Waqf concept health clinic – “Uniqueness in disguise” USIM experience

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Abstract—Waqf or religious endowment is of a benevolence instrument emerged to help reduce the burden of the disadvantaged people. As the cost for medical expenses are exorbitant, the availability of waqf should contribute to the improvement of the community health. The establishment of Universiti Sains Islam Malaysia (USIM) Specialist healthcare clinic was founded by the idea of waqf through healthcare for the less fortunate. With collaboration from many agencies the establishment of the clinic has served community in need to access better health care. The primary aim of waqf clinic establishment is to continually uphold the Islamic aspects in its establishment and management for betterment of health among disadvantaged people.

Keywords—waqf, healthcare clinic, disadvantaged people, Universiti Sains Islam Malaysia.

I. BACKGROUND OF HEALTHCARE SERVICES FUNDED BY WAQF

Waqf or religious endowment is of a benevolence instruments emerge to help reduce the burden of the disadvantaged. According to Syed Ameer Ali (1976), waqf is defined as devoting a certain property to Allah SWT and consecrating it for a religious purpose for the benefit of human beings [1]. The definition has been expanded to include the health care services namely the philanthropic waqf [2]. As the cost for medical expenses are exorbitant, the availability of waqf should contribute to the improvement of the community health especially the disadvantaged people.

Historically, the first health centre waqf recorded was built in Damascus (706-707 A.D.). The waqf hospital was built to help curing the sick, give care to those afflicted with chronic disease and look after lepers, the blind and poor people [3]. Another example of waqf centre in Islamic history was Fatih Hospital (1453 CE) built in Istanbul by Sultan Mehmet II. The function of the hospital includes providing out- and in-patient treatment, supplying food and medicine and functioning as a teaching hospital. The funds to operate the centre was from multi-sources including the king’s remuneration and government revenue from shop lots and factories [4].
health centre has contributed significantly for the health of the people mainly the poor.

Malaysia has efficient and strategic waqf management model that encourage innovations and creativity [5-6]. Those days, waqf operation only revolved around the provision of land for the benefit of Muslims as allocating a land for Muslim cemetery. Nowadays, the role has been expanded to many others including cash waqf, shares waqf, takaful insurance waqf and waqf for health care services [7]. The construction of health care services helps to improve the health of disadvantaged people. One of the first established healthcare clinic in Malaysia is An-Nur Waqf Clinic under Johor Corporation [8-9]. The journey of An-Nur Waqf clinic is however different with USIM Specialist Healthcare clinic in the sense of the establishment and service provided. Therefore, this paper objective is to share the experience of Specialist Health Clinic, Universiti Sains Islam Malaysia (USIM) in the establishment of our own healthcare centre for the surrounding community.

II. THE ESTABLISHMENT OF SPECIALIST HEALTHCARE CLINIC (KLINIK PAKAR KESIHATAN USIM - KPKU)

The establishment of KPKU resulted from a good collaboration between USIM, The Islamic Religious Council (Majlis Agama Islam Negeri Sembilan - MAINS) and the State Health Department of Negeri Sembilan, Malaysia. This project was mainly funded by MAINS under waqf fund. A total of 2.0 million ringgit has been channelled by MAINS to complete the pioneer project. The initial amount of RM 1.0 million was given as a waqf for renovation and purchasing the medical and dental supplies, equipment and instruments including pharmaceutical expenses. While the balance 1.0 million ringgit was financed as a loan. Before issuing the licence of operation, the State Health Department under UKAPS has gone through KPKU documents and facilities and later granted an approval for clinic operation on 10th April 2015.

Later, in March 2016, KPKU has successfully obtained approval to operate the dental specialist clinic a year after the opening of medical specialist clinic. Within the budget given, one dental chair was installed for operation. While another one dental chair was donated as waqf by a Muslim dental company. After several years of operation, the state government under waqf budget has granted another dental chair to serve the community in need.

Besides static clinic, a mobile eye clinic known as Klinik Pakar Mata Bergerak (Klip Mobile) was launched on 18th November 2015. The main activity of this mobile team is to provide visual screening services and make referral to hospital for surgery if needed. The team again has a good collaboration with local government hospital in providing the eye surgery to patient who in need.

Last but not least is the haemodialysis clinic. The facility was the final waqf healthcare service funded through collaboration between USIM, MAINS and Perbadanan Usahawan Nasional Berhad (PUNB). MAINS has allocated 1.5 million budgets for the renovation and related equipment, whereas PUNB endowed the haemodialysis centre. This facility was fully operated on 1st October 2018 under the supervision of external medical specialist (nephrologist) with the assistance of in-house specialist and trained nurses.

The primary aim of this clinic is to help the less fortunate group of people in Negeri Sembilan particularly the asnaf faktir miskin (hardcore poor) to be able to seek specialist care services effortlessly. Surprisingly, this health care model is the first to provide specialist care at the primary care level in the private sector [10]. The hardcore poor who registered under the Negeri Sembilan Baitulmal will benefit the universal care and specialist care with free of charges. The asnaf was the one that had been categorised as poor and cannot depend on their household income and savings to sustain and fulfill their basic needs. They comprised of eight categories including Fakir (al-Fuqara), poor (al-Masakin), amil, muallafs (revert), rigab (someone chained without freedom), gharimin (debtor Muslim), fisabilillah (those who fight for Allah) and Ibnus Sahil (Wayfarer) [11]. However, people who is not listed under the category can apply assistance under the tabarru’ fund.

III. FINANCIAL RESOURCES OF WAQF

Notably, this is one of the pioneer clinics in Malaysia that employed the system whereby waqf played a bigger role in its management at the first stage. The main player such as USIM, MAINS and PUNB has allocated financial resources to build the assets, payrolls and medicine. With the assistance from USIM Waqf Centre, KPKU has been awarded with another converted zakat fund from Maybank Islamic. This is a one-off financial resource mainly for paying asnaf medical and dental treatment at the premise.

However, to be sustainable, a sound financial resource is required. Working as a private-based system integrating with a waqf based instrument, it is very challenging. The management team under USIM Tijarah Holding Sdn Bhd has come out with good financial practice. The management has introduced a program named Tabarru’ fund. Tabarru’ is mainly a donation-based program in financing the health care services provided by the clinic for the welfare of the asnaf. The donation received money from individuals, corporation body and 10% contribution of health services that was charged by the specialist on a single treatment.

In ensuring the stability of financial resources, the clinic has been appointed as panel clinic by various sources including from USIM. Besides, KPKU has been awarded to handle medical check-up for newly registered USIM students. To be clear, each payment received through the services provided by the specialist, 10% will be contributed into the Tabarru’ fund. If let say RM100,000 is a total amount of services received from the specialist times 10%, the total amount of donation will be equal to RM10,000 annually. Thus, this program of waqf of health services can be sustainable for the future.
IV. HEALTHCARE SERVICES AND THE UNIQUENESS

KPKU is unique in the sense that it offers the care to human health in general as well as to oral health. It provides both medical and dental specialist care including haemodialysis services under one roof. The most outstanding uniqueness of this clinic lies on its syariah compliance application, according to Islamic practice and ethics. Muslim patients are consulted on their health-related problem in association to Islamic faith. This is in line with USIM vision and mission of the integration of Naqli and Aqli [12]. Thus, patient who is treated here will benefit both physical and spiritual care. This being said, KPKU still attends to patients of other faiths or religions without any discrimination.

Among the medical specialists available at KPKU are Family Medicine Specialist, Physician, Gastroenterologist, Neurologist, Endocrinologist, Obstetric and Gynaecologist, Radiologist, Otorhinolaryngologist, Ophthalmologist, Orthopaedic, Psychiatrist and Counsellor Services. While in dentistry department there are Orthodontist, Periodontist, Oral Surgeon, Prosthodontist, and Paediatric Dentist. The practicing specialists are all lecturers at the Faculty of Medicine and Health Sciences and the Faculty of Dentistry of USIM. They serve at KPKU by appointment basis. The treatment provided can be via medical and health consultations or in-patient treatment such as fixed orthodontic appliance for correction of malocclusion and endoscopic ear screening.

Besides that, there are also ancillary services available such as ultrasound, radiograph. ECG and adult vaccination like Typhoid, Hepatitis B, Meningococcal, Influenza and Pneumococcal. The services will be provided by in-house medical residence including medical specialist, doctor, nurses, assistant medical officer, radiographer and medical laboratory assistant.

In relation to waqf and tabarru’ fund, not all treatments are eligible for waive among the eight categories of asnaf. The treatment is subjected to the Syariah panel appointed. The panel including the KPKU management, specialist and Islamic scholar from USIM Waqf and Zakat Centre. Treatments subjected for the fund are only general medical treatments (e.g. dengue fever) and basic dental treatments (e.g. tooth extraction and dental filling). Treatment such as vaccine or tooth whitening is not eligible for the Tabarru’ fund. Patients who registered under the Baitulmal that can be traceable from asnaf list can be immediately identified for waive. Whereas non-identifiable patient must go through a standard operating procedure by filling certain form for waiver.

V. ADVANTAGES OF KPKU SERVICES

The establishment of KPKU has benefited many people who seek and visited the healthcare service. For example, students who undergone medical check-up and has been diagnosed with medical problem immediately get attention from the specialist. One case whereby the student was diagnosed with diabetes mellitus has continually visit medical specialist upon the condition. They have been monitored and consulted to control the condition from becoming worse.

An outreach program such as visit to an orphanage and disadvantaged houses including domiciliary home lessen the burden of the group. The Tabarru’ fund has been allocated to provide basic medical and dental services attention needed. Recently, a program was conducted among orphan living at Rumah Baitul Sakinah Hidayah. A medical and dental examination was performed to identify any problem and were given immediate attention based on their present conditions. A health awareness talk was also given for preventive measure. The program was attended by USIM specialist with the help of other medical professional auxiliaries.

Other community services conducted under KPKU is Klip Mobile that provides specialist eye services to rural area of Negeri Sembilan. The Ophthalmologist mobile lorry is equipped with fundus camera and other machines that assist in diagnosing patient’s eye problems. This is the first of such lorry in Malaysia and should be prototypical for the benefit of others. With the help of Social Welfare Department and local authorities, these patients will further be treated in nearest Government hospitals. USIM ophthalmologist also provide their service in some of these hospitals.

The dental team likewise provide services to community such as oral health promotion activities e.g. poster exhibition, dental screening and basic treatment. The treatment was provided to the needy for free. The treatment includes temporary and permanent dental restoration, tooth extraction, dental scaling and polishing, and fluoride application. Besides that, a periodical oral health promotion to nearby kindergarten, assessing their oral health status and teaching the children a proper oral health care was also conducted.

This clinic has proven how waqf, zakat and sadaqah (alms) utilized for the beneficiaries’ health. The charges are affordable and cheaper than any standard price of private clinic. The consultation fee is 60% lesser than what is suggested by the Malaysian Medical Council. As mentioned above, this clinic is free for the hardcore poor.

VI. CONCLUSION

This clinic enlightens the potential of waqf, zakat and sadaqah (alms) in bringing change to human life in particularly general and oral health. The beauty of Islam covers all aspects of human life. "And in their properties, there was the right of others” (Adz-Zaariat:19).

At the end, the purpose of waqf clinic establishment is to continually uphold the Islamic aspects in its running and management for betterment of health especially for the disadvantaged people. It is hoped that there will be more corporation bodies to establish similar welfare in health care in Malaysia to maximise the waqf given from the Muslim people.
in delivering better health care to the needy. The initiative is hoped to be recognised not only in Malaysia but Muslim countries worldwide. However, something needs to be highlighted here is that *waqf* is not only exclusively for the Muslim community but should be extendable to all religion and race.

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**REFERENCES**

[1] Ali, S. A. (1976). *The law relating to gifts, wakfs, wills, preemption, and bailment* (Vol. 1). Law Publishing Company.

[2] Salarzehi, H., Armesh, H., & Nikbin, D. (2010). *Waqf as a social entrepreneurship model in Islam*. *International Journal of Business and Management*, 5(7), 179.

[3] Sayili, A. (2006). The emergence of the prototype of the modern hospital in medieval Islam. *Studies in the History of Medicine*, 4, 114-15.

[4] Alias, N. A. B., & Rozali, E. A. (2017). *Pembinaan Institusi Wakaf Kesihatan di Istanbul pada Tahun 1470M (Hospital Fatih)*. *Islamiyiyat*, 39(2), 153-164.

[5] Hanefah, H. M. M., Jali, A., Ramli, A. M., Sabri, H., Nawal, N., & Shahwan, S. (2015). *Waqf Models in Iskandar Malaysia: An Analysis*.

[6] A. Ab Rahman. (2009). “Peranan wakaf dalam pembangunan ekonomi umat Islam dan aplikasinya di Malaysia,” *Shariah Journal*, vol.17 no.1, pp. 113-152, 2009.

[7] Ibrahim, D., & Ibrahim, H. (2013, September). Revival of Waqf properties in Malaysia. In *The 5th Islamic Economics System Conference (iECONS 2013)*, Kuala Lumpur.

[8] A. K. Karim, A. S. Rosman, and A. Ab Rahman. “Konsep wakaf kesihatan & perkembangannya di Malaysia,” in Proc. Seminar *Waqf Iqlimi 2014*, 2014.

[9] W. N. F. F. Wan Zakaria, M. Z. Muhammad and M. Ismail. (2018, November). “Perkembangan wakaf kesihatan di Malaysia (Johor Corporation Berhad),” in Proc. The 6th International Seminar on Entrepreneurship and Business (ISEB 2018), 2018, p. 102-108

[10] Kamal, A., & Seman, A. C. (2017). *Pembiayaan Wakaf di Majlis Agama Islam Negeri Terpilih: Potensi Pelaksanaan di Peringkat Institusi Pengajian Tinggi. TAFHIM: IKIM Journal of Islam and the Contemporary World*, 10.

[11] M. H. S. Mohammad Hussin and M. H. Mohammad Hussin. Application of Shariah in Islam Finance. Kuala Lumpur: IBFIM, 2015.

[12] Universiti Sains Islam Malaysia. USIM: Pioneering Success, 1st ed. H. M. T. E. Kandil et al., Ed. Nila: Penerbit USIM, 2007.