MANAGEMENT OF PRODUCTIVE WAQF IN ACHMAD WARDI EYE HOSPITAL OF BWI-DD IN SERANG BANTEN

Rio Erismen Armen, Nabillah Fauziah Kuswendah
Sekolah Tinggi Ekonomi Islam (STEI) SEBI, Depok, Jawa Barat
rio.erismen@sebi.ac.id

Asmuliadi Lubis
Universitas Malaya, Kuala Lumpur, Malaysia
Jln. Profesor Diraja Ungku Aziz, 50603, Kuala Lumpur, Wilayah Persekutuan
adilubis1977@gmail.com

Abstract: The study aims to portray the model of waqf management by Achmad Wardi Eye Hospital (Rumah Sakit Mata Achmad Wardi or RSMAW) established by Indonesian Waqf Board (Badan Wakaf Indonesia or BWI) and Dompet Dhuafa (DD) in Serang, Banten, (hereinafter referred to RSMAW BWI-DD). Generally, the utilization of waqf assets for public facilities in Indonesia is still insignificant. Thus, the large potential of waqf has not yet delivered a significant economic and social impact. The study uses a qualitative method with library study and interviews as the data collection techniques. The findings show that RSMAW BWI-DD has applied all management procedures such planning, organizing, directing, and supervising activities. Meanwhile, the model of waqf management employed by RSMAW BWI-DD focuses on collecting waqf funds with Cash Waqf Linked Sukuk (CWLS) scheme and investing them to Indonesian sovereign sukuk. This model involves several parties, namely waqf nāẓir institution (Lembaga Nazhir Wakaf), Islamic financial institutions (called as Lembaga Keuangan Syariah Penerima Wakaf Uang or LKS PWU, Indonesian Waqf Board (Badan Wakaf Indonesia) and the Indonesian Ministry of Finance. The study concludes that management processes implemented by RSMAW BWI-DD are well-mannered in generating a positive impact to health sector in Indonesia.

Keywords: waqf management; cash waqf; productive waqf

INTRODUCTION

Indonesia has a sizable waqf potential supported (among others) by the huge number of Muslim population that is 87% of the total population around 209.12 million people (Kusnandar, 2019). Waqf land owned by Indonesia is also extensive which is confirmed to reach 134,237 pieces spreading throughout Indonesia that covers 111,481,173 m2 (Indonesian Waqf Board, 2019). Although, the large potential of Indonesian waqf still has not been managed optimally as can be seen from the extent of waqf/land dominated by social physical waqf (68% are used for places of worship, 8.51% for education, 8.40% for cemeteries, and 14.60% for others). The use of waqf assets for social facilities and welfare of people is still insignificant indicating this large potential of waqf is not yet productive (Kasdi, 2016).

According to Khusaeri (2015), there are 3 (three) conditions that should be met for waqf assets to be productive. Firstly, wakif does not restrain his waqf only for worship or grave purposes. This requires continuing socialization amongst community to understand
waqf comprehensively. Secondly, the manager (nazhir) should be professional and has an entrepreneurial affinity. The unprofessional nazhir will be burdened by the idle waqf. Thirdly, transparency in management of waqf assets. This far, several countries such as Malaysia, Singapore, Egypt, and United Arab Emirates have managed their waqf productively. Malaysia is one of the countries that applies the scheme of productive waqf in health sector which its management is employed in social and business formulas. Malaysia has 24 waqf clinics formed as social enterprises and 26 waqf hospitals formed as profits oriented enterprises. The profits from these 26 business hospitals are used to finance 24 waqf clinics and educational scholarships.

Presently, health is one of the issues challenged by the Indonesian society. In fact, not all people could experience adequate health services although they have been placed to obtain the same rights. Particularly, the lower income families who do not have sufficient funds will be excluded from experiencing the expensive health facilities. The situation brings them to decide not to treat their illness which negatively affects their health (Debora, 2017). Among the problem of public health in Indonesia which has met less attention is eye health. Indonesia has a fairly high of blindness rate of 3% compared to the standard applied by WHO which is 0.5%. This condition is exacerbated by the Covid-19 pandemic that causes all activities to be carried out online. This raises the possibility of Indonesia’s young generation experiencing visual impairment due to being exposed to screens intensively. At this point, eye is a vital organ for people in their life. The people who are blind will face various difficulties such depending on others in doing their activities (Hadi, 2021).

On the other side, Indonesia is still counted has significant opportunity and potential to improve waqf-based health services even it is left behind some other countries in waqf management (Kongkrit, 2019). History recorded a waqf-based eye hospital that was established in 2017, i.e. the Achmad Wardi Eye Hospital of BWI-DD in Serang, Banten. After running for approximately three years, this eye hospital has shown quite good development such as expanding hospital service facilities that are provided to patients (Yuliasari, 2020). This gives hope that the waqf sector can also support welfare and contribute to solve the problems of health facilities in Indonesia.

THEORETICAL FRAMEWORK

Management

The word ‘management’ means ’to manage’ which could also be interpreted as analyzing, determining, employing goals and tasks properly, effectively, and efficiently (Wijaya et.al., 2016). In another sense, management means working with others to determine, interpret, and achieve organizational goals by operating management functions (Handoko, 2015). Management has a very important role in achieving organizational goals effectively and efficiently. Management should be fully running to achieve the goals. There are four management functions in the basic theory of management, namely: planning, organizing, actuating, and controlling (Wijaya et.al., 2016).

Firstly, planning, which is the most basic process in management. The strategies, programs,
procedures, systems, budgets, and standards are arranged at this stage to achieve organizational goals. Decision making has an important role at this stage (Handoko, 2015). Planning must be able to see faraway into the future in order to minimize the risks that may occur (Wijaya et al., 2016). Undeniably, the appropriate planning will support the organization in choosing the best decision in the most economical sense. Following the economic principle saying that ‘to achieve certain goals with the smallest sacrifices’ or ‘the maximum results are sought with certain sacrifices’. The right decision will be obtained if the organization has a clear target. An organization must have a mission (specific goals of an organization to determine its scope) before setting its goals or targets. Organization goals could be set following the mission. In addition, accurate knowledge of conditions, strengths, and weaknesses of the organization will affect the right decision making. Knowing these things will trigger various options to be appeared to achieve organizational goals. Based on these various alternatives, the most appropriate way to achieve the goal will be chosen. Proper planning means the most effective and efficient planning to achieve the organizational goals (Wijaya et al., 2016).

Secondly, organizing i.e. the establishment of clear job relationships to make everyone could work together in a good condition to achieve the organizational goals (Wijaya et al., 2016). The structure of organization could be demonstrated with chart, and based on the chart we could see the distribution of duties/works, the chain of orders, the type of work carried out, the grouping of jobs, and the level of management (Handoko, 2015). In addition to the right structure, the organization also needs the right human resources to perform the duties. In this regard, the selection process is necessary to place the right personnel according to their potential. In addition, the adequate training is also important to be provided for them to do their duties effectively and efficiently (Hanafi, 2015). The effective organization should be able to explain who will do what, who leads whom, and the lines of communication that should be carried out.

Thirdly, directing as it is the most challenging process in management (Hanafi, 2015). At this stage, managers should direct organizational personnel in performing their duties to achieve the organizational goals. Therefore, the manager's ability to motivate, influence, and communicate well is the essential key in this process. Motivation is the reason why someone does something. When someone has a good work motivation, he will have a good work spirit and being easy to be directed. In addition, good communication will facilitate the process of information delivery on the plans that have been set to members. In this process, there are many conflicts that occur because each work group or department or other in the organization is filled by several human resources who have different cultures, different backgrounds and different perspectives. This is where the role of management is needed to properly resolve the problems that can hinder the achievement of organizational goals.

The last process in management is controlling. This process ensures whether the goals of the organization and management are achieved or not and whether each management process is
implemented effectively or not (Hanafi, 2015). Controlling can be made before planning are implemented, when its implementation, and after the planning is completed. The nature of controlling and supervision is historical (Handoko, 2015). In controlling and supervision, a standard for implementation of organizational plannings is needed as a reference in the assessment of the planning implementation. There are three standards that are usually applied, namely: 1) physical standard (usually covering quantity and quality); 2) monetary standard (that is set in rupiah); and 3) time/period standards (such as the time limit for a job to be carried out). The results of this assessment become a benchmark whether there is a need for correction by changing the standard or improving the implementation or both that should be done.

Waqf

Waqf comes from Arabic, namely ‘waqafa’ which means ‘to hold or stop or stay in place or remain standing’. The word ‘waqafa’ has the same meaning as ‘habasa’ or hold in English (Khusaeri, 2015). In terminology, waqf is holding property permanently or temporarily to being used directly or indirectly and its benefits are generated repeatedly in the way of goodness for general or specific purposes (Qahaf, 2005). Therefore, waqf is a charity which its reward will continue to flow as long as the principal is existed and the benefits are utilized. Whilst based on Law No. 41/2004, waqf is a legal act performed by the wakif to forfeit a part or whole of his property to be used temporarily or permanently for the purposes of worship or public welfare according to Islamic principles.

The basis for waqf comes from the Qur’an and hadith as follows:

a. Surah Ali Imran Verse 92

None of you (believers) will attain true piety unless you give out of what you cherish: whatever you give, God knows about it very well...

In this verse, Allah Almighty tells about giving from the loved assets which is regarded as a virtue. This shows that when a person spends with the best and most loved asset, he will also get the best reward with Allah Almighty. As Abu Talhah and Umar bin Khattab did this command after the word of Allah Almighty conveyed by the Prophet Muhammad (PBUH). Abu Talhah gave alms which he most loved and profitable that is Bairaha’ garden. Further, Prophet Muhammad (PBUH) ordered Abu Talhah to distribute it to his relatives and cousins.

b. Surah Al-Baqarah Verse 267

Aīyai’īha al’īdīn āmnīna nīfīquma min ‘ṭibbat ma kisbatum mà āhjīnta lakum min al’ārṣī wa lá nīfīquma alḥiṣīth mina nīfīquon wašṣūm bādhihi ēlā an nūμīṣūn fīhi wa‘ālzūn an lahīnī ḥājidīd.
“O you who believe, spend (in the way of Allah) some of the results of your good work and some of what We remove from the earth for you. And do not choose the bad things and then spend from them, even though you yourself do not want to take them except by squinting at them. And know that Allah is Rich, Praiseworthy.”

Allah Almighty commanded in this verse His believing servant to spend his good wealth as sadaqah. Ibn Abbas interpreted the verse as: "Allah Almighty ordered them to give the best and the most valuable of their wealth. Allah Almighty forbade them to give charity with trivial or bad things because Allah Almighty is truly good and accepts only what is good." Al-Bara’ said that the revelation of this verse was related to the Ansar society in Madinah. On the day of picking the dates, the Ansar society took out several stalks of busrun of dates (before they were ripe) from their gardens and hung them on a rope between the two pillars of the Prophet’s mosque in Madinah. The poor people from among the Muhajirin group usually picked and ate them. At that moment, one of Ansar deliberately took the dry and rotten dates and put them into several stalks of busrun deeming it was permissible. At the end, this verse came down to denounce the action.

c. Hadith

One of the Shari’ah base for waqf is the hadith about Umar bin Khattab who gained land from the Khandaq Battle (Tuasikal, 2017). Narrated from Abdullah bin Umar who said that Umar once got a piece of land in Khaibar, then he went to Prophet Muhammad (PBHU) asking him for guidance of its management, and said: O Messenger of Allah, I got land in Khaibar. I have never had better soil than it. Prophet Muhammad (PBHU) said at that time:

إن شئت حبشت أصلها، وتصدقها ما. فتصدقل عمر أنه لا يبيع أصلها ولا يوهب ولا يورث في الغدر والقره والرقاب وف يسبيله الصغير والكبير البخيل ولا عذاب عليها من وليها أن يأكل منها بالمعروف أو تطعم صديقا غير متمنو فيه

If you want, you hold the tree and give its alms (the fruit). The narrator of the hadith said that Umar donated his land on the condition that the tree cannot be sold, cannot be given as a gift, and cannot be inherited. The proceeds from the tree are donated to the poor, relatives, riqab, people who defend Islam (fi sabillah), guests, and travelers who run out of supplies. But there is no problem for the waqf administrator (nazir) to eat the alms well and feed his friends who have no wealth.” (Narrated by Bukhari, No. 2772; Muslim, No. 1632).

Productive Waqf (Wakaf Produktif)

It is one type of waqf based on its use, where the principal of waqf asset is retained and managed in an investment or business activity and the profits are distributed to beneficiaries according to the purpose of the waqf (Qahaf, 2005). In other way, the productive waqf or cash waqf is defined as the scheme of waqf management by employing the donations/waqf assets to be productive in generating the sustainable profits or benefits. The object of waqf is given in the form of movable objects such as money or precious metals (Hidayat, 2019). A set of regulations becomes the umbrella

Two aspects are essential to be fulfilled in order to manage the productive *waqf* properly, namely: (a) institutional aspects, and (b) accounting and auditing aspects. In this regard, the establishment of a national board or institution (called as *Badan Wakaf* *Indonesia* or BWI) becomes one the important aspects to improve the *waqf* management in Indonesia. The main duty of BWI is to develop and empower *waqf* productively by fostering *nazhir* throughout Indonesia. It is encourage *waqf* can function properly and be able to improve people’s welfare. BWI should be operated by people who have ability and willingness to manage *waqf*. They should have high dedication and commitment to develop *waqf*. In addition, they should understand the issues and matters related to *waqf* development well. According to Law No. 41/2004, the structure of BWI consists of 20-30 people who are experts in the field of science related to the development of productive *waqf*, such as experts in Islamic law (especially *waqf* law), Islamic economists, management experts, sociologists, Islamic banking experts, and other scholars who have an interest in *waqf*.

Meanwhile, regarding the accounting and auditing aspects of *waqf* institutions, it cannot be separated from the *nazhir* of *waqf* institution as a non-profit organization that obtains its source of funds from public donations. In this regard, there are fundamental differences between the accounting of non-profit institutions and commercial institutions although technically they have some similarities. Accounting and auditing of *waqf* institutions are needed in order to achieve the goals of *waqf*. Generally, the approach used in *waqf* institutions is the accounting for social fund because it is more social or non-profit. Furthermore, commercial accounting could be used if *waqf* is managed productively in the form of a commercial/business entity.

**Current Issues of *Waqf* Management**

**Professionalism of *Nazhir***

*Waqf* managers (*nazhir*) should be professional in performing their duties due to their important role in *waqf* management. A professional works on his expertise, skills, and has a strong commitment to accomplish his duties and obligations. Thus, a professional *nazhir* has knowledge and intelligence, has ability to manage *waqf* assets, and has networking skill to build a network for *waqf* asset development (Ridwan, 2012). A professional *nazhir* will refer to modern principles in his management (Baharuddin and Iman, 2018). Nazhir’s lack of professionalism in managing *waqf* will cause problems such as reduced size of *waqf* land, changes in the function of *waqf*, conversion of *waqf* land into individual property, abandoned or useless *waqf* assets, and the large number of *waqf* lands without certificates. Unprofessional *nazhir* is prompted
by recruitment factors, reward factors, and supervision factors (Baharuddin and Iman, 2018). This far, BWI cooperates with the National Committee for Islamic Economics and Finance (Komite Nasional Ekonomi dan Keuangan Syariah or KNEKS) to boost the capacity of nazhir through a certification program encouraging nazhir to be more professional in managing waqf assets.

Supervision of Waqf Management

The supervision of waqf management has been regulated by Law No. 41/2004 in Article 63 (Paragraph 1) which states that the minister conducts guidance and supervision on the administration of waqf to fulfil the purpose and function of waqf. Furthermore, Government Regulation No. 42/2006 (Article 56) states that supervision is performed by both government and public actively and passively. Active supervision is done by conducting direct inspections on nazhir at least once a year and passive supervision is done by observing reports submitted by nazhir. However, the practice of report submission by nazhir either to the Office of Religious Affairs (Kantor Urusan Agama or KUA) or to BWI has not been routinely done. As a result, the comprehensive data on waqf development in Indonesia is not found. Likewise, management irregularities, compliance matters with applicable laws, and other problems cannot be easily traced. Thus, a more progressive role of BWI is needed, among others, by making a clear standard related to reports that must be submitted by nazhir (Rifai, 2020). Clear supervision is expected to improve the achievement of waqf goals, and the benefits can be channeled properly to the waqf beneficiaries (Hasanah, 2012).

Transparency in Waqf Management

Law No. 41 of 2004 requires that waqf management should be carried out professionally which is showed by the extent to which the management principles are applied to create a good governance in waqf institutions. One aspect of good governance is transparency. Previous study stated that waqf institutions should apply the principle of transparency or the principle of information disclosure to stakeholders in all aspects such as financial report, program information, management, distribution, and budgeting. This is important to increase public trust in waqf institutions and to minimize the occurrence of misappropriation of funds. Most of nazhir in the form of waqf institution in Indonesia have applied this principle, seen from several nazhir who have submitted various information about waqf management on their website (such as Dompet Dhuafa, Global Waqf etc.). Nevertheless, there are still many individual nazhir (especially in the regions) who are inaccessible in their waqf management.

Waqf Fundraising

The collection of waqf funds (especially cash waqf) may be collected from everyone. There is no specification for waqif how much funds could be donated as waqf (or there is no minimum limit). Thus, all levels of society have the potential to donate any amount of waqf which becomes an opportunity for the development of waqf. Previous study highlighted that Muslims in Indonesia with medium economic ability have a high awareness to do charity.
Therefore, cash waqf becomes a new opportunity for charity development (Djakfar, 2011). The national waqf potential is recorded at 217 trillion rupiah which comes from 74 million people with medium economic ability (Republika, 2020). However, the collected waqf fund in 2019 was only 225 billion rupiah showing the value of which is still very far from its potential. The huge potential of cash waqf as a source of waqf should be followed with adequate distribution of information to all levels of society. Previously, more Indonesian people comprehended that waqf is limited to immovable object only such as land and buildings (Antara News, 2019).

**Ulema Opinion on Productive Waqf**

*Shari’ah* scholars have different opinions regarding the rules of cash waqf. Imam al-Bukhari (died in 252 H) revealed that Imam Az-Zuhri (died in 124 H) viewed that dinars and dirhams may be donated by making them (money) as business capital (trade), then distributing the profits as waqf. The Hanafi school also allows cash waqf by turning it into business capital by using the Mudarabah scheme. The profits from this scheme are donated to the beneficiary of waqf. In contrast to the previous opinion, the Shafi’i school states that cash waqf is not allowed due to dinars and dirhams (money) will disappear (run out) when being used as payment. This is in accordance with the conditions of waqf property which must be eternal (not to be exhausted). Based on the differences of opinions above, it could be underlined that the rationale to allow cash money be the object of waqf is condition that it must be maintained, not exhausted, and can generate profits/benefits for the long term.

**Model of Waqf Management for Health Services**

**Empowerment of Waqf Hospital**

This model is done by providing the fund of productive waqf to build hospital. By getting the funds of productive waqf, hospitals can attain adequate results. The hospital is able to improve facilities and equipment with sufficient funds. As the result, the services provided by hospitals would be getting better, and in a certain period of time, the hospital will be able to return back the capital of waqf. The profit will be distributed to the beneficiaries in the form of assistance for the payment of hospitalization or medicines. One of the hospitals that have implemented this scheme is Malang Islamic Hospital and Sultan Agung Islamic Hospital (Kasdi, 2014). The empowerment is to improve the quality of domestic hospitals and to develop the waqf-funded hospitals until being able to generate good profits. This is mutually beneficial for both parties. Waqf hospitals receive an injection of funds to being able to re-empower their potential, and waqf institutions also being able to empower hospitals and make waqf assets being productive. Subsequently, profits are channeled to beneficiaries for either the health sector or other sectors.

**Cross-Subsidy**

This model is taken by waqf institutions to build health facilities from waqf funds or waqf fixed assets. Then, the services for beneficiaries who are entitled to free health services from the waqf health facilities are paid by donors or other parties. For example, patients who have enough money to pay will continue to forfeit as a cross-subsidy.
that will help patients who can’t afford it. One of the health facilities that uses this model is Rumah Sehat Terpadu Dompet Dhuafa located in Bogor. To get free services, patients must be registered as members of the hospital which is verified whether they are entitled to free services or not. Verification is taken in the form of interview and survey to obtain the accurate data (Feyadin, 2015).

RESEARCH METHODOLOGY

This research is a descriptive qualitative that aims to portray the management of productive waqf at the Achmad Wardi Eye Hospital (Rumah Sakit Mata Achmad Wardi) DD-BWI Serang, Banten. This hospital was established by using waqf funds collected by the Indonesian Waqf Agency (Badan Wakaf Indonesia or BWI) in collaboration with the social institution Dompet Dhuafa in managing the hospital. The establishment of social service institutions (such hospitals) based on waqf is still not significant in Indonesia. The huge potential of waqf has not yet been totally explored indicated by the social and economic impact of waqf that has not been sensed by the community. The types of data used in this research are primary data and secondary data. Primary data was obtained through interviews with relevant participants at RSMAW BWI-DD. Meanwhile, secondary data was collected through various literature such as books, magazines, journals, articles, and so on.

DISCUSSION

Implementation of Management Function in Achmad Wardi Eye Hospital

Planning

The planning process at RSMAW BWI-DD is took every year usually in the preparation of the Annual Work Plan and Budget (Rencana Kerja dan Anggaran Tahunan or RKAT) in December. The process contains short-term planning that includes daily plans for up to one year (Handoko, 2015). The RKAT is implemented by the hospital leaders who are members of the Dompet Dhuafa Medika network. In the annual planning (RKAT), targets and net profit margin (NPM) are set and broken down into monthly, weekly, and daily targets. Therefore, the RSMAW of BWI-DD has a target for the number of patients to be served. In the 2019 plan, the RSMAW of BWI-DD has a target of around 18,000 patients per a year. This target was achieved with the number of patients in 2020 of approximately 20,000 patients.

The setting for targets of gross revenues and nett profit margins (NPM) is related to the two missions of the RSMAW of DD-BWI, namely: (i) improving the quality and professionalism of human resources, and (ii) developing an excellent work ethic. The hospital will certainly improve the quality of services and professionalism of human resources to provide the best services. Patients are consumers who, if they get a good service, will voluntarily tell at least to 10 other peoples. Thus, the number of patients visiting the RSMAW of BWI-DD will continue to increase. Based on
the results of interviews, the study affirms that the planning process has been implemented well at the RSMAW pf BWI-DD with 2 (two) reasons, namely: (1) having clear goals, and (2) having strategic and operational plans.

a. Having the Clear Goals

Before the establishment of the RSMAW of BWI-DD, a feasibility study was taken looking at opportunities and determining who would operate it to be managed properly and with good quality. Seeing the condition of the people of Banten who need eye health facility and Dompet Dhuafa’s experience in managing an eye hospital, BWI decided to establish the RSMAW of BWI-DD which is managed by Dompet Dhuafa. In addition, the implementation of good planning can be seen from the existence of a clear mission, namely:

- providing clinical services with Islamic distinctions that is prioritizing quality and patient safety;
- developing an excellent work ethics;
- improving the quality and professionalism of human resources; and
- garnering partnerships and public awareness both at domestic and abroad to help the health of the poors.

b. Having Strategic and Operational Plans

The RSMAW of BWI-DD has at least 3 (three) following objectives: (1) the realization of national and international standard of health services, (2) the availability of professional human resources of national and international standards, and (3) the establishment of partnerships with relevant institutions at domestic and abroad. The existence of strategic and operational plans, as well as long-term plans have been formulated by the RSMAW of BWI-DD. In the long-term plan, there are 7 (seven) service targets, namely: Cataract Center, Retina Center, Glaucoma Center, Priority Poly, Optical Center, Medical Check-Up Center and Trauma Eye Center. This far, only two services are available at the RSMAW of BWI-DD from the seven target of service centers, namely: Cataract Center and Retina Center. This shows that the RSMAW of BWI-DD has operational plans to achieve the strategic plans. Among the reasons for opening a new eye service center at the RSMAW of BWI-DD is to achieve the target number of patients that is set in the annual work plan, in addition to the analysis of services needed by patients.

Organizing

The RSMAW of BWI-DD is sheltered by PT. Dompet Dhuafa’ Medika and Rumah Sehat Terpadu Serang (RSTS). The RSMAW of BWI-DD is a waqf entrusted to the Indonesian Waqf Board (Badan Wakaf Indonesia or BWI) which cooperates with Dompet Dhuafa (DD) in its management. The current structure is illustrated as below:
The RSMAW of BWI-DD has a clear managerial structure. According to interviewees, the structure of the hospital consists of a main director, director of medical services, director of general & finance, head of section, and head of division. There is also a committee structure aims to maintain the service quality as one of the missions of the RSMAW of BWI-DD, namely: providing clinical services with Islamic distinctions, and prioritizing quality and patient safety. The service quality will be controlled by the committee that is expected to be continuously improved. The current organizational structure is illustrated as below:

Each division has duties, responsibilities, and Key Performance Indicators (KPI) that must be reported monthly. The interviewees said that the manager would receive incentives according to the KPI achievements for that month. This is part of the awarding which becomes a strategy to continuously improve the quality of human resources of the RSMAW of BWI-DD. Efforts to improve the quality of human resources are continuously taken by the RSMAW of BWI-DD. Amongs are conducting
eye specialist medical skills training, maintenance training, and optical refraction on a regular basis, i.e. once every three months. In addition, the RSMAW of BWI-DD opened a phaco training center (modern cataract removal surgery using a phaco emulsification device to soften and remove cataract lenses) for eye specialists from other hospitals.

In addition, training is engaged to achieve the mission of the RSMAW of BWI-DD which is to improve the quality and professionalism of human resources. Thus, although the RSMAW BWI-DD is waqf based, it competes with other hospitals in terms of service and quality. The professionalism is evidenced by the increase in the number of patient visits that exceed the target. In the selection process of human resources, the directors are appointed by Dompet Dhuafa (DD) Medika and the recruitment process for other than directors becomes under authority of main director. The selection of human resources (other than directors) is adjusted to the job specification vacancies needed. The candidates are expected to have Islamic knowledge, and committed to implementing Islamic values. This is to achieve the vision and mission of the RSMAW of BWI-DD. In addition, human resources are being more qualified and professional with trainings provided regularly as effort to meet both national and international standards.

**b. Well selection of human resources and improvement of their skill and quality**

The selection of the right personnel can be seen from connecting the skills possessed with the job specifications needed in the recruitment process. In addition, human resources who work at the RSMAW of BWI-DD must have knowledge of Islam and be committed to implementing Islamic values. This is to achieve the vision and mission of the RSMAW of BWI-DD. In addition, human resources are being more qualified and professional with trainings provided regularly as effort to meet both national and international standards.

**Directing**

Conflicts occurred in RSMAW of BWI-DD this far have been well resolved due to agreement of all hospital employees to concentrate in accomplishing the hospital’s vision and mission. The main director direct all employees to focus on vision, mission, and goals of the hospital. According to interviewees, the flow of communication should be improved as an important thing to do if there is a conflict. For example, a leader 3 (three) levels above may not give orders directly to the lowest staff without the knowledge of the staff lower before him (under level of the leader). This is to not interfere with the flow of organizational communication. The effective and efficient communication is indicated by its implementation that is performed through a clear communication line/flow (Rival and Arifin, 2009).

The organizational chart applied by the RSMAW of BWI-DD is in the form of pyramid. This chart form is the most widely used as it is simple, clear, and easy to be understood.

**a. The existence of managerial structure**

The RSMAW of BWI-DD has a structure and division of works/duties. The structure describes the rights and obligations that clearly affect the performance of human resources in performing their duties to achieve the organizational goals.
In the communication process, each manager coordinates technical operations in each unit at least once a week, such as communicating the new instructions, reports, and daily briefings. The process is taken to maintain the communication in each unit properly. In this case, the briefing process at the RSMAW of BWI-DD could be stated moderately well based on several reasons revealed by the interviewees as below:

a. **There is direction to perform tasks in achieving organizational goals**

Briefing is implemented by each unit at least once a week. The briefing includes the socialization of new instructions, requested reports, and daily briefings. For example, the nursing department performs schedule arrangement, introduction of new tools, new flow of patient services, etc. Thus, each work unit of the RSMAW of BWI-DD has the same motivation in performing its duties, namely to achieve the goals of the RSMAW of BWI-DD.

b. **There is conflict resolution process**

This far, conflicts related to management have been resolved well because every personnel working at the RSMAW of BWI-DD has agreed to focus on the hospital’s vision and mission. All conflicts that occur can be resolved through well communication. Therefore, all conflicts related to management are redirected to the vision and mission have been set by the hospital.

**Controlling and Supervising**

The internal control process is done by holding regular daily meetings. All division heads report daily achievements from revenues, NPM, and operational constraints. The internal control is also performed on monthly basis, namely evaluating constraints and plans for the following month, evaluating other issues such as completing patient safety rules, hospital accreditation rules, handling and controlling infections, handling Covid-19 patients, etc. Beside, meeting is also held weekly according to its essential. The hospital committee also routinely reports its supervision to the main director. Thus, the management can monitor and guarantee the quality of the hospital as expected by the government. BWI supervision is performed monthly by reporting on financial conditions, what has been done, and what plans for next month. Furthermore, the control on strategic level of the hospital is reported to PT. DD Medika annually.

Each evaluation of the supervision that has been performed is intended for service development. For instance, in 2019, the RSMAW of BWI-DD evaluated that the cataract service was quite successful as it had exceeded the target. Therefore, the hospital decided to develop/add its services in 2020, namely by opening of Retina Center service. Based on data and conducted research, patients who have experienced cataracts will experience problems in the retina and glaucoma in the next 2-3 years which will be treat by this center.

The control and supervision of the hospital is applied at the end or after the activity (historical). If the supervision is performed properly, the RSMAW of BWI-DD will continue to grow as if there are targets that have not been achieved, the manager will immediately act to overcome the problem. When the target has been achieved and it goes according to plan, the manager will
continue to make improvements. In this regard, the study considered that the supervision performed by the hospital was moderately good. The assessment of the implementation of each process is done routinely, i.e. it is performed daily, monthly, and yearly. Each implementation is well controlled and any problems or discrepancies can be addressed immediately.

**Model of Waqf Management in Achmad Wardi Eye Hospital of BWI-DD**

**Fundraising**

At the establishment, building and equipment of the Achmad Wardi Eye Hospital (RSMAW) DD-BWI are provided by using *waqf* funds of BWI, while the operational costs from *infaq* and *shadaqah* funds collected by Dompet Dhuafa. Furthermore, BWI collects cash *waqf* from public and corporates through Islamic financial institution (called as *Lembaga Keuangan Syariah Penerima Wakaf Uang* or LKS PWU), i.e. BNI Syariah by using *Wadi’ah* contract. In 2020, the collected cash *waqf* amounted to IDR50,849,000,000,- (fifty billion eight hundred forty-nine million Indonesian rupiah). The collected funds are dominated by *waqf* from corporates. The RSMAW of BWI-DD cooperates with the government in accepting BPJS patients, foundations, communities, and other countries in providing services for underprivileged communities as all patients get the same services at the hospital. Thus, the RSMAW of BWI-DD receives *waqf* funds, zakat, infaq, and alms for managing of the hospital.

**Fund-Utilising**

Currently, the *waqf* funds obtained by the hospital are used to purchase assets to complete health facilities which-by the benefits of *waqf* are increasing. Meanwhile, the collected zakat funds are used for the treatment cost of patients who fall into the criteria of eight groups of zakat recipients. The RSMAW of BWI-DD is a professional *waqf* hospital evidenced by the collected funds are managed properly to generate profits. In the following years, the hospital is expected to be able to generate zakat, *infaq* and *shadaqah* funds. The profit generated in 2019 was approximately 3 (three) billion rupiah. Meanwhile, the *waqf* funds collected by BWI from the public and corporates amounted to approximately 50 billion rupiah are used to buy sovereign *sukuk* (called as *Surat Berharga Syariah Negara* or *Sukuk Negara*) issued by the Ministry of Finance for a certain period of time to finance government projects (Hasibuan, 2020).

The *waqf* fund that is used to purchase sovereign *sukuk* earns a yield of 200 million rupiah every month. The yield is used for the development of the *waqf* assets of the hospital, namely by building a retina center service with a required cost of 13 billion rupiah. In this regard, the yield of 200 million rupiah is used as collateral for financing of 88 billion rupiah from BNI Syariah. The financing funds are used to build Retina Center and Glaucoma Center services in 2020. The hospital implements the modern management to ensure that the *waqf* assets are developed safely and sustainable.
**Profits of Productive Waqf**

The benefits of cash waqf in the form of yield coupons are used for the development of waqf assets, namely by building Retina Center and Glaucoma Center services. The free surgery service for 5 years by the management of the Retina Center is targeted for 2,513 patients. The free/subsidized surgery is aimed for the poor (dhuafa) who do not have health insurance and are not yet listed into the eight groups of zakat recipients. Reports on the use of these funds are supervised by the *Shariah* Supervisory Board of Dompet Dhuafa Banten. Thus, services for the poor can be accessed well at the hospital. The distribution of waqf benefits in the hospital is classified as direct distribution in the form of health facilities. In accordance with BWI regulations, the distribution of waqf benefits is two ways, namely: (i) directly to waqf beneficiaries and (ii) indirectly (through intermediary institutions) to waqf beneficiaries (BWI, 2020).

**Illustration of Management Model**

Based on the explanation above, the model of productive waqf management in the RSMAW of BWI-DD can be described as follows:

**Chart 3. Management Model of Productive Waqf**

**CONCLUSIONS AND RECOMMENDATIONS**

Based on the analysis and discussion above, the study concludes as below:

1) The Achmad Wardi Eye Hospital (RSMAW) of BWI-DD has implemented all management functions starting from the planning, organizing, directing, and monitoring
processes. All programs or activities done by the hospital are aimed to achieve the vision, mission, and goals of the hospital. Improving the quality of human resources, establishing cooperation with various parties, and evaluating are performed regularly to maintain and improve the quality of hospital services. In addition, the increase in service facilities and the increase of the patients indicate that this waqf-based hospital continues to develop, and increasingly provide the benefits.

2) The model of productive waqf management applied by the RSMAW of BWI-DD is as follows:
   a) For fundraising programs, the fund sources used in the management of the hospital are zakat, infaq, alms, and waqf funds collected from the public. The collection of waqf funds is performed by using the Cash Waqf Linked Sukuk (CWLS) scheme. With the scheme, cash waqf funds are used to purchase sovereign sukuk and BWI gets a yield coupon of IDR200 million per month that is used as collateral to get financing of IDR88 billion from BNI Syariah.
   b) In terms of the use of funds, the financing obtained from the CWLS returns is used for hospital empowerment by re-managing it to add waqf assets to develop the facilities of services provided. Indirectly, there is a cross subsidy in this management due to the hospital accepts 3 (three) groups of patients (based on payment method), namely: (i) fully paid patients, (ii) BPJS patients, and (iii) unpaid/subsidized patients. The distribution of benefits is in the form of free cataract surgery services for the poor who do not have health insurance and have not been listed into the eight groups of zakat recipients.

The implementation of modern management that are moderately good at the RSMAW of BWI-DD become one of the great hopes to provide solution to similar problems in the fields of health, education, economy or others. Waqf is important to be optimized that will generate a positive impact on the welfare of the people.

Furthermore, this study conveys several recommendations as follows:

1) The RSMAW of BWI-DD continues to maintain and improve the quality of its management which could be a benchmark in the management of hospitals in general, and waqf-based hospitals in particular. By making the RSMAW of BWI-DD as a model, the government or BWI could empower other waqf-based health facilities, and therefore the benefits of waqf are increasingly felt.

2) Further research on the quality of the management of the RSMAW of BWI-DD should be continued. In this regard, it is necessary to study the impact of distributing waqf benefits with the CWLS scheme in the next few years. This is to convince the public (potential wakif candidates) that waqf has great benefits. The study also recommends further research on the development of government policy on the National Movement of Cash Waqf (Gerakan Nasional Wakaf Uang or GNWU).
REFERENCES

UU No. 41 Tahun 2004 Tentang Wakaf.
Peraturan Badan Wakaf Indonesia (BWI) No. 1 Tahun 2009 Tentang Pedoman Pengelolaan dan Pengembangan Harta Benda Wakaf Bergerak Berupa Uang.
Peraturan Badan Wakaf Indonesia (BWI) No. 1, tahun 2020 Tentang Pedoman Pengelolaan dan Pengembangan Harta Benda Wakaf.
Badan Wakaf Indonesia. (2019). Data Tanah Wakaf Bersertifikat Di Indonesia.. Retrieved from https://www.data.bwi.go.id/
Hasibuan, I. (2020). Keterangan Pers Kementerian Keuangan Republik Indonesia (Direktorat
Jendral Pengelolaan Pembiayaan dan Risiko


