKU Muhammadiyah Purbalingga	D	Jl. Kolonel Sugiri, Kel. Gandasuli, Kec. Bobotsari, Kab. Purbalingga	0281-758808
JAWA TIMUR				
1	RS Muhammadiyah Ahmad Dahlan Kota Kediri	C	Jl. Gatot Subroto 84, Kel. Ngampel, Mojoroto, Kediri	0354-773115
2	RSU Muhammadiyah Surya Melati	D	Jl. Raya Ngadiluwih Wates Km.10, Ngletih Kandat Kediri	0354-441748
3	RSI Aminah Blitar	D	Jl. Kenari No.54, Kel.Plosokerep, Kec.Sananwetan, Kota Blitar	0342-801662
4	RSU Aminah Blitar	C	Jl. Veteran No. 39, Kepanjenkidul, Blitar	0342-816304
5	RS Muhammadiyah Tuban	C	Jl. Diponegoro No.1 Tuban	0356-321334
6	RSIA Muhammadiyah Malang	C	Jl. KH. Wahid Hasyim 30 Malang	0341-326222
7	RSU Islam 'Aisyiyah Malang	C	Jl. Sulawesi No. 16, Kel.Kasin, Kec.Klojen, Malang	0341-326773
8	RS 'Aisyiyah Bojonegoro	C	Jl. Hasyim Asyari No.17, Kel.Kauman, Bojonegoro	0353 -881748
9	RS Muhammadiyah Kalitidu Bojonegoro	D	Jl. Raya Kalitidu No.266, Kalitidu, Bojonegoro	0353-511731
10	RS Siti Khodijah Muhammadiyah Cabang Sepanjang	B	Jl. Pahlawan No.260 Sepanjang Sidoarjo	031-7881130
11	RS 'Aisyiyah Siti Fatimah Tulangan, Sidoarjo	D	Jl. Raya Kenongo 14, Kel.Kenongo, Kec.Tulangan, Sidoarjo	031-8856303
12	RS Muhammadiyah Lamongan	B	Jl. Jaksa Agung Suprpto, No. 76, Lamongan	0322-322834
13	RS Muhammadiyah Babat	D	Jl. KHA. Dahlan No. 14, Babat	0322-451125
14	RSI Muhammadiyah Sumberrejo	D	Jl. Raya Sumberrejo No.1193, Sumberrejo, Bojonegoro	0353-331056
15	RSI Hasanah Muhammadiyah Mojokerto	C	Jl. HOS Cokroaminoto No. 26-28, Jagalan, Kranggan, Mojokerto	0321-321635
16	RSU 'Aisyiyah Ponorogo	C	Jl. Dr Sutomo No. 18 - 24, Ponorogo	0352-461560
17	RSU Muhammadiyah Ponorogo	C	Jl. Diponorogo No.50, Kel.Mangkujayan, Kec.Ponorogo	0352-481273
18	RSU PKU Muhammadiyah Rogojampi	D	Jl. P. Diponegoro No.20, Rogojampi Banyuwangi	0333-631149
19	RS Islam Fatimah Banyuwangi	C	Jl. Jember No.25, Kel.Kalirejo, Kec.Babat, Banyuwangi	0333-421451
20	RSIA Muhammadiyah Kota Probolinggo	C	Jl. Panglima Sudirman No. 65, Kebonsari Kulon, Probolinggo	0335-4430555
21	RS Muhammadiyah Gresik	C	Jl. KH. Kholil 88 Kemuteran, Gresik	031-3981275
22	RSU PKU Muhammadiyah Sekapuk	D	Jl. Raya Deandles No.21, Sekapuk, Ujungpangkah, Gresik	031-3940876
23	RS PKU Muhammadiyah Surabaya	D	Jl. KH. Mas Mansyur No.180-182, Surabaya	031-3522980
24	RS Islam 'Aisyiyah Nganjuk	D	Jl. Imam Bonjol No 20, Nganjuk	0358-324024
25	RSI Siti Aisyah Madiun	C	Jl. Mayjend Sungkono No.38-40, Madiun 63129	0351-464822
26	RS Muhammadiyah Jombang	D	Jl. Dr. Soetomo No. 15, Kel.Jombatan Jombang	0321-853480
27	RS PKU Muhammadiyah Mojoagung Jombang	D	Jl.Sayid Sulaiman 33 Mojoagung Jombang	0321-495668



	HOSPITAL NAME	TYPE	ADDRESS	PHONE
28	RSU Muhammadiyah Bandung Tulungagung	D	Jl. Jenderal Sudirman No. 42, Mergayu Tulungagung	0355-532760
29	RS Muhammadiyah Siti Khodijah Gurah-Kediri	D	Jl. Dr. Soetomo 322, Kel.Sukorejo, Kec.Gurah, Kediri	0354-545481
30	RSU Univ. Muhammadiyah Malang	C	Jl. Raya Tlogomas No. 45, Malang	0341-561666
DAERAH ISTIMEWA YOGYAKARTA				
1	RS PKU Muhammadiyah Yogyakarta	B	Jl. K.H. Ahmad Dahlan No.20 Yogyakarta 55122	0274-512653
2	RSU PKU Muhammadiyah Bantul	C	Jl. Jenderal Sudirman 124 Bantul	0274-368586
3	RSKIA PKU Muh. Kotagede	C	Jl. Kemasari No. 43, Kotagede	0274-371201
4	RSU PKU Muhammadiyah Nanggulan	D	Jl. Ngemplak, Kembang, Nanggulan, Kulonprogo	0274-2820136
5	RS PKU Muhammadiyah Gamping Yogyakarta	C	Jl.Raya Wates km 5,5 Gamping, Sleman DIY 55294	0274-6499704
6	RS PKU Muhammadiyah Wonosari	D	Jl. Lingkar Utara Kemorosari II, Piyaman Wonosari Gunungkidul	0274-393379
7	RS Universitas Ahmad Dahlan Yogyakarta	D	Jl. Cindelar Raya - Karangasari, Wedomartani, Ngemplak	0274-4477068
8	RSGM Universitas Muhammadiyah Yogyakarta	D	Jl. HOS Cokroaminoto No.17, Yogyakarta	0274-387656
9	RS Asri Medical Centre	D	Jl. HOS Cokroaminoto No.17 Yogyakarta	0274-618400
NUSA TENGGARA BARAT				
1	RS PKU Muhammadiyah Bima	D	Jl. Gajah Mada 6, Monggonao Bima	0374-42100
KALIMANTAN TENGAH				
1	RSI PKU Muhammadiyah Palangkaraya	D	Jl. RTA Milono Km.2.5 Palangkaraya	0536-3244802, 3244801,3244803
KALIMANTAN TIMUR				
1	RSIA 'Aisyiyah Samarinda	C	Jl. P Hidayatulah 64 Samarinda	0541-741961/
2	RS Muhammadiyah Paser	D	Jl. Dr. Cipto Mangunkusumo, Tanah Grogot, Kaltim, 76211	085346734850
KALIMANTAN SELATAN				
1	RS Islam Banjarmasin	C	Jl. Letjend S. Parman No.88, Banjarmasin	0511-3354896, 3350332
SULAWESI SELATAN				
1	RSIA Sitti Khadijah I Muhammadiyah Cab.Makassar	C	Jl. RA Kartini No. 15-17 Makassar	0411-3614661, 3624554
2	RSIA Sitti Khadijah III Muhammadiyah Cab.Makassar	C	Jl. Veteran Selatan No.201 Makassar	0411-871780
3	RS 'Aisyiyah Siti Khadijah Pinrang	D	Jl. A. Abdullah No. 1-3, Pinrang	0421-921406
SULAWESI TENGAH				
1	RS Siti Fadhlila Supari PKU Muhammadiyah Palu	D	Jl. Jabal Nur No. 5, Kel. Talise, Kec. Mantikulore, Palu	081342946654
GORONTALO				
1	RSIA Siti Khadijah Kota Gorontalo	C	Jl. Nani Wartabone No.101 Gorontalo	0435-821253, 822130
MALUKU UTARA				
1	RS Islam PKU Muhammadiyah Maluku Utara	D	Jl. Pemuda No.131 Kelurahan Toboleu Ternate Kec. Ternate Utara	0921-3121623 081342308783



PRATAMA MUHAMMADIYAH-'AISYIYAH CLINIC LIST (per Jan 2020)

CLINIC NAME	ADDRESS	PHONE
ACEH		
1 Klinik Muh. Lhokseumawe	Jln. Darussalam No.47, Lhokseumawe	0265- 42580
2 RB Muhammadiyah	Jln. Punge Blangcut NAD	
3 RB 'Aisyiyah	Jln Kartini - NAD	
4 BP Muhammadiyah	Jln. Gandapura - Aceh Utara	
SUMATERA UTARA		
1 RB 'Aisyiyah Sukasari Perbaungan	Desa Sukasari Perbaungan Deli Serdang	061-7990568
2 Rb Siti Khadijah 'Aisyiyah Kisaran	Jl. Dr. Seta Budi No 17 Kisaran Timur	0623-42471
3 RB Alsakinah, Teladan Medan	jl. Air bersih No 88 Teladan Medan Sumatera utara	
4 RB 'Aisyiyah Teladan 1 Medan	Jl. Sisingamangaraja KM 5,5 Medan Sumut	
5 RB 'Aisyiyah Pangkalan Brandan	Jl. Kartini Belakang Gedung Juang 45 P. Brandan	
6 RB Langkat	Jl. Tanjung pura Lahat	
7 BP Muhammadiyah Binjai	Jl. TA Amir Hamzah No 200 Kota Binjai Sumut	0620-20548
SUMATERA BARAT		
1 Aisyiyah Teluk Bayur	Jl. Banyuwangi Gaung Padang	
2 RSB Aisyiyah Lubuk Begalung	jl. Lubuk Begalung	
RIAU		
1 RB/BP Aisyiyah Pekan Baru	Jl. KH A. Dahlan No 82 Pekan baru	
2 BP Muhammadiyah Duri	Duri - Riau	
3 BP Muhammadiyah Pekan Baru	Selat panjang, Pekan baru riau	
JAMBI		
1 RB. Aisyiyah ST Khadijah Jambi	Lrg Nusa Indah II RT 55 Kel Simpang IV Sipin	0471-60848
2 BP Muhammadiyah	Jl. Garuda/Panglima Polim 207 Jambi	
3 BP Muhammadiyah	Jl. Andalas 40 Kualatungkal - Jambi	
4 BKIA Muhammadiyah	Kodya Jambi	
5 RB. ST Khadijah Telanaipura	Telanaipura - Jambi	
6 BP Muhammadiyah Wota baru	Wota baru - Kodya Jambi	
7 Ars Islam Muara Bungo	Jl. Rangkayo Komp.Islamic Center	
SUMATERA SELATAN		
1 RB/BP PKU Muhammadiyah Plaju	Jl. Kapten Abdullah No. 02 RT 30 Plaju Ilir Palembang 30268	0711-542628
2 BKIA/RB Siti Khadijah 'Aisyiyah Pendopo	Jl. Terminal Pasar bawah Pendopo Muara Enim	0731- 390127
3 Klinik Muh Enggal Saras	Desa Sumbu Sari Mesuji Raya OKI	
4 Klinik Dokter Keluarga UMP	Jl. A.Yani Lr. Banten Komp. UMP Kampus B	
5 Klinik Muhammadiyah Lemabang	Lemabang Palembang	
6 Klinik Muhammadiyah Al Fatih	Jl. Ra. Kartini No. 30 Kelurahan Prabujaya	
7 Klinik 'Aisyiyah Belitang	Belitang	
8 Klinik Muh. STIKES 'Aisyiyah	KM 7.5 Palembang	
9 Klinik Muh. Talang Keramat	Talang Keramat Palembang	
10 Klinik Muh. Muara Padang	Muara Padang	
LAMPUNG		
1 RB. Aisyiyah Seputih	Jl. Mataram Ilir gaya Baru 1 Seputih	0724- 43962
2 BP Muhammadiyah Metro Lampung	Jl.Imam Bonjo (HadiMulyo) No. 22 Metro	0725-43962
3 KKB Aisyiyah KRUI	Jl. Merdeka Pasar Krui Lampung Barat	
DKI JAKARTA		
1 Balkesmas Ciganjur	Jl. R.M Kahfi II Cimpedak Ciganjur, JakSel	
2 Balkesmas Cipinang Muara	Jl. Cipinang Muara Raya No.2, Jakarta Timur	021-8501441
3 Klinik Pratama Ruslam Cempaka Putih Jaya	Jl. Cempaka Putih Tengah VI No. 4, Jakarta Pusat	021-4262365



CLINIC NAME		ADDRESS	PHONE
JAWA BARAT			
1	Klinik 'Aisyiyah Muhammadiyah Singaparna Tasikmalaya	Cikirai Singaparna Jl. Raya Timur No.1281, Sukamulya, Singaparna	0265-545054
2	Klinik Muhammadiyah Cileungsi	Perum PTSC Jln Anggrek Bogor Cileungsi A-12	
3	Klinik Pratama Muh. Garut	Jln. Jenderal A. Yani No.156, Garut	085222464647
4	Klinik AKBID Muhammadiyah Cirebon	Jl. Kalitanjung Timur No.14/18A Kel.Kec.Harjamukti Kota Cirebon	
5	Klinik PKU Muhammadiyah Kota Bogor	Jl. Raya Terusan Cifor, RT 02 RW 11, Bogor Barat, Bubulak	
6	Klinik PKU Muh. Lemahabang	Jl KH. Wahid Hasyim No.19, Cirebon	0231-637171
7	Klinik Darul Arqam Muhammadiyah Garut	Jl. Ciledug 284 Garut Cisaat Kadungora Garut	0262-2800772
8	Klinik Khairu Ummah PKU Muhammadiyah Leuwiliang	Jl. Raya Leuwiliang No. 87, Kabupaten Bogor	0251-8691075
9	Klinik Banjar	Jl. Dr. Husen Kartasasmita No. 84 Banjar	
10	Klinik STIKES Ciamis	Jl. KH. Ahmad Dahlan	
11	Klinik Muhammadiyah Kuningan	Jl. Wahyu No. 3, Kuningan	
12	Klinik PKU Muhammadiyah Tasikmalaya	Jl. Tamansari No.30, Sukahurip, Tamansari, Tasikmalaya	
13	Klinik PKU Muhammadiyah Sukmajaya, Depok	Jl. Amil Ali Abadijaya, Kec. Sukmajaya	
14	Klinik Pratama Rawat Jalan PKU Muhammadiyah Bekasi	Ruko Metland Tambun Blok A3, Jl. Sultan Hasanudin No.1, Tambun, Tambun Sel., Bekasi	
15	Klinik 'Aisyiyah Sumedang	Jl. Prabu Gajah Agung No.15, Situ, Kabupaten Sumedang,	081572283304
16	Klinik Muhammadiyah Majalengka	Jl. Emen Slamet No. 277 Majalengka	
17	Klinik PCM Sukajadi	Jl. Sarimanah II Blok 12 RW.08 Sarijadi Bandung	
18	Klinik Cianjur		
JAWA TENGAH			
1	Klinik Pratama PKU Muhammadiyah Kroya	Kroya Cilacap	
2	Klinik Pratama PKU Muhammadiyah Sampang	Jl. Raya Sampang Karang-tengah Km. 02 Sampang, Kab. Cilacap	02826181899
3	Klinik Pratama PKU Muhammadiyah Adipala	Jl. Balai Desa, Kel. Penggalang, Kec. Adipala, Kab. Cilacap	
4	Klinik Pratama PKU Muh Cilacap	Jl. Kutilang Tim. No.174, Pasiran, Cilacap	
5	Klinik Pratama PKU Muhammadiyah Wanareja	Cukangleuleus km. 2 53365, Cukangleles Lor, Adimulya, Kec. Wanareja, Kabupaten Cilacap	
6	Klinik Pratama PKU Muhammadiyah Kemranjen	Jatilarangan Selatan, Pageralang, Kemranjen, Banyumas	
7	Klinik Pratama UMP Dukuh Waluh	Jl. Raya Dukuhwaluh, Dusun III, Dukuhwaluh, Kec. Kembaran, Kabupaten Banyumas	
8	Klinik Pratama UMP Purwokerto	Jl.Tanjung Kedungringin Purwokerto	
9	Klinik Pratama PKU Muhammadiyah Pasar Kidul	Purwokerto	
10	Klinik PKU 'Aisyiyah Andong	Kacangan, Andong, Boyolali	082136418383
11	Klinik Utama PKU Muhammadiyah Merden	Merden, Banjarnegara	
12	Klinik Pratama PKU Muhammadiyah Kalibening	Kalibening, Banjarnegara	
13	Klinik Pratama Sukarela PKU Muh. Pasar Gombang	Gombang, Kebumen	



	CLINIC NAME	ADDRESS	PHONE
14	Klinik Pratama PKU Muhammadiyah Puring	Puring, Kebumen	
15	Klinik Utama PKU Muhammadiyah Kutoarjo	Kutoarjo, Purworejo	
16	Klinik Pratama PKU Muhammadiyah Purworejo	Jl. Magelang Purworejo, Purworejo	
17	Klinik Pratama PKU Muh. Ketanggungan	Ketanggungan, Brebes	
18	Klinik Pratama 'Aisyiyah Bumiayu	Jl. Pangeran Diponegoro No.155, Kec. Bumiayu, Kab. Brebes	085879866806
19	Klinik Pratama PKU Muh. Cabang Kertek Wonosobo	Pandansari, Kertek, Wonosobo	
20	Klinik Utama Rawat Inap PKU Muhammadiyah Pamotan	Jl. Raya Pamotan-Lasem Km.2, Pamotan, Kab. Rembang	0295-4552667
21	Klinik Pratama Asy Syifa PKU Muh. Kudus	Jl. KH Noorhadi no. 17 Kudus	
22	Klinik Pratama Muhammadiyah Asy-Syifa Wates Undaan	Jl. Kudus Purwodadi Km.7, Wates, Kec.Undaan, Kab. Kudus	0291-4247633
23	Klinik Pratama PKU Muh. Pasuruhan	Desa Pasuruhan Lor, Kec Jati, Kudus	
24	Klinik Pratama PKU Muh. Gondoharum	Desa Gondoharum, Kudus	
25	Klinik Pratama Fastabik PKU Muhammadiyah Pati	Bongsri, Mulyoharjo, Pati	
26	Klinik Pratama PKU Muhammadiyah Mungkid	Magelang	
27	Klinik Pratama Nailusyifa PKU Muh. Bandongan	Jl Raya Bandongan-Magelang	
28	Klinik Pratama PKU Muhammadiyah Secang	Jl. Semarang - Yogyakarta No.17, Sandon, Madusari, Secang, Magelang	
29	Klinik/BKIA Aisyiyah Krakitan	Krakitan, Sucen Kidul, Sucen, Salam, Magelang	
30	Klinik Pratama Surya Medika Muhammadiyah Boja	Jl. Boja Semarang Km. 1, Kel. Tampingan, Kec. Boja	0294-572916
32	Klinik Unimus Medical Center (UMC)	Jl.Kedungmudu Raya No.18 Semarang	
33	Klinik Darussalam PKU Muhammadiyah Demak	Jl. Kyai Jebat No.7, Petengan Selatan, Bintoro, Kabupaten Demak	
34	Klinik Pratama PKU Muhammadiyah Comal	Jalan Gintung, Serdadi, Purwoharjo, Kec. Comal, Kabupaten Pemalang	
35	Klinik PKU Muh. Randublatung	Randublatung, Blora Jawa Tengah	
36	Klinik Pratama Mafroh PKU Muh. Tegal	Kab.Tegal	
37	Klinik Pratama Imam Syafii PKU Muh. Kota Tegal	Jl. Cik Ditiro No.131, Bandung, Kota Tegal	
38	Klinik Pratama Batuwrno PKU Muh.Wonogiri	Wonogiri	
39	Klinik Pratama Univ. Muh.Magelang	Magelang	
40	Klinik PKU Muh. Pringsurat	Pringsurat,Temanggung	
41	Klinik Pratama PKU Muhammadiyah Mijen	Jalan Raya Lemah Mendak, RT.1/6, Mijen, Kec. Mijen, Kota Semarang	
42	Klinik Pratama 'Aisyiyah Siti Khodijah	Gedung Dakwah Muhammadiyah, Krakitan, Sucen, Salam, Magelang	
43	Klinik Pratama PKU Muhammadiyah Gandrungmangu	Jl. Raya Gandrungmangu, Wringinharjo, Kab. Cilacap	081393641993



	CLINIC NAME	ADDRESS	PHONE
44	Klinik Pratama Rawat Inap PKU Muhammadiyah Majenang	Jl. Abdul Fatah, Kel. Pahonjean, Kec. Majenang, Kab. Cilacap	082125610011
45	Klinik Pratama PCM Limbangan	Jl. Raya Margosari No.5, Limbangan	08122914909
46	Klinik Pratama RSI 2 Kendal	Jl. Soekarno - Hatta, Kangkung	0294-2692301
JAWA TIMUR			
1	Klinik Pratama Balkis Lamongan		
2	Klinik Pratama Kedungadem	Jln. Raya Ndrokilo Kedungadem Kota Bojonegoro	
3	Klinik Siti Halimah Kandangan Pare	Jln. Veteran 23 Kandangan, Kediri	0354-327009/ 326501
4	Klinik/ RB Muhammadiyah Sumber Pucung	Jln. Raya Sumber Pucung, Sumber Pucung Malang.	
5	Klinik Muhammadiyah UMM UMC	Jln. Bendungan Sutami No 318 Malang	
6	Klinik Muhammadiyah Blimbing	Jln. Raya Blimbing 2 Paciran	
7	Klinik Muhammadiyah lamongan	Jl. KH Ahmad Dahlan 26	
8	RB /BKIA Aisyiyah Tulug Agung	Jl. P Diponegoro No 82	
9	RB Dewi Masyitoh	Jl. Trono Joyo N0 54 Pasuruan	
10	RB/BKIA Aisyiyah Ambulu	Jl. Hasanuddin III N0 94 Ambulu Jember	
11	RB/BP /BKIA/ Aisyiyah ST Aisyiyah Sumenep	Jl Pepaya 16 Sumenep Madura	0336-81723
12	RB/BKIA Aisyiyah Bangkalan	jl.KH.Moh KholiL V/31 Bangkalan	955538
13	RB/BKIA Aisyiyah Bandung	JL. P. Sudirman Gang 1 Mergayu Tulung Agung	0355-5168
14	RB Dewi Masyitoh Pasuruan	Jl.Cemara Pasuruan	
15	RB ST Aisyiyah Banyuwangi	JL. Raya No 32 Cluring - Banyuwangi	
16	RB Aisyiyah Lumajang	Lumajang	
17	RB/BP/BKIA Muhammadiyah Parengan	Jl. Raya Panrengan Pangkatrejo no.127b Kec Maduran Lamongan	
18	Balkes Islam Muhammadiyah Kandang rejo Lamongan	JL. Masjid No 7 Kandang Rejo Kedung Pring Lamongan	
19	BP PKU Muhammadiyah Pacitan	Jl. Kyai Ageng Petung 24 Pacitan	
20	Balkes ST Khadijah Sukorejo - Gurah	Jl. Dr. Sutomo No 322 Sukerejo Gurah Kediri	0354-545481
21	Balkes Muhammadiyah Gresik	Jl. Sindujoyo No 2 Gresik	
22	Balkes Muhammadiyah Malang	JL. KH. Wahid Hasyim No 30 Malang	
23	Balkes Muhammadiyah Bojonegoro	Jl. Masjid 11 Bojonegoro	
24	Balkes PKU Muh. Lamongan	Jl. KH Ahmad Dahlan Lamongan	
25	Balkes Muhammadiyah Brondong	Jl. Raya Brondong No 77 a Brondong Lamongan	
26	Klinik Rawat Inap Muhammadiyah Sumberpucung	Jl. Jend. Sudirman 203 Kel.Sumber Pucung, Malang	0341-385257
27	BP Islam Muhammadiyah Babat	Desa Keduwung Kec Babat Lamongan	
28	BP/BKIA Muhammadiyah Gresik	Duduk Sampeyan no 87 ,Gresik	
29	BP/BKIA Banyuwangi	Sawa Gede Banyuwangi	
30	BKIA Aisyiyah Pamekasan	Jl. Amir Jafar v No7 Pamekasan Madura	
31	BKIA ST Khadijah Kandat	Jl.Ngletih Kandat, Kediri	
32	BP PKU Muh. Kertosono	Jl.Gatot Subroto No 153 Kertosono	
33	BP Muh. Kandangan Pare	Jl. Jombang No 29 Kandangan Pare Kediri	
34	BP PKU Muh. Padangan	Jl. Raya Surabaya No 235 Padangan Kediri	
35	Klinik PKU Muhammadiyah Kanigoro	Jl. Brawijaya No. 85, Kel. Kanigoro, Kec. Kras. Kab. Kediri	0354-411159
36	BP Muhammadiyah Kedung betik	Jl. Raya Kdedungbetik Kesamben Jombang	
37	BP/BKIA	Jl, Bahyangkara 192 Sedayu Gresik	
38	Balkes muhammadiyah Sekapuk	Jl,Raya Daendel Km 32 Sekapuk Ujung Pangkah	
39	RB / BP ST Khadijah Muncar Banyuwangi	Jl. Raya 75 Muncar Banyuwangi	



CLINIC NAME	ADDRESS	PHONE	
40	RB Sumbersari Banyuwangi	Sumbersari Banyuwangi	0333-592890
41	PKU Muhammadiyah Genteng	Genteng Banyuwangi	0333-591646
42	PKU Muhammadiyah Sempu	Jl. Raya Sempu Stail Banyuwangi	0333-592890
43	RB Fatimah	Sumbergondo - Glenmore Banyuwangi	0333-821234
44	BP Al Amin Kalibaru Banyuwangi	jl. Kalibaru Banyuwangi	0333-879312
45	BP Aisyiyah Klalıklatak Banyuwangi	Jl. Kali Klatak Banyuwangi	
46	BP Muhammadiyah Pacitan	JL. Khamid Dimiyati 19 Pacitan	
47	BP/BKIA PKU Muhammadiyah	Jl.Paiton Probolinggo	
48	RB/BP/BKIA Muh. Parengan	Jl. Raya 35 Bawangan Pangkatrejo Lamongan	
49	BP/BKIA Muhammadiyah	Jl. Raya Sugio No 3 Lamongan	
50	RB/BP PKU Muh. Keduyung	Jl. Desa Keduyung - Kec.Laren Lamongan	
51	RB/BP Muhammadiyah Rengel	Jl. Raya Loh Gawe 13 Rengel Tuban	
52	Poliklinik Muhammadiyah	Jl. Panyuran Palang - Tuban	
53	RB Aisyiyah Trenggalek	Jl. Abd. Rahman Saleh 22 Trenggalek	
54	BP Muhammadiyah, Tandes	Jl. Manukan Tandes Surabaya	
55	BP Muhammadiyah	Jl. Bulaksari No 33 Surabaya	
56	BP Al Islam	Jl. Tambak sari No 204 Surabaya	
57	BP Muhammadiyah At-Taqwa	Jl. Dupak Bandarejo II Surabaya	
58	Klinik/BP/RB Al Azhar/Poly KIA	Jl. Dupak Bandarejo No.23, Dupak, Kec. Krembangan, Surabaya	031-3544382
59	BP Al Jihad	Bapak H. Djumali Jl. Dupak Jaya GG V Surabaya	
60	BK Islam	Jl. HOS Cokroaminoto 10 Sangkapura Baweana	
61	RB/BP /BKIA Fatimah Tulangan	Jl. Raya Kenongo No 14 Tulangan Sidoarjo	
62	BP Muhammadiyah Balonbendo	Jl Raya Balong Bendo - Sidoarjo	
63	BP Muhammadiyah Modo	Jl. Pasar Utara Masjid Al Mutaqqin Babat	
64	RB/BP Palirangan	Ds Palirangan Kec. Solokuro - Lamongan	
65	Bakis Muhammadiyah Laren	Bulubrangsi Kec Laren Lamongan	
66	BP/BKIA Muhammadiyah Kuncen	Jl. Surabaya 259 Kuncen Padangan Bojonegoro	
67	BP Muhammadiyah Kalitidu	Jl. Raya Kalitidu, Kalitidu Bojonegoro	
68	RB/BP Fatimah	Jl. Raya Tulungrejo Pare Kediri	
69	BP Muhammadiyah Babadan	Jl. Merbabu Darungan Babadan-Wlingi, Blitar	
70	Klinik Rawat Inap Islam 'Aisyiyah Pandaan	Jl. Pahlawan Soenaryo 257 Pandaan, Pasuruan	0343-637367
71	BKIA Muhammadiyah Japanan	Jl. Raya Kejapanan Depan SD 1 Japanan Pasuruan	
72	BP Islam Amhunte	Jl. Matahari No 10 Sumenep	
73	Klinik Rawat Inap Dr. M. Suherman UM Jember	Jl. Karimata No. 49 Gumuk Kerang, Sumbersari, Jember	
74	Klinik Pratama 'Aisyiyah Jombang	Dusun Kapas Desa Dukuh Klopo Peterongan . Jombang	
75	Klinik Muhammadiyah Deket	Desa Rejosari, Deket, Lamongan	
76	Klinik Muhammadiyah Tikung	Tikung, Lamongan	
DAERAH ISTIMEWA YOGYAKARTA			
1	Klinik Pratama Firdaus	Jln.Kapten Tendean Yogyakarta	
2	Klinik Pratama Wates	Jln.KH Ahmad Dahlan N0 11 Wates Kulon Progo	(0274) 773430
3	Klinik PKU Muh. Semin Gunung Kidul	Jl. Wonosari Semin, Sumberejo, Semin, Gunung Kidul	
4	Klinik Aisyiyah Moyudan	Jln. Gedongan KM 14 Moduyan, Sleman	0274 6497088
5	Klinik PKU Muh. Srandakan	Jln. Srandakan KM 2, Srandakan Bantul	0274 7493506
6	Klinik Aisyiyah Sewugalur	Karangsewu, Sewugalur, Galur, Kulonprogo	
7	Klinik PKU Muh. Pakem	KM 04, Jln Cangkringan Pakem, Sleman DIY	(0274) 896779
8	Klinik Aisyiyah Panjatan	Pedukuhan V, Pleret, Panjatan, Kulon Progo	
9	Klinik Aisyiyah Panggeran Sleman		



	CLINIC NAME	ADDRESS	PHONE
10	Klinik PKU Muh. Mantrijeron	Suryodiningratan, Mantrijeron, Yogyakarta	
11	Klinik PKU Muh. Berbah	Krikilan, Tegaltirto, Kec. Berbah, Sleman	
12	Klinik Aisyiyah Jetis	Jln. Pangeran No.XII RT 04 2F 43 Gowongan Jetis Yogyakarta	(0274) 864301
13	Klinik PKU Muh. Karangkajen	Karangkajen Mj Yogyakarta	
14	Klinik Pratama PKU Muhammadiyah Umbulharjo	Jl. Glagahsari No. 136, Warungboto, Yogyakarta	(0274) 380041
15	Klinik PKU Muhammadiyah Wonosari	Jl. Kemorosari, Piyaman (Ring Road Utara), Wonosari	
NUSA TENGGARA BARAT			
1	RB / 'Aisyiyah TJ Selong	Jl. Hos Cokroamainoto	
2	RB / BKIA Muh. Parugo Bima	Jl.Padalo Baru, Parugo Bima	
3	BP Muhammadiyah Daru	Jl.Daru Kec Balo Bima	
4	BP PKU Muhammadiyah Mataram	Jl.KH. A.Dahlan no 1 Mataram	
5	BKIA 'Aisyiyah Sape	Jl. Naru, Kec Sape NTB	
6	BKIA 'Aisyiyah Sape	Jl. Melayu Rasa Mae - Bima	
7	BP Muhammadiyah Suni	Jl. Suni, Kec Sape - Bima	
KALIMANTAN BARAT			
1	RB 'Aisyiyah Pontianak	JL. Hasyim Ahmad No 8 Perumnas 11 Pontianak	
2	RB 'Aisyiyah Ketapang	Jl. WR Supratman No53 Kel Kauman Ketapang	0534-33504
3	RB/ BKIA 'Aisyiyah Singkawang	Jl. Yos Sudarso N0 9 Kel Melayu Singkawang	0562-31139
4	BP PKU Muhammadiyah	Jl. Wahid Hasyim N0 144 Pontianak 78115	
KALIMANTAN TENGAH			
1	BKIA Muhammadiyah	Jl. Dipati Pangkalan , Kota Waringin	
2	Klinik Muhammadiyah Sampit	Jl. Kartini Sampit	
KALIMANTAN TIMUR			
1	BKIA Samarinda	Jl. Diponegoro Samarinda	
2	BKIA PKU Muhammadiyah	Jl. YOS Sudarso, Bulongan	
KALIMANTAN SELATAN			
1	Klinik Pratama PKU Universitas Muh Banjarmasin	Jl. Hasanuddin HM No33 Banjarmasin	0511-34533
2	Klinik Kesehatan Al Amin Alabio HSU	Jl. H. Saberan Efendi RT 06/53 Pelampitan Hilir, Kec Amuntai Tengah Hulu Sungai Utara	0257-62786
SULAWESI SELATAN			
1	RB ST Khadijah II	Jl. Cakalang V No 44 Makasar	
2	RB ST Khadijah IV	Jl. Kartini 4 Makasar	
3	RB ST Khadijah Pare Pare	Jl. Pettana Rajeng N0 5	0411-21313
4	BP Muhammadiyah Pare Pare	Jl. Lasingrang 102 Pare Pare	
5	RB/BKIA/KKB ST Khadijah 'Aisyiyah Bulukumba	Jl. Dr. Moh Hatta No 92 A Bulukumba	0413-81912
6	BP Muhammadiyah Pinrang	Jl. Sultan Hasanuddin, Pinrang	
7	RB ST Khadijah 'Aisyiyah Palopo	Jl. Rambutan No 3 Palopo	0471-21437
8	BP / BKIA Muhammadiyah Tator	Jl Musa No 10 Tana Toraja	0133-222661
9	BP Nurul Hidayah Muh.	Jl. KH. Hayyur No 201 Benteng Selayar	
SULAWESI TENGAH			
1	Klinik Muhammadiyah Surya Medika Kecamatan Toili	Kecamatan Toili Kab. Banggai	
SULAWESI UTARA			
1	RB ST Khadijah Gorontalo	Jl. Nani Wartabone No.101, Heledulaa Sel., Kota Tim, Kota Gorontalo	
2	BKIA 'Aisyiyah Gorontalo	Jl. Kodya Gorontalo	
3	BP Muhammadiyah	Jl. Kodya Gorontalo	
4	BP 'Aisyiyah	Jl. Kodya Gorontalo	



List of PTMA* with Medical and Health Sciences Faculties

(Complete with the number of students per even semester 2018)

No	PTMA Names	Year/ Semester	Level of Study	Study Program	Number of Students			
	UNIVERSITAS AHMAD DAHLAN	GENAP 2018	S1	Psikologi	1416			
				Kesehatan Masyarakat	1373			
				Kedokteran	50			
			S2	Farmasi	1006			
				Farmasi	192			
				Kesehatan Masyarakat	9			
2	UNIVERSITAS AISYIYAH YOGYAKARTA	GENAP 2018	D3	Psikologi	115			
				Psikologi Profesi	115			
			D4	Radiologi	234			
				Kebidanan	442			
			S1	Keperawatan Anestesiologi	127			
				Bidan Pendidik	609			
				Analisis Kesehatan	386			
				Psikologi	141			
				Ilmu Keperawatan	938			
				Gizi	77			
				Fisioterapi	869			
				Profesi Ners	182			
			3	UNIVERSITAS MUHAMMADIYAH ACEH	GENAP 2018	S1	Psikologi	316
							Kesehatan Masyarakat	1091
4	UNIVERSITAS MUHAMMADIYAH BANDUNG	GENAP 2018	S1	Kesehatan Masyarakat	144			
				Psikologi	67			
5	UNIVERSITAS MUHAMMADIYAH BANJARMASIN	GENAP 2018	D3	Farmasi	123			
				Keperawatan	107			
				Kebidanan	161			
			S1	Farmasi	328			
				Psikologi	84			
				Keperawatan	11			
6	UNIVERSITAS MUHAMMADIYAH BENGKULU	GENAP 2018	S1	Farmasi	437			
				Profesi Ners	187			
				Keperawatan	31			
7	UNIVERSITAS MUHAMMADIYAH CIREBON	GENAP 2018	S1	Keperawatan	288			
				Ilmu Keperawatan	327			
				Profesi Ners	30			
8	UNIVERSITAS MUHAMMADIYAH GRESIK	GENAP 2018	D3	Ilmu Keperawatan	347			
				Profesi Ners	27			
				Kebidanan	64			
			S1	Fisioterapi	21			
				Farmasi	179			
				Ilmu Keperawatan	52			
7	UNIVERSITAS MUHAMMADIYAH CIREBON	GENAP 2018	S1	Kesehatan Masyarakat	15			
				Psikologi	236			
				Profesi Ners	8			

* PTMA (Muhammadiyah and Aisyiyah Universities)



No	PTMA Names	Year/ Semester	Level of Study	Study Program	Number of Students
9	UNIVERSITAS MUHAMMADIYAH JAKARTA	GENAP 2018	D3	Kebidanan	81
				Keperawatan	147
			S1	Pendidikan Dokter	523
				Kesehatan Masyarakat	647
				Kebidanan	16
				Ilmu Keperawatan	785
				Profesi Dokter	432
			S2	Ners	160
Magister Keperawatan	174				
Kesehatan Masyarakat	164				
	10	UNIVERSITAS MUHAMMADIYAH JEMBER	GENAP 2018	D3	Keperawatan
Ilmu Keperawatan					606
S1				Psikologi	283
				Profesi Ners	154
11	UNIVERSITAS MUHAMMADIYAH KALIMANTAN TIMUR	GENAP 2018	D3	Keperawatan	326
				Ilmu Keperawatan	573
			S1	Farmasi	172
				Kesehatan Masyarakat	543
				Psikologi	95
				Profesi Ners	103
12	UNIVERSITAS MUHAMMADIYAH KUDUS	GENAP 2018	D3	Kebidanan	54
				Keperawatan	195
			S1	Farmasi	245
				Keperawatan	120
				Pendidikan Profesi Ners	408
13	UNIVERSITAS MUHAMMADIYAH LAMONGAN	GENAP 2018	D3	Farmasi	224
				Fisioterapi	48
				Kebidanan	86
			S1	Keperawatan	710
				Pendidikan Profesi Ners	189
14	UNIVERSITAS MUHAMMADIYAH LAMPUNG	GENAP 2018	S1	Psikologi	328
15	UNIVERSITAS MUHAMMADIYAH MAGELANG	GENAP 2018	D3	Farmasi	144
				Keperawatan	242
			S1	Farmasi	136
				Ilmu Keperawatan	281
				Psikologi	39
16	UNIVERSITAS MUHAMMADIYAH MAKASSAR	GENAP 2018	S1	Profesi Ners	28
				Pendidikan Dokter	342
				Profesi Dokter	257
17	UNIVERSITAS MUHAMMADIYAH MALANG	GENAP 2018	D3	Keperawatan	42
				Farmasi	565
			S1	Fisioterapi	39
				Ilmu Keperawatan	96
				Kedokteran	120
				Psikologi	31
				Pendidikan Profesi Dokter	435
				Profesi Ners	133
			S2	Psikologi	87
Psikologi Profesi	77				



No	PTMA Names	Year/ Semester	Level of Study	Study Program	Number of Students
18	UNIVERSITAS MUHAMMADIYAH MALUKU UTARA	GENAP 2018	S1	Kesehatan Masyarakat	90
19	UNIVERSITAS MUHAMMADIYAH MATARAM	GENAP 2018	D3	Farmasi	43
				Kebidanan	63
20	UNIVERSITAS MUHAMMADIYAH PALEMBANG	GENAP 2018	S1	Kedokteran	310
21	UNIVERSITAS MUHAMMADIYAH PALU	GENAP 2018	S1	Kesehatan Masyarakat	414
22	UNIVERSITAS MUHAMMADIYAH PARE-PARE	GENAP 2018	S1	Kesehatan Masyarakat	556
23	UNIVERSITAS MUHAMMADIYAH PONOROGO	GENAP 2018	D3	Kebidanan	97
				Keperawatan	472
			S1	Keperawatan	325
				Profesi Ners	44
24	UNIVERSITAS MUHAMMADIYAH PONTIANAK	GENAP 2018	S1	Ilmu Kesehatan Masyarakat	58
				Kesehatan Masyarakat K. Sintang	142
				Psikologi	56
25	UNIVERSITAS MUHAMMADIYAH PROF. DR. HAMKA	GENAP 2018	D4	Analisis Kesehatan	193
				Psikologi	986
			S1	Kesehatan Masyarakat	1352
				Kedokteran	67
				Farmasi	2219
				Profesi Apoteker	250
S2	Ilmu Kesehatan Masyarakat	234			
26	UNIVERSITAS MUHAMMADIYAH PURWOKERTO	GENAP 2018	D3	Kebidanan	28
				Keperawatan	143
			S1	Farmasi	550
				Ilmu Keperawatan	927
				Kebidanan	62
				Pendidikan Dokter	198
				Psikologi	646
				Pendidikan Profesi Bidan	1
				Pendidikan Profesi Ners	132
				Profesi Dokter	96
				Profesi Apoteker	128
			S2	Farmasi	21
27	UNIVERSITAS MUHAMMADIYAH PURWOREJO	GENAP 2018	S1	Psikologi	77
28	UNIVERSITAS MUHAMMADIYAH RIAU	GENAP 2018	D3	Keperawatan	101
			S1	Psikologi Islam	43



No	PTMA Names	Year/ Semester	Level of Study	Study Program	Number of Students
29	UNIVERSITAS MUHAMMADIYAH SEMARANG	GENAP 2018	D3	Analisis Kesehatan	514
				Gizi	78
				Kebidanan	93
				Keperawatan	349
			S1	Analisis Kesehatan	762
				Ilmu Gizi	389
				Ilmu Keperawatan	701
				Kedokteran	434
				Kedokteran Gigi	212
				Kesehatan Masyarakat	414
Profesi Dokter	121				
Profesi Dokter Gigi	75				
30	UNIVERSITAS MUHAMMADIYAH SIDOARJO	GANJIL 2019	D3	Kebidanan	73
			S1	Psikologi	599
31	UNIVERSITAS MUHAMMADIYAH SUKABUMI	GENAP 2018	D3	Keperawatan	375
32	UNIVERSITAS MUHAMMADIYAH SUMATERA BARAT	GENAP 2018	D3	Kebidanan	22
			S1	Ilmu Keperawatan	12
33	UNIVERSITAS MUHAMMADIYAH SUMATERA UTARA	GENAP 2018	S1	Kedokteran	394
				Profesi Dokter	280
34	UNIVERSITAS MUHAMMADIYAH SURABAYA	GENAP 2018	D3	Analisis Kesehatan	351
				kebidanan	55
				Keperawatan	139
			S1	Ilmu Keperawatan	460
				Kebidanan	22
				Pendidikan Dokter	150
				Psikologi	361
35	UNIVERSITAS MUHAMMADIYAH SURAKARTA	GENAP 2018	D3	Fisioterapi	110
				Farmasi	825
			S1	Fisioterapi	579
				Ilmu Gizi	795
				Ilmu Keperawatan	639
				Kedokteran	542
				Kesehatan Masyarakat	677
				Pendidikan Dokter Gigi	293
				Psikologi	1283
				Dokter Gigi	267
				Profesi Apoteker	216
				Profesi Dokter	277
				Profesi Fisioterapi	135
				Profesi Ners	208
S2	Farmasi	127			
	Psikologi	165			
				Psikologi Profesi	140



No	PTMA Names	Year/ Semester	Level of Study	Study Program	Number of Students
36	UNIVERSITAS MUHAMMADIYAH TANGERANG	GENAP 2018	D3	Kebidanan	129
			S1	Ilmu Keperawatan	319
				Profesi Ners	70
37	UNIVERSITAS MUHAMMADIYAH TASIKMALAYA	GENAP 2018	D3	Kebidanan	124
				Keperawatan	145
			S1	Ilmu Keperawatan	514
				Profesi Ners	46
38	UNIVERSITAS MUHAMMADIYAH YOGYAKARTA	GENAP 2018	S1	Pendidikan Dokter	851
				Kedokteran Gigi	435
				Ilmu Keperawatan	572
				Farmasi	440
				Profesi Ners	114
				Profesi Dokter Gigi	450
				Profesi Dokter	480
			S2	Manajemen Rumah Sakit	227
				Magister Keperawatan	105
				S3	Psikologi Pendidikan Islam
39	SEKOLAH TINGGI FARMASI MUHAMMADIYAH CIREBON	GENAP 2018	D3	Farmasi	401
			S1	Farmasi	96
40	SEKOLAH TINGGI FARMASI MUHAMMADIYAH TANGERANG	GENAP 2018	D3	Farmasi	134
			S1	Farmasi	369
41	SEKOLAH TINGGI ILMU KEPERAWATAN MUHAMMADIYAH PONTIANAK	GENAP 2018	D3	Keperawatan	178
				Ilmu Keperawatan	468
			S1	Profesi Ners	177
42	SEKOLAH TINGGI ILMU KESEHATAN AISYIYAH BANDUNG	GENAP 2018	D3	Keperawatan	165
				Kebidanan	108
			S1	Ilmu keperawatan	116
Profesi Ners	112				
43	SEKOLAH TINGGI ILMU KESEHATAN AISYIYAH PALEMBANG	GENAP 2018	D3	Keperawatan	99
				Kebidanan	58
			S1	Farmasi	237
44	SEKOLAH TINGGI ILMU KESEHATAN AISYIYAH SURAKARTA	GENAP 2018	D3	Keperawatan	441
				Kebidanan	145
			D4	Fisioterapi	218
			S1	Keperawatan	635
Pendidikan Profesi Ners	60				
45	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH BOJONEGORO	GENAP 2018	D3	Perekam dan informasi kesehatan	115
				Administrasi Rumah Sakit	95



No	PTMA Names	Year/ Semester	Level of Study	Study Program	Number of Students
46	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH CIAMIS	GENAP 2018	D3	Keperawatan	294
				Kebidanan	147
				Farmasi	274
				Analisis Kesehatan	237
				Ilmu Keperawatan	404
				Ners	75
47	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH CIREBON	GENAP 2018	D3	Kebidanan	126
48	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH GOMBONG	GENAP 2018	D3	Keperawatan	313
				kebidanan	136
			S1	Keperawatan	742
				Farmasi	185
				Profesi Ners	195
49	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH KENDAL	GENAP 2018	D3	Keperawatan	199
50	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH KLATEN	GENAP 2018	D3	Keperawatan	385
				Kebidanan	52
				Farmasi	197
				Ilmu Keperawatan	269
				Pendidikan Profesi Ners	122
51	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH KUNINGAN	GENAP 2018	D3	Farmasi	182
52	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH LHOKSEUMAWE	GENAP 2018	D3	Keperawatan	80
				Ilmu Keperawatan	677
			S1	Profesi Ners	144
53	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH MANADO	GENAP 2018	D3	Kebidanan	319
				Farmasi	242
			S1	Ilmu Keperawatan	796
				Profesi ners	70
54	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH PALEMBANG	GENAP 2018	D3	Kesehatan Lingkungan	142
				Keperawatan	240
				kebidanan	325
			D4	fisioterapi	180
				Teknologi laboratorium medis	60
				Ilmu Keperawatan	610
55	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH PEKAJANGAN	GENAP 2018	D3	Keperawatan	298
				Kebidanan	127
			S1	Ilmu Keperawatan	468
				Fisioterapi	95
				Farmasi	361



No	PTMA Names	Year/ Semester	Level of Study	Study Program	Number of Students
56	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH PRINGSEWU	GENAP 2018	D3	Keperawatan	303
				Kebidanan	156
			S1	Ilmu Keperawatan	638
				Pendidikan Profesi Ners	320
57	SEKOLAH TINGGI ILMU KESEHATAN MUHAMMADIYAH WONOSOBO	GENAP 2018	S1	Farmasi	38
58	SEKOLAH TINGGI ILMU KESEHATAN PKU MUHAMMADIYAH SURAKARTA	GENAP 2018	D3	Keperawatan	190
				Kebidanan	15
			D4	Teknologi Rekayasa Elektromedis	9
				Keperawatan Anestesiologi Gizi	62 175
59	POLITEKNIK KESEHATAN AISYIYAH BANTEN	GENAP 2018	D3	Rekam medis dan informasi kesehatan	41
				kebidanan	168
				Fisioterapi	5
60	AKADEMI KEBIDANAN AISYIYAH PONTIANAK	GENAP 2018	D3	Kebidanan	230
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PRINCIPLE OF MUHAMMADIYAH
Division of
Assistance for the Relief of Public Suffering
(P.K.O)
EAST INDIES
IN
YOGYAKARTA

Note: full translation in English see page 260.



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

REGLEMENT MOEHAMMADIJAH
b/g. Peneloeng Kesangsaraän Oemoem (P.K.O.)
di
DJOKJAKARTA.

ليس البر ان تولوا وجوهكم قبل المشرق والمغرب
ولكن البر من آمن بالله واليوم الآخر والملائكة
والكتاب والنبين واتى المال على حبه ذوى القربى
واليتامى والمساكين وابن السبيل والسائلين وفى
الرقاب . واقام الصلاة واتى الزكاة والموفون بعهدهم
اذا عاهدوا والصابرين فى البأس والضراء وحين
البأس . اوائك الذين صدقوا واوائك هم المتقون

Tiada beroleh kebaikan, hendaknja akan meng-
hadapkan moeka kamoe kearah timoer dan barat,
tetapi orang jang beroleh kebaikan itoe, jang per-
tjaja dengan Toehan dan hari jang terachir dan



malaikat dan kitab dan sekalian Nabi, dan memberikan harta bendanja jang di tjintai akan sanak dan familie dan anak-anak piatoe dan orang miskin dan anak djalan, orang jang minta dan jang di dalam ikatan lehernja, dan mendirikan (melakoe-kan) sembahjang dan memberikan Zakat dan menjoekoepi segala perdjandjian pada ketikanja berdjandji, dan sabar di dalam kemlaratan dan kesakitan dan pada ketikanja menanggoeng soesah di dalam keperluan oemoem. Mereka itoelah orang jang bersetia dan mereka itoelah orang banjak jang sama taqwa (takoet) kepada Allah.

**Persarikatan Moehammadijah b/g
Penoeloeng Kesangsaraän Oemoem
di Djokjakarta.**

Artikel 1.

Persarikatan ini soeatoe badan dari persarikatan Moehammadijah, jang melakoekan pekerdjaan maksoed Moehammadijah jang terseboet di dalem statuten art. 2 alinia b.

Artikel 2.

Persarikatan ini di tentoekan lamanja menoeroet besluitnja Persarikatan Moehammadijah (Gouvernements besluit 22 Augustus 1914, No. 81 dan jang soedah di obah dengan Gouv. besluit 16 Augustus 1920 No. 40. dan soedah diobah lagi dengan besluit Gouvernement 2 September 1921 No. 36.



Artikel 3.

Hadjatnja P.K.O. itoe akan menolong kesang-saraan dengan memake azas agama Islam kepada segala orang, tida dengan membelah bangsa dan agamanja.

وتعاونوا على البر والتقوى ولا تعاونوا على الاثم
والعدوان واتقوا الله ان الله شديد العقاب .

Bertolong menolonglah kamoe sekalian atas kebadjikan dan berati - ati djangan tolong menolong atas dosa dan berseteroean bertakoetlah akan Allah, sesoenggoehnja Allah itoe jang amat berat siksanja.

Artikel 4.

Persarikatan ini bersoenggoeh - soenggoeh menjampaikan hadjatnja dengan mengadakan:

- a. Pemeliharaan bagi orang - orang miskin, pendidikan, pengadjaran kepada orang-orang jang di peliharanja, begitoe djoega pekerdjaan, keradjinan dan Agama Islam seperloenja.
- b. Pemeliharaan anak - anak yatim dan piatoe dengan pendidikan, keradjinan, pengadjaran ilmoe Agama Islam, pengetahoean oemoem dan pekerdjaan jang berfaedah kelak baginja.

أرايت الذي يكذب بالدين • فذلك الذي يدع
اليتيم ولا يحض على طعام المسكين .



Apakah engkau mengatahoei orang jang mendjoestakan Agama? ialah orang jang menolak anak-anak jatim piatoe dan tida memelihara rizkinja orang-orang miskin.

- c. Mengadakan roemah sakit oentoe menolong orang-orang sakit jang terlantar dengan memberi pengadjaran Agama Islam djoega, kepada orang-orang jang dateng berobat di sitoe.

وانفقوا في سبيل الله ولا تلقوا بأيديكم الى التهلكة
واحسنوا ان الله يحب المحسنين •

Belandjakanlah di dalam djalan Allah dan dja-njanlah melakoekan dengan tangan kamoe kepada keroesakan (kedjahatan) dan berboeat baiklah, sesoenggoehnja Toehan itoe tjinta akan orang baik-baik. (س: ١٧٥)

Sabda Nabi Moehammad s.a.w.

لا يؤمن احدكم حتى يحب لاخيه ما يحب لنفسه •

Tida beriman kamoe sehingga bertjinta kapada saudaranja sebagai tjinta kepada dirinja.

- d. Menerima dan membagi zakat. Zakat fitrah Qoerban (Oedhijah) dan Aqiqah, pada tiap-tiap masa dan ketikanja.

وما الصدقات للفقراء والمساكين والعاملين عليها
المؤلفه قلوبهم وفي الرقاب والغارمين وفي سبيل الله



وابن السبيل فريضة من الله والله اعلم حكيم.

Sesoenggoehnja segala matjam Sidqah (Zakat) itoe dibagikan kepada orang - orang jang Fakir dan orang - orang jang Miskin, dan orang-orang jang beroesaha atas Zakat itoe, dan orang-orang jang ditarik hatinja kapada Islam, dan orang-orang jang didalam pemboedakan, orang - orang jang beroetang, dan didalam djalannja Allah, dan anak djalan. Demikianlah di ferdloekan dari pada Allah. Maka Allah itoe jang mengetahoei dan bidjaksana.

e. Pemeliharaan orang mati dengan tjara atoeran Agama Islam dan menjoekoeapkan alat-alat sa-perloenja.

ولا تصل على احد منهم مات ابدا ولا تقم على قبره
انهم كفروا بالله ورسوله وماتوا وهم فاسقون.

Djanganlah menjalatkan atas seseorang dari pada mereka itoe jang soedah mati, selama-lamanja. Dan djangan berdiri diatas koeboerannja, jang mereka itoe kafir kepada Toehan dan Pesoeroeh-nja, sedang mereka itoe mati dengan fasiq.

f. Mengadakan tempat atau kantoer, boeat menerima raport-raport dari publik jang akan menerangkan kesangsaraannja pada tiap-tiap waktoe.

g. Mengadakan perkoempoelan sekoetoe-sekoetoe-nja dan orang - orang jang soeka datang, di bitjarakan perkara pertolongan jang berhoeboeng dengan P. K. O.



- h. Mendirikan dan memelihara atau membantoe tempat-tempat jang di goenakan boeat pertolongan kepada orang banjak jang kesangsaraan oleh kaoem Moeslimin. Dan membantoe djoega gerak pertolongan kepada oemoem jang tergesa-gesa.

Artikel 5.

Sekoetoenja Moehammadijah b/g P.K.O. ialah sekoetoe kehormatan dan sekoetoe Donateur atau pemberi derma;

1. Sekoetoe biasa jaitoe semoea sekoetoenja Moehammadijah seanteronja.
2. Sekoetoe kehormatan, ialah sekoetoe Moehammadijah jang soedah berdjasa besar kepada Moehammadijah b/g. P. K. O.
3. Sekoetoe Donateur ialah segala orang boleh mendjadi sekoetoe Donateur tida di pandang Agama dan bangsanja. Atau persarikatan dan perseroehan jang soedah di akoe sah oleh negeri. Berapa banjaknja oeng donatie dan bagaimana tjaranja akan memoengoet oeng itoe, di atoe di dalem art. No. 12.

Artikel 6.

Soepaja orang atau perkoempoelan boleh mendjadi sekoetoe Donatie kepada bagian P. K. O. tjoe koeplah djika ia melahirkan permintaannja kepada Pengoeroes b'g. P. K. O.

Orang mendjadi brenti dari pada mendjadi donatie djikalau ia minta berhenti.



Artikel 7.

Djalannja pekerdjaan b/g P. K. O. itoe ada di gannja Pengoeroes, jang sekoerang-koerangnja orang dari sekoetoe Moehammadijah. Banjaknja di batesi, menoeroet keperloeanja. Ketetapanja oleh Rapat Samenkomst pengeroes besar Tjab. dan sekalian pengeroes bagian.

Artikel 8.

Ketetapanja Pengoeroes bagian di pilih oleh samenkomst pengeroes besar atau Tjab. dengan pengeroes bahagian. Lamanja tida lebih dari 3 en serta brenti bersama-sama, tetapi sesoedah tida bo'eh di pilih lagi.

Artikel 9.

Segala kepoetoesan dalam perkoempoelan Oemoem haroeslah bergantoeng dengan soera jang banjak dari sekoetoe jang hadir, dan memang kampoenjai soera, kepoetoesan itoe di ma'loemkan dalam tempo 1 boelan lamanja. Sebeloem kepoetoesan itoe di batalkan dalam rapat oemoem, kepoetoesan itoe selaloe ada kekoeatannja.

Artikel 10.

Akan belandja Bahagian P.K.O. itoe jang be-
reng orang jaitoe dari pada :

Deang Donatie dan contributie.

Dari pada derma jang datengnja tida di sang-
ka-sangka.

Dari pada orang poesaka dari anoegerah pem-
berian, dan mana-mana jang datengnja, tida
dikira-kira.



- d. Dari pada Zakat harta benda dan kekajaan ternak (radja kaja).
- e. Keoentoengan jang timboel dari pada barang kepoenjaan bagian P.K.O.
- f. Dari pada tjelengan - tjelengan jang tersedia di mana tempat jang di rasa perloe.
- g. Dari pada peroesahaan.

Artikel 11.

Segala oelang dan lain-lain barang kepoenjaannya bahagian P.K.O. itoe, semoea mendjadi kepoenjaannya Moehammadijah di Djokjakarta.

Artikel 12.

Jang mendjadi sekoetoe biasa itoe, wadjib membajar contributie sedikitnja 10 cent seboelan dan contributie itoe di terimakan kepada Thesaurier Moehammadijah. Djikalau lid Moehammadijah mendjadi contribuant kepada bahagian P.K.O. sedikitnja membajar 25 cent seboelan, dan contributie itoe diterimakan kepada Thesaurier bahagian P. K. O.

Artikel 13.

Jang dinamakan Donateur, jaitoe semoea orang, tida dengan pandang bangsa dan agama, jang soeka memberi oelang (Donatie) kepada ini bahagian sedikitnja f 100— (seratoes roepiah) sekali sadja, atau sedikitnja f 0,50 pada tiap-tiap boelan. Akan mendjadi Donateur bahagian itoe, tjoekoeplah melahirkan permintaan kepada Pengoeroes bagian ini, baik dengan soerat maoepoen dengan bitjara, dan berapa akan memberi oelang Donatie. Djika-



lalu permintaan itoe dikaboelkan, maka kepadanya di beri soerat tanda mendjadi Donateur.

Donateur boleh mengoendjoengi Algemeene vergadering bahagian itoe dengan menjatakan pertimbanganja, tetapi tida mempoenjai soera atas poatoesan.

Artikel 14.

Jang boleh di angkat mendjadi sekoetoe kehormatan, jaitoe sekoetoe jang ternjata berdjasa besar kepada bahagian ini dan di angkat oleh samenkost vergadering Pengoeroes besar atau Tjab. dan sekalian bahagian atas voorstelnja pengoeroes bahagian, sama dengan halnja angkatan sekoetoe kahormatan itoe, maka sekoetoe ini boleh di angkat mendjadi eere voorzitter (Pemoeka kehormatan).

Pengoeroes bahagian ini boleh mengangkat Adviseur (pemberi bitjara dan angkatan itoe haroes di beri taekan kepada Algemeene vergadering).

Sekoetoe kehormatan, pemoeka kehormatan dan pemberi bitjara itoe boleh mengoendjoengi semoea Vergadering bahagian ini.

Dari hal pengoeroes.

Artikel 15.

1. Pengoeroes bahagian itoe memimpin semoea djalannja pekerdjaan bahagian jang setoedjoe dengan maksoed dan keperloean bahagian.
2. Tempat kedoedoekannja bahagian itoe menoeroet tempat kedoedoekannja Moehammadijah, demikian djoega tempat kedoedoekannja sekoetoe pengoeroes.



3. Sekoetoe Pengoeroes bahagian itoe di pilih oleh Commissie jang diadakan oleh Pengoeroes besar atau Tjab. dan ditetapkan dalam rapat samenkomst Pengoeroes besar atau Tjab. dengan sekalian Pengoeroes bahagian.
4. Djika ada Pengoeroes bahagian terboeka, maka Pengoeroes bahagian boleh mengangkat wakilnja, sampai pada waktoe samenkomst vergadering Pengoeroes besar atau Tjab. dengan Pengoeroes bahagian.
5. Pengoeroes bahagian berkoeasa menggantoeng pekerdjaan (schors) Pengoeroes bahagian jang kesalahan sekira hendak meroesakan ini bahagian sampai pada waktoe rapat samenkomst Pengoeroes besar atau Tjab. dengan sekalian Pengoeroes bahagian.

Artikel 16.

1. Jang di namakan Pengoeroes harian, jaitoe terdjadi dari President, Secretaris dan Thesaurier.
2. Pengoeroes harian itoe melakoekan segala pekerdjaan harian, jaitoe segala hal jang dipoetoekan oleh vergadering Pengoeroes atau hal pekerdjaan jang haroes dilakoekan sekoetika jang tida dapat menantikan vergadering Pengoeroes.

Hal soerat-soerat.

Artikel 17.

1. Soerat dari ini bahagian di pandang sah, djikalau di tandai oleh President dan Secretaris Pengoeroes bahagian.



2. Sekaliannja pekerdjaan jang tērseboët di atas itoe, masing-masing pengoeroes di atoe seperti tērseboët di bawah-ini:

President

- a. Memimpin vergadering pengoeroes dan vergadering bahagian.
- b. menandai tangan soerat - soerat, bon - bon dan kwitantie-kwitantie jang kloear (penerimaan) dan masoek.

Vice President

Mewakili President, kalau President tida ada atau berhalangan dan boleh di koeasakan oleh President akan melakoekan pekerdjaan President.

Secretaris

- a. Memboeat soerat-soerat.
- b. Memboeat dan membatja notulen vergadering bahagian.
- c. Memboeat dan membatja verslag taoenan.
- d. Memberi tahoekan soerat-soerat jang dateng dalam vergadering Pengoeroes, dan kepada Bahagian, jaitoe soerat-soerat jang perloe dan boleh di beri tahoekan.
- e. Lekas-lekas memberi tahoekan kepada President barang apa djoega jang haroes diberi tahoekan dengan sigera.
- f. Memegang archief bahagian.
- g. Melakoekan segala pekerdjaan jang berhoeboeng dengan pekerdjaan Secretaris. Djikalau Secretaris itoe di adakan lebih dari seorang, maka pembahagian pekerdjaannja hendaklah bermoe-fakatan sendiri, satoe dengan jang lain.



Thesaurier

- a. Memegang kas Pengoeroes atau boleh djoega di seboet kas bahagian.
- b. Menerima oeng donatie, contributie dan lain-lain jang diterimakan kepada Pengoeroes bahagian dan membajar oeng jang dikloearkan menoeroet apa jang soedah ditentoean atau idinnja Pengoeroes harian atau oleh poetoesan-nja vergadering Pengoeroes dan vergadering bahagian. Menerima dan menjimpan bon-bon atau kwitantie - kwitantie jang di tandai tangan oleh President.
- c. Memboeat kwitantie dan menarik oeng jang dari pada Donateur, dan dari pada contribuant pada tiap-tiap boelan d.l.l.
- d. Memegang dan mengerdjakan boekoe - boekoe oeroesan oeng.
- e. Memboeat perhitoengan masoek kloearnja oeng dan laba roeginja pada tiap-tiap taoen.
- f. Mengoesai dan mengerdjakan boekoe-boekoe inventaris kepoenjaan bahagian.
- g. Melakoekan segala pekerdjaan jang berhoeboeng dengan pekerdjaan Thesaurier. Kalau Thesaurier itoe di adakan lebih dari seorang, maka pembahagian pekerdjaan itoe hendaklah bermoe fakatan sendiri satoe sama lain.

Commissaris

- a. Mendjaga soepaia atoeran-atoeran bahagian berdjalan dengan baik-baik.
- b. Dikoesakan sewaktoe-waktoe memeriksa archief bahagian atau boekoe - boekoenja Thesaurier.
- c. Melakoekan pekerdjaan sewaktoe - waktoe jang di perintahkan oleh President atau wakilnja



dan apa jang telah dilakoekan haroes memberi rapot kepada Pengoeroes harian.

Artikel 18.

1. Jang di namakan Dienstchef, jaitoe samatjam commissie jang diadakan oleh Pengoeroes bahagian dan jang diserahi soeatoe perhatian oeroesan satoe - satoenja pekerdjaan bahagian oentoek menjampaikan maksoed, dan mengawaskan atoeran - atoeran pekerdjaan (reglement) di sitoe,
2. Soepaja satoe sama lain dapat diperbedakan, maka satoe-satoenja di beri nama menoeroet pekerdjaannja.
3. Satoe - satoenja Dienstchef itoe, memegang Administratie ketjil oentoek menerangkan masoek kloearnja oeng pada tiap-tiap boelan oentoek keperluan dienst itoe.
4. Pengoeroes Dienstchef itoe terdiri dari sekoe-toe Pengoeroes bahagian banjaknja tida di batesi menoeroet keperluanannja. Diantaranja ada jang mendjadi kepala atau pembantoenja dan boleh mengadakan pegawai jang bergadjih kalau di timbang perloe.
5. Pengoeroes dienst itoe di bawah koeasanja Bestuur bahagian, diangkat dan di lepas dari pendjabatannja oleh koeasanja Pengoeroes bahagian.
6. Selainnja melakoekan pekerdjaan menoeroet apa jang di perentahkan oleh Pengoeroes bahagian maka kepala Dienst di wadjibkan memberi bitjara kalau di minta atau djika kepala Dienst sendiri menimbang perloe, boleh memasoekkan voorstel kepada Pengoeroes bahagian.



7. Semoea atoeran (reglement pekerdjaan dienst diatoer, di tambah dan di robah oleh Pengoeroes bahagian (P.K.O.)

Dari hal Vergadering.

Artikel 19.

- Vergadering Moehammadijah b'g. P.K.O. jaitoe:
- a. Vergadering sekoetoe - sekoetoe.
 - b. Vergadering terboeka (openbare vergadering) bahagian.
 - c. Vergadering bahagian.
 - d. Vergadering Pengoeroes bahagian.
 - e. Vergadering Pengoeroes harian.
- Vergadering-vergadering jang terseboet di atas itoe, di atoer seperti di bawah ini.
1. Jang dinamakan vergadering sekoetoe, jaitoe Algemeene vergadering sekoetoe Moehammadijah jang membitjarakan hal-hal jang berhoebong dengan keperluan bahagian sadja.
 2. Vergadering terboeka atau vergadering oemoem (openbare vergadering) jaitoe vergadering sekoetoe dengan mengoelemi sekalian Donateur dan pembantoe atau publik dan lain - lainja. Kedoea vergadering terseboet diatas itoe haroes di pimpin oleh Pengoeroes besar atau Tjab. Moehammadijah, dan pemitjaraan hal keperluan bahagian sadja.
 3. Vergadering bahagian jaitoe vergadering pengeroes bahagian segenapnja.
 4. Vergadering Pengoeroes bahagian jaitoe vergadering diantara Pengoeroes harian bahagian dengan, sekalian dienstchef (Kepala Dienst).
 5. Vergadering pengeroes harian „bahagian” jaitoe



Voorzitter. Secretaris. Thesaurier dan kalau perloe ditambah 1 atau 2 orang pengeroes jang dirasa tjoekoep. Akan mengadakan vergadering jang terseboet alinia a. dan b. di atas, maka sekoerang-koerangnja 15 hari di moeka, Secretaris bahagian telah memberi taoekan kepada Madjlis pengeroes atau Tjab. Moehammadijah dan menentoekan tempat dan waktoenja vergadering serta memboeat oeleman kepada sekoe-toenja Moehammadijah atau sekalian Donateur dan pembantoe contribuant d.l.l. jang di rasa perloe, soerat oeleman itoe haroes diseboet dengan atas nama Moehammadijah. Demikian djoega agenda soepaja di seboet apa-apa jang akan di bitjarakan dan siapa jang akan berbitjara.

- a. Pemboekaan.
- b. Mengesahkan notulen Algemeene vergadering bahagian taoen jang laloe.
- c. Menetapkan verslag taoenan bahagian.
- d. Peritoengan kloear masoeknja oeang dalam seta-oen jang telah laloe.
- e. Voordracht dan lezing-lezing jang akan di adakan oleh siapa.
- f. Voorstel-voorstel.
- g. Penoetoeop vergadering.
Algemeene leden vergadering bahagian itoe di anggap sah tida dengan mengingat banjaknja sekoetoe jang datang.
6. Pemimpin Algemeene vergadering bahagian itoe berkoeasa membrentikan (schors) Algemeene vergadering bahagian atau menoetoeop perbantahan dan mengadakan peratoeran akan mendjaga ketertiban Algemeene vergadering bahagian itoe.
Selain dari pada jang terseboet diatas ini



bahagian P.K.O. sekoerang-koerangnja 1 kali dalam setaoen mengadakan Algemeene vergadering ata openbare vergadering taoenan oentoeck menerangkan segala pekerdjaan bahagian P.K.O. dalam taoen jang telah laloe. Vergadering itoe di adakan pad waktoe sebeloemnja kedjadian vergadering taoen Moehammadijah.

Artikel 20.

Oentoeck memoedahkan semoea oeroesan boekoe-boekoe bahagian d.l.l. maka taoen jang berdjalan di itoeng moelai tanggal 1 Januari sampai pengabisan taoen tanggal 31 December.

Semoea hal jang tida di atoeer dalam reglemer bahagian ini, di poetoeskan oleh Hoofdbestuur Moehammadijah b/g. P.K.O.

M e n g e t a h o e i.

Hoofdbestuur
Moehammadijah
Hindia Timoer

President

K. H. IBRAHIM

Secretaris

H. HASIM.

Hoofdbestuur

Moehammadijah
b/g. P.K.O.

Voorzitter

M. H. DAHLAN

Secretaris

M. ABDULLAH



**PRINCIPLE OF
MUHAMMADIYAH
Division of
Assistance for the Relief of Public Suffering
(P.K.O)**

**EAST INDIES
IN
YOGYAKARTA**

Bismillahirrahim

Muhammadiyah Reglement
Assistance for the Relief of Public Suffering (P.K.O) division
in
Yogyakarta

ARABIC WRITING

Not obtaining goodness, should face east and west, but the person who gets that good, who believes in God and the Last Day and angels and books and all the Prophets, and gives his beloved property to his relatives and family and children. orphaned children and the poor and children on the street, those who ask and those who are in their necks, and establish (pray and give zakat and fulfil all agreements when they promise, and are patient in poverty and pain and in the moment, they endure hard in public needs. They are people who are loyal and they are the same crowd who fear Allah.



Muhammadiyah Union
Assistance for the Relief of Public Suffering Division
In Yogyakarta

Article 1.

This association is a body of the Muhammadiyah association that carries out the work of the Muhammadiyah intentions mentioned in the status art 2 paragraph b.

Article 2,

This association is determined by the length of the Muhammadiyah union (Gouvernements besluit 22 August 1914. No. 81 and which has been amended by Gouvernements besluit 16 August 1920 No. 40 and has been amended again with Gouvernements besluit 2 September 1921 no.36

Article 3

Only P.K.O will help misery by applying the principles of Islam to all people, not by dividing the nation and religion.

ARABIC WRITING

Help all of you with virtue and be careful not to help over sins and enmity, fear Allah, verily Allah is the one who is very tormented.

Article 4

This association is serious in conveying its purpose by holding:

- a. Care for the poor, education, teaching to those who are cared for it, as well as work, crafts and Islam as necessary.
- b. Caring for orphans and orphans with education, crafts, teaching Islamic religious knowledge, general knowledge and useful work for them in the future.

ARABIC WRITING

Do you know people who deny religion? is a person who rejects orphaned children and does not care for the poor people.



- c. Organized a hospital to help displaced sick people by teaching Islam as well, to people who came for treatment there.

ARABIC WRITING

Spend it in the way of Allah and do not do evil with your hands and do good, actually God loves good people.

The words of the Prophet Muhammad S.A.W.

ARABIC WRITING

Do not believe you so make love to his brother as love to him.

- d. Receiving and distributing zakat. Sacrificial zakat fitrah (Eid al-adha) and aqiqah, at each time and each time

ARABIC WRITING

In fact, all kinds of alms (zakat) are distributed to people who are poor and those who are poor, and those who are trying for zakat, and those who are in it. The lucky ones, and in the way of Allah, and the street child. Thus it is taken care of from Allah. Then Allah knows and wise.

- e. Care for the dead by means of Islamic religious rules and providing the necessary tools.

ARABIC WRITING

Do not run on anyone of them who is dead, forever. And do not stand on their graves, they are disbelievers to God and his messengers, while they died with fasiq.

- f. Hold a place or office, to receive report cards from the public that will explain the misery at all times.
- g. Holding an association of allies and people who like to come, talk about help cases related to P.K.O.
- h. Establishing and maintaining or helping places that are used for helping people who are suffering by Muslims. And help also the movement of aid to the hasty public



Article 5.

His ally Muhammadiyah part of P.K.O is an ally of honor and ally of donors or funders;

1. Ordinary allies, namely all Muhammadiyah allies in the same country.
2. Honorary allies, are Muhammadiyah allies who have contributed greatly to Muhammadiyah shares. P.K.O.
3. A donator's ally is anyone who is allowed to become an ally of a donator regardless of religion and nation. Or unions and unions that have been recognized as legal by the state. How many people donate and how to collect the person, is arranged in art. No. 12.

Article 6.

So that people or associations can become partners in donating to P.K.O. it is enough if he gave birth to his request to the management of the P.K.O section.

People stop donating if they ask to stop.

Article 7.

The course of the work of the P.K.O section is only in the management, who are at least people from Muhammadiyah allies. The amount is limited, according to the needs. The decision is made by the *samenkomst* meeting of the branch administrators and the board of parts.

Article 8.

The board of directors of the section is elected by the large or branch *samenkomst* with the committee of the section. The duration is not more than 3 lines and stops together, but after that it can be selected again.

Article 9.

All decisions in an association of people must depend on a large number of votes from the allies who are present, and indeed have a vote, that decision is tolerated within 1 month. Before that decision is overturned at a general meeting, it always



has its strength.

Article 10.

Going to the P.K.O purchasing, in the form of money, namely:

- a. Donations and contributions.
- b. Instead of the charity that comes unexpectedly
- c. Instead of the heirloom money from the gift of gifts and everywhere they come, beyond measure.
- d. Instead of zakat on property and livestock wealth (rich king).
- e. Profits arising from goods belonging to P.K.O.
- f. Instead of piggy banks available anywhere it feels necessary.
- g. Than the company.

Article 11.

All money and other goods belong to P.K.O. it all belongs to Muhammadiyah in Jakarta.

Article 12.

Those who are ordinary allies are obliged to pay a contribution of at least 10 cents a month and the contribution is received to the Muhammadiyah treasurer, if lid Muhammadiyah becomes a contribution to the part of P.K.O. pay at least 25 cents a month, and the contribution goes to the treasurer of P.K.O.

Article 13.

The so-called donors, namely all people who do not have the views of the nation and religion, who like to give money (donations) to this portion of at least f 100 - (100 rupiah) once, or at least f 0.50 (50 rupiah) per month. If you are going to be the donator of that section, it is enough to make requests to the administrators of this section, either by letter or by speaking, and how much money will be donated. If the request is granted, a donation letter will be issued to him.

Donors may visit the Algemeene vergadering section to state their considerations, but do not have a say in the decision.



Article 14.

Those who may be appointed to be honorary allies, namely allies who turn out to be of great service to that part and are appointed by the *samenkomst vergadering* of the big administrators or branches and all the top *voorzitters* (honorary leaders).

The administrator of this section may appoint administrators (The speaker and the force must be notified of *algemeene vergadering*).

The honorary ally, the honorary leader and the speaker may visit all *vergadering* of this section.

Article 15.

1. The administrator of the division leads all the work of the division that agrees with the aims and needs of the division.
2. The domicile of that part is according to the place of the *Muhammadiyah* position, that is the seat of the allies of the management.
3. Allies for the management of the division shall be elected by the commissioners who are held by the major or branch managers.
4. If there is an open section administrator, then the section administrator may appoint a representative, until the time of the senior management committee or branch administrators
5. Managers of the ruling section replace the work (*schors*) of the section administrators who are at fault if they want to feel this part until the *samenkomst* meeting of the big or branch administrators with all the section administrators.

Article 16.

1. The so-called daily committee, which consists of the president, secretary, and treasurer.
2. The daily administrator does all daily work, namely all matters decided by the board's *vergadering* or things that



must be done immediately, which cannot wait for the vergadering of the administrator.

The Letters Matter

Article 17.

1. The letter of this passage is legitimate. If marked by the president and secretary of the board of parts.
2. All the work mentioned above, each management is arranged as below:

President

- a. Lead vergadering board and vergadering parts.
- b. Signing outgoing (receipts) and incoming letters, receipts and receipts.

Vice President

Representing the president, if the president is absent or in obstruction and may be empowered by the president, he will do the president's work.

Secretary

- a. Make up letters
- b. Create and read the vergadering minutes section.
- c. Create and read the annual version of the book
- d. Notify the letters that come in the board's vergadering, and to the section, namely the letters that need and may be notified.
- e. Hurry up and tell the president what items to tell immediately.
- f. Holds section archive.
- g. Doing all work related to secretary work, if the secretary is held more than one person, then the division of work should agree on independently, with one another.

Treasurer

- a. Holds cash management or may also be called part cash.
- b. Receive donations, contributions and other things that are received to the section management and



- pay the money spent according to what has been determined or the daily administrator's permission or keep bills or receipts signed by the president.
- c. Make receipts and withdraw money from donors, and from contributions each month etc.
 - d. Holding and working on money affairs books
 - e. Make a calculation of the entry of money and the length of loss each year.
 - f. Mastering and working on inventory books belonging to sections.
 - g. Do all work related to the job of the treasurer. If there are more than one treasurer, then the division of work must agree with one another.

Commissioner

- a. Keep the section rules in order.
- b. It is empowered from time to time to check the section archive or the treasurer books.
- c. Doing work at any time as instructed by the president or vice president and what has been done must provide a report card to the daily board.

Article 18.

1. What is called a director, is a kind of commissioner who is held by a department manager and who is entrusted with the only job of the division to convey the purpose and supervise the rules of work (regalement) there.
2. So that one can be distinguished from one another, the only ones are named according to their occupation.
3. The only director, holds a small administration to explain the incoming and outgoing money each month for the director's needs.
4. The board of directors consists of allied members of the board, the number of which is not limited according to their needs. Among them, there is someone who is the head or assistant and may hold a salaried employee if it is considered necessary.
5. The board of directors, under the authority of the division



- manager, is appointed and released from his position by the proxies of the division manager.
6. Apart from doing the work according to what is ordered by the section management, the head director is required to speak when asked or if the head director himself considers it necessary, he may enter a voorstel to the division management.
 7. All rules (director's job regulations are regulated, added and changed by the committee of the section (P.K.O.)

From the Vergadering Thing

Article 19.

Vergadering Muhammadiyah P.K.O division, namely:

- a. Vergadering allies
- b. Open vergadering (open vergadering) section.
- c. Vergadering section.
- d. Vergadering board of parts
- e. Daily administrator vergadering.

The vergadering-vergadering mentioned above is set as below.

1. What is termed allied vergadering, namely the algemeene vergadering of ally Muhammadiyah that talks about matters relating to the needs of the part only.
2. Open vergadering or general vergadering (openbare vergadering), namely vergadering allies by experiencing all donors and helpers or the public and others. The two vergadering above must be led by a major board or branch of Muhammadiyah and discuss only the needs of the section.
3. Vergadering part, namely vergadering the whole board.
4. Vergadering of the board of directors, namely verging between the daily management of the section and the head of the director.
5. Vergadering of the daily board "Section", namely voorzitter. Secretary. Treasurer and kalua need to add 1 or 2 administrators who are deemed sufficient. Will hold the vergadering mentioned in paragraph 1, and b. above, then



at least 15 days in advance, the secretary of the division has notified the board of management or the Muhammadiyah branch and determined the place and time for vergadering and made invitations to his allies Muhammadiyah or to all donors and contributing assistants etc. As deemed necessary, the invitation letter must be referred to in the name of the Muhammadiyah. Likewise, the agenda so that what will be discussed and who will speak.

- a. Opening
 - b. Verify the minutes of the past year's algemeene vergadering.
 - c. Set the annual version of the section.
 - d. Calculation of money coming in and out in the past year
 - e. Voordracht and lazing-lezing to be held by whom.
 - f. Voorstel-voorstel.
 - g. Vergadering cover.
Algemeene leden vergadering that part is considered legitimate considering the number of allies who come.
6. The leader of the algemeene vergadering section has the power to stop the algemeene vergadering section or establish a dispute and enforce the rules that will keep the algemeene vergadering section in order.

Apart from the above, this section P.K.O. at least once a year to hold algemeene vergadering or open vergadering annually to explain all the work of P.K.O. in the past year. The vergadering was held before the Muhammadiyah annual vergadering event.

Article 20.

To facilitate all affairs of section books etc. So, the year that runs in it starts from January 1 to the end of the year December 31.

All the things that are not regulated in this section regulation, hoofdbestuur Muhammadiyah P.K.O. division.



**Hoofdbestuur
Muhammadiyah
East Indies**

President
K.H. Ibrahim

Secretary
H. Hasim.

**Hoofdbestuur
Muhammadiyah
P.K. O division**

Voorzitter
M.H. Dahlan

Secretary
M, Abdullah



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(2015-2020)**

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Irma Nurmaisyah, S.Kp. MM.
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Finance Staff: Eka Wulandari, S.Sos. | General Staff: Supriyanto
IT & General Administration Staff: Dimas Catur Ihtifazhuddin, S.Kom.

SECRETARIAT YOGYAKARTA

Adytyawarman, Kasiyanto



