

Waqf For Healthcare: Social Security of The Future

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ABSTRACT

Waqf originated from an Arabic term “waqafa” means to stop, to prevent and to detain some commodities in terms of land, mosque, farms and cash for the benefits of society. Each Muslim country globally either in developed, developing or third countries has its way in managing the waqf. However, the understanding of the waqf concept in healthcare delivery system (HDS) is still new in Malaysia. Therefore, there arises a need to further explore on this matter in order to understand its purpose, types of waqf that can be implemented in HDS, the management procedure and the mechanism in sustaining the waqf for future investment. The purpose of this mini-review is to highlight the current gap and the need to establishing a proper model on waqf in a healthcare setting prior to the implementation.

Keywords: Waqf Model, Healthcare Delivery System, Management, Research Gap

INTRODUCTION

There are many affirmative ways encouraged by Islam to enhance the economics of Muslims society. Among these, several terms indicate the activities whereby someone willingly withdraws cash for infaq/donation and waqf. Though it sounds similar, the concepts differ. The word waqf originated from the Arabic term “waqafa” which means to stop, to prevent and to detain [1]. Waqf by definition on the other hand is the endowment of property on a permanent basis and those movable goods that are subjected to cease and loss is not considered as waqf [1, 2]. In a simple concept, waqf is to detain beneficial assets or endowment for a charity that is physically sustainable over time.

Waqf among Malaysian citizens is widely practised in each state through state government bodies or private organisations. Perhaps, this is due to the obligation to uphold the five (5) Islamic pillars, that one must willingly to spend in a compulsory manner (zakat) or voluntary charity through waqf.

There are many hadiths which relate to recommendation to perform waqf and the benefit received by the trustees [1, 2]. However, there is little understanding of waqf concept particularly in healthcare delivery system (HDS) in Malaysia since there are only a few clinical settings particularly hospitals that have applied this model.

Thus, the researcher has performed systematic search via three main sources, al-Quran (written and apps), online Hadith and internal repository offered by International Islamic University Malaysia (IIUM) library to further explore relevant literature on this topic. Firstly, the researcher read all 30 juzuk/chapters from the al-Quran (accompanied by a Malay tafseer) as the main reference to extract relevant verses in regards to waqf manually. Later, the Malay tafseer (translation) was compared and contrasted with an al-Quran application by Greentech Apps Foundation for the English version of tafseer. Secondly, the researcher has applied a thematic hadith analysis using online software via <https://sunnah.com/search?q=waqf> to extract the hadith narrated by Rasullullah SAW and sahabiyyah/companions related to waqf using waqf as a keyword. The scope of search is limited to the definition, hukum, implementation, issues and challenges related to waqf practice. The third source was obtained from the IIUM Internal Repositories (IREP) database available online via www.iium.library.edu.my to obtain scholarly articles and journals related to waqf in HDS later.

Overall, from the extract of Quranic verse, there are 66 verses from 33 surah/chapters and 26 juzuk

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are found in the al-Quran highlighting about waqf in general. Meanwhile, for hadith, there are 25 hadiths based on six (6) sunnah Tis'ah narrators (Sahih al-Bukhari, Sahih Muslim, Sunan Abi Dawud, Jami' Tirmidhi, Sunan Ibn Majah, Musnad Ahmad) and three (3) other remaining companions (Bulugh al-Maram, Ash-Shama'il Al-Muhammadiyah, Riyad as-Salihin) mentioning about waqf and 19 matan (text of hadith) are finalised. From the IREP database searched between the year of 2010 to 2020, almost seven (7) articles addressing waqf in a healthcare setting. For example, in Surah al-Baqarah verse 3, it recommends the act of infaq for jihad, educational development, hospitality, research and others. On the other hand, a hadith narrated by Imam Muslim also mentioned "When a Muslim die, therefore all the good deeds will be broken except three sources which are donation or beneficial knowledge or a soleh child that always pray for them." The donation in the hadith also includes waqf that involves cash, assets and others that benefit other Muslims.

Thus, the purpose of this mini-review is to highlight the current gap and the need in establishing a proper model on waqf in a healthcare setting prior to its implementation in any government, university or private institution. It is hope when a proper model is to be implemented in realising waqf in the healthcare setting, this may lead to ensure social security for citizens in receiving healthcare service. The economic gap is still prevalent in Malaysia whereby accessibility towards healthcare service is limited for a certain vulnerable group.

RESEARCH GAP IN WAKAF ISSUES FOR HEALTHCARE DELIVERY SYSTEM

The history of waqf begins since the prophet life and several debates about the establishment of the waqf and its management are also highlighted by one of the researchers [3]. Although Rasulullah SAW and his companions had contributed their properties for waqf and didn't revoke the contract. However, it happened in history during Khalifah Uthman's time that legal action was required to resolve the conflict. At one point in time, Abu Hanifah had given his view that the waqf owner or his descendants could revoke the original decision and claim their endowment back [3]. However, Abu Hanifah's opinion was not accepted by several others companions such as Abu Yusuf and Khalifah Uthman Affan himself who claimed that waqf is a permanent contract basis and it cannot be revoked once agreed by the waqf owner (al-waqif).

The issue of revocable is something to be discussed further in HDS particularly during a critical situation. Certain questions or issues may arise such as transportation of waqf item to a different location during critical situation due to a need or demand. Initially, it was agreed by the al-waqif that the waqf item is to be donated at a specific institution and location only. Thus, if the above situation occurs, can the responsible person in charge of the management of the waqf item transport or loan it to other different organisation during a critical situation? Or, is there any potential scenario that the al-waqif can change his decision to revoke the waqf item donated at certain organisation and transfer to another place in order to help another beneficiary that needs the waqf item during the critical situation?

At the same time, other issues must also be further scrutinised particularly on waqf for medical equipment such as haemodialysis machine, ventilators, medical gadgets and machines by interested donors. Since these instruments involve a large amount of cash for proper regular maintenance by the engineer or technician over a certain period as stipulated in the purchasing procedure agreement. The question may arise, for example, who is supposed to bear the maintenance cost? Is it the al-waqif or the organisation/individual that agree to receive the waqf item? Therefore, a proper understanding of managing waqf matter particularly in HDS industry is needed. Thus, future study is needed to conduct research on healthcare professionals (HCP), relevant experts from the background of fiqh, usuluddin, economy or law to seek their views on waqf initiative in HDS management.

ISSUES ON "WAQF" MODEL IN HEALTHCARE SETTING FOR BENCHMARKING

Since not much is well understood particularly on waqf in HDS as what has been successfully managed by the collaboration of JCorp-WANCorp [4, 5]. These two organisations are commendable in managing waqf in HDS by ensuring the income investment may further generate continuous revenue that benefits society. Johor Corporation (JCorp) has appointed Waqaf An-Nur Corporation (WANCorp) to be responsible for managing their investment. To date, their mutual collaboration has managed to establish 22 branches of Klinik Waqaf An-Nur (KWAN), mobile clinic and 9 dialysis centres. This service is reachable to all irrespective of race and religion by paying as low as RM 5 for general healthcare service while RM 90 for dialysis.

Thus, a proper benchmarking of a certain established model must be performed so that it can be duplicated in much more healthcare setting in Malaysia. There are many angles of healthcare aspect that require assistance either in financial manner, treatment, consultation wise and accessibility to the facilities. The following are the examples that commonly require large capitals or subsidiary from the government, non-government organisations or any individual to ensure equality of care is received by the various population in Malaysia. Among the areas that require high expenditure are listed in Table 1.

Areas	Assistance
Renal Care	<ul style="list-style-type: none"> • To support regular cost of haemodialysis (high cost of medication-erythropoietin and equipment-dialyser) • To ease patient's accessibility for regular haemodialysis session. • To send staff for proper training • Maintenance cost of equipment service
Cancer Care	<ul style="list-style-type: none"> • To support screening and palliative care service • To support cancer research for advance diagnosing technique • To aid patients and family members during in-house treatment
Stroke Care	<ul style="list-style-type: none"> • To buy assistive device (e.g. wheelchair, bed, transferring manoeuvre) • Accessibility for rehabilitation care at home-based and centre • To send staff for proper training • Research investment on brain or neuroscience study

Table 1: Healthcare areas require large technical and monetary support

Therefore, a benchmarking with established waqf model or develop a new relevant model is required to ensure social security in HDS. There is more field to be explored yet these are among the vitals to ensure patients' quality of life is achieved and reduce the family or caregivers' burden in caring those affected. There are recommendations from a previous study to revive the role of waqf in the contemporary setting, such as having international support (e.g. Organization of Islamic Cooperation (OIC), Islamic Development Bank (IDB) and the Islamic Educational, Scientific and Cultural Organization (ISESCO)), bringing up innovation in the administrative structure of the waqf sector, and providing innovative approaches to waqf such as

linking waqf funds to microfinance through the Islamic microfinance [6].

At the same time, waqf institutions should have specific code of conducts to guide the philosophical management of the foundation such as leading in its field; being transparent; acting as an arbitrator; voicing problems of the disadvantaged; being a bridge between societies; making the best use of entrustments; contributing to the spread of justice and rule of law; emphasizing service rather than brand or title; contributing to the reconstruction of a just world free from exploitation; helping any individual and community irrespective of their religion, language or race as what had been practised by the other waqf at International level [6].

Although several verses of al-Quran and hadith highlighted the issues of waqf to serve as the foundation on benchmarking or developing a relevant waqf model. However, management and administrative aspects must be further explored in a holistic approach taken into the consideration the integration of other elements in Usul al-Fiqh (al-Adillah al-Ijmaliyyah) such as by applying the ijma' principle (consensus of jurist/scholars) apart of the al-Quran and Sunnah [7]. At the same time, there is a need to consider the issue from the perspective of professionals that works in the healthcare setting, religious, economy and legal settings. Understanding what had been done and some innovative approach to enhance the current waqf model may introduce new knowledge in this field.

ROLE OF RESEARCH IN "WAQF" FOR HEALTHCARE DELIVERY SYSTEM

Pragmatism philosophy suggests that the use of a combination of methods is necessary to find answers to research questions in the best possible manner [8]. Thus, pragmatism offers an alternate worldview to those of positivism/post-positivism and constructivism and focuses on the research problem and the consequences of the research [9]. Pragmatism approach is useful to study in detail the quantitative aspect and triangulate the findings with the qualitative approach to understand the overall waqf issues in a holistic manner.

Pragmatism approach is applied to understand the readiness of the professionals and hospital management team in understanding the implementation of waqf in a healthcare setting. Integration of the quantitative element such as analysing the number of Qur'anic verses and hadith verses, legal and ruling codes mentioned about waqf can be triangulated with the qualitative interview of the experts in healthcare settings or

fuqaha' in the Shariah and Fiqh. Integration of the findings from both approaches will provide rich data to provide an informative baseline in developing a model on waqf for HDS.

OUTSTANDING QUESTIONS FOR FUTURE WAQF MANAGEMENT

It is important to take a thorough measure before embarking into the implementation stage of a certain issue that is not well understood such as waqf for HDS. Among the necessary measures are to embark with preliminary research to obtain baseline information, benchmarking with established institutions and setting standard operation guidelines on the managerial and administrative aspects. The utmost outcome is to ensure the service reaches the intended clients or patients that have their rights to receive the benefits and sustainable over time.

CONFLICT OF INTEREST

The author declares that they have no conflicts of interest in this study.

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