

Short Article

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

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Article Info

Article history:

Received: 17 May 2021

Accepted: 21 July 2021

Published: 1 October 2021

Academic Editor:

Sharifah Fairuz Syed Mohamad

Malaysian Journal of Science, Health & Technology

Vol. 7, No. 2 (2021)

eISSN: 2601-0003

<https://doi.org/10.33102/mjosht.v7i2.211>

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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]. The

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 such 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 10<sup>th</sup> 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 a *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 18<sup>th</sup> 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 1<sup>st</sup> 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 fakir 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 fulfil their basic needs. They comprised of eight categories including *Fakir* (al-Fuqara), poor (al-Masakin), *amil*, *muallafs* (revert), *riqab* (someone chained without freedom), *gharimin* (debtor Muslim), *fisabilillah* (those who fight for Allah) and *Ibnus Sabil* (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 of 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 the Sail (the beggar who asks) and the *Mahrum* (the poor who does not ask 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.

#### ACKNOWLEDGEMENT

The authors thank the Specialist Health Clinic and all related parties for the invaluable contributions.

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