SOCIO-ECONOMIC IMPACT OF SELECTED WAQF PROJECTS: TERENGGANU CULINARY ACADEMY & USIM’S SPECIALIST MEDICAL CLINIC

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ABSTRACT

In Malaysia, the management of waqf has been placed under the supervision/purview of State Islamic Religious Councils (SIRC). They are the sole trustees of waqf as enshrined in the Malaysian Federal Constitution/respective State’s waqf enactments. In order to ensure the betterment of the socio-economic impact to the society by employing the awqaf mechanisms, the development of waqf either the physical or non-physical development must be under the management and purview of SIRCs. Federal agencies such as Department of Awqaf, Zakat and Hajj (JAWHAR) and Malaysian Awqaf Foundation (YWM) have helped in enhancing the potential of waqf in Malaysia. Involvement of other agencies also contributed to the success story of the waqf developments in Malaysia. Thus, this paper will focus on: firstly, the basic concepts of waqf and its legislation in Malaysia and secondly the preliminary study on the socio-economic impact of selected waqf projects. The selected waqf projects are the Terengganu Culinary Academy and USIM’s Specialist Medical Clinic (USMC). The former had been developed as joint ventures between SIRC and YWM and other agencies in the areas of education/training. We will look at the mechanism of its establishment and the socio-economic impact of the development that brings fruitful benefits thereby empowering the mawquf ‘alaih (the intended beneficiaries). The USMC is a joint cooperation between USIM and the SRIC NS which committed RM 2 million (RM 1 million as waqf grant and RM 1 million as Qardhul Hasan towards establishment of the clinic. The State Government provided funds to establish a specialist mobile clinic which facilitates medical specialists from USMC to do medical screenings of patients in rural areas.

Keywords: waqf, endowment, socio-economic, impact, society, training, education, culinary, Terengganu

INTRODUCTION

Since the early days of Islam, waqf has been a popular way to provide public services to societies and continues to play important roles in Islamic civilization over the time. This is because waqf institutions compliment the government in providing social services to the public such as developing the hospitals, schools and community hall using funding from waqf (Cizakca, 2011). Another possible reason on the wide usage of waqf is perhaps because waqf beneficiaries are not specifically stated unlike zakat. The benefits of waqf in general can be
enjoyed by anyone regardless of religion except for waqf ahli or dhurri which is specific waqf for family members. History also indicates that throughout the world many reputable higher education institutions either use waqf or share similar spirit of waqf through endowment to sustain their operations.

The main objective of this paper is to elaborate on the social impact of selected waqf projects with special reference to Terengganu Culinary Academy and Universiti Sains Islam Malaysia (USIM) Specialist Medical Clinic and Mobile Specialist Clinic. The first one is a joint venture between State Religious Islamic Council Terengganu (MAIDAM, Malaysia Waqf Foundation (YWM) and GIATMARA. The second one is a joint cooperation between Universiti Sains Islam Malaysia (USIM) and State Islamic Religious Council Negeri Sembilan (MAINS). This paper is an extension of Mohd Fadzli Rosli et al., 2017. The issue of social impact of waqf projects need to be examined to provide evidence on the efficiency of managing the waqf contributions to fulfil the intention of the donors. Indirectly, the information helps to promote waqf and at the same time improve the current waqf practices if there are any weaknesses.

Following this Introduction section, this paper discusses the waqf concepts from its definition, basis and benefits in Section 2. Section 3 discusses the governance of waqf in Malaysia. Section 4 explains briefly the methodology adopted in this study. An analysis on social impact of selected waqf projects is presented in Section 5. Section 6 gives limitations of the study and suggestions for further research. The final section gives the summary and conclusion.

WAQF: DEFINITION, BASIS AND BENEFITS

Waqf is literally defined as “to hold” (Obaidullah, 2015, pg. 59) and according to shariah, waqf refers to perpetual endowment. The benefits from an asset could be used according to the terms and conditions specified by the waqif (donor). The assets which are already being waqf cannot be inherited, sold, given as a gift, leased, rented or owned by any types of ownership. The assets must be maintained and the ownership of the assets cannot be transferred to other party.

The act of giving infaq in general and waqf in particular from one’s property is highly enjoined in Islam. Allah SWT promises high rewards for the one who does that. Evidence from the Quran and hadith, respectively are as follows:

Surah Al-Baqarah verse 261:

Meaning: “The example of those who spend their wealth in the way of Allah is like a seed [of grain] which grows seven spikes; in each spike is a hundred grains. And Allah multiplies [His reward] for whom He wills. And Allah is all-Encompassing and Knowing.”

There is a hadith reported by Abu Hurairah RA which has been used to justify the practice of waqf.

Abu Hurairah (May Allah be pleased with him) reported: The Messenger of Allah (ﷺ) said
“When a man dies, all his acts come to an end, but three, recurring charity (sadaqah jariyah) or knowledge (by which people benefit), or a pious offspring who prays for him” (Muslim 1992, Chapter 3, hadith 14).

From fiqh point of view, waqf could generally be grouped based on three different aspects which are the timing, purpose and object (Jalil and Mohd Ramli, 2008). Based on timing aspect, waqf can be divided into permanent and temporary. The purpose of waqf can be grouped into two main groups which are for family members (waqf ahli/dhurri) and general charity (waqf khayri). The general charity can be further divided into two groups which are general (waqf am) and specific (waqf khass). If waqf is defined according to the nature of object, then it can be divided into moveable assets which are transformed into waqf assets (waqf al-manqul) and non-moveable assets (waqf al-aqar). Moveable assets are assets which can be transferred from one place to another such as cash waqf.

There are basically three models of waqf such as physical asset waqf, cash waqf and corporate waqf (Mohd. Hanefah et al., 2010). Physical asset waqf refers to assets such as land and building which have been waqf for charity purpose and normally being used as schools or mosques. In some cases, there are also buildings which are built on land which have been waqf by the donor and later the buildings are rented or leased. The rental or lease income is credited into the waqf fund which will be channelled to the beneficiaries.

Another type of waqf is cash waqf or waqf of monetary which is currently popular among the public (Jalil & Mohd Ramli, 2008). Cash waqf is endowment in the form of monetary assets or cash or near cash items such as financial securities (Obaidullah, 2015). The income from the investment in funds using the cash or near cash items are later used as charities to the beneficiaries. One advantage of cash waqf which may explain its popularity is its flexibility in term of raising waqf resources and applying the waqf resources. Unlike waqf on physical assets, cash waqf can take in any forms of value and thus less rigid.

The third type of waqf is corporate waqf, which in Malaysia was initiated by Johor Corporation (JCorp). Despite some similarities with cash waqf with both handle cash and stocks, corporate waqf is different since it involves an institutional entity and entitle for a status of nazir or management-trustee (Obaidullah, 2015). Among important elements of corporate waqf are the asset must be transferable in nature, the corporate entity is the trustee (mutawwali) and at the same time could become beneficiaries of the waqf assets (Mohd Ramli and Jalil, 2013). It is a contemporary concept of waqf and has been in practice in many Muslim majority populated countries such as Turkey, Pakistan and Bangladesh (Mohd Ramli and Jalil, 2013).

In most cases, corporate waqf activities are performed through establishments of foundations. In Turkey for example, two of its well-known conglomerates, Koc Holdings and Hanabic Holdings are actively involved in corporate waqf activities by establishing universities and schools (Cizakca, 2011). The waqf activities are performed through two foundations, Koc Foundation and Sabanic Foundation respectively. In Pakistan, a pharmaceutical corporation, Hamdard Laboratories has established Hamdard Foundation to manage and provide waqf funds to poor and needy students (Mohd Ramli & Jalil, 2013).

A different concept of corporate waqf could be seen from the case of Bangladesh. In 1995, Social Investment Bank of Bangladesh, which is a local bank in Bangladesh has started a micro financing scheme which is based on a waqf concept. The ‘cash waqf certificate’ program offers organizations and individuals to participate in cash waqf and later, the fund is used to sponsor qualified individuals to start business (Mannan, 1999).
In Malaysia, a subsidiary of JCorp, Wakaf An-Nur Corporation (WANCorp) was established to manage the corporate waqf and its activities were focused on providing health-care services through its chain of clinics under Klinik Wakaf An-Nur and Hospital Wakaf An-Nur (Mohd Hanefah et. al., 2010). Apart from health-care services, corporations in Malaysia such as Tabung Haji Properties (TH Properties) and UDA Holdings are in cooperation with Islamic Religious Councils to participate in waqf activities. These Islamic Religious Councils act as a sole trustee in their respective states to develop and manage land properties. For instance, TH Properties is in cooperation with Wilayah Persekutuan Islamic Religious Council to manage Menara Bank Islam, a waqf asset which is leased to Bank Islam Malaysia Berhad. In September 2012, Bank Muamalat Malaysia Berhad with the cooperation of Perbadanan Wakaf Selangor introduced a cash waqf scheme known as Wakaf Selangor Muamalat.

The above discussions present some examples of corporate waqf in Malaysia which basically have six corporate waqf models. Another corporate waqf model is the university corporate waqf model (Mohd Ramli and Jalil, 2013) which suggests that a university or a higher learning institution is given the status of a mutawalli (management-trustee) which enables it to initiate waqf projects such as USIM’s Specialist Medical Clinic and Mobile Specialist Clinic.

WAQF GOVERNANCE IN THE MALAYSIAN CONTEXT

The governance of waqf in Malaysia falls under the Islamic Religious Council of the respective states since under the Malaysian statutes, Islamic Religious Council of each state is responsible for Islamic religious matters. The Sultan, as the Head of Islam in each state delegates the authority to the State Islamic Religious Council (MAIN) to be responsible in handling religious matters including matters relating to waqf. Under List II, State List, Ninth Schedule of the Federal Constitution, waqf is placed under the jurisdiction of states in Malaysia. Referring to this provision, MAIN is the sole trustee of all waqf properties in its respective state. This is clearly enshrined in the waqf enactments in the states of Selangor, Melaka, Negeri Sembilan and Perak. For example in Selangor, Section 89 of the Administration of the Religion of Islam (State of Selangor) Enactment 2003 states 'The Council becomes the sole trustee of waqf, nazar and trust'. Waqf property is a trust that the holders should be responsible for, especially in ensuring that the purpose and aspirations of the waqifs are achieved. Trustees should also be able to rebuild their land to raise their value and return, manage and administer the lands in an organized manner and report their accounts every year to exhibit the transparency of all transactions (Mohammad et al., 2017).

METHODOLOGY

As stated earlier the main objective of this paper is to elaborate on the social impact of selected waqf projects with special reference to the Terengganu Culinary Academy and Universiti Sains Islam Malaysia (USIM) Mobile Eye Specialist Medical Clinic which is attached to the USIM’s Specialist Medical Clinic. Secondary data have been used as basis for analysis. The relevant data for the Terengganu Culinary Academy were provided by the organisation that managed the waqf project. The comprehensive students’ data of Terengganu Culinary Academy was provided by Mr. Shahril Nizam Al Malek, the officer from YWM MAIN Holdings Sdn. Bhd. that managed
the Academy. Data on outreach programs (health screenings visits to rural area) by the USIM’s Mobile Eye Specialist Clinic were provided by Dr Maimunah from USIM’s Medical Specialist Clinic.

SELECTED WAQF PROJECTS IN MALAYSIA

The analysis on the social impact of waqf in this paper will focus on two waqf projects. The projects are the Terengganu Culinary Academy and Universiti Sains Islam Malaysia’s (USIM) Mobile Eye Specialist Clinic which is attached to the USIM’s Specialist Medical Centre. The two waqf projects were chosen to be analysed based on the following reasons. First, the Terengganu Culinary Academy was established based on a joint cooperation between MAIDAM, Yayasan Wakaf Malaysia and GIATMARA. MAIDAM provided waqf land as the site for the Academy and expenses for the students enrolled at the Academy. YWM contributed to the construction cost of the Academy from its 2010 Budget. Meanwhile GIATMARA provides the trainers.

The focus of the waqf project is to provide education through culinary skills training especially to the children of the asnaf. This hopefully will help to improve their families’ economic status and in the long term will eradicate poverty. The success of the project underpins the importance of other stakeholders’ involvement together with MAIDAM to develop waqf land productively, in this case the beneficiaries have been the children of the asnaf.

The USIM’s Specialist Medical Clinic is a waqf enabled project initiated by USIM which later obtained the support from the Negeri Sembilan State Government in the establishment of the USIM Mobile Eye Specialist Clinic (Wan Abdul Fattah et al., 2018). The latter provides medical services to people in the rural areas in Negeri Sembilan based on the concept of medical waqf. USIM is the first public university to obtain the mutawalli status from the State Islamic Religious Council Negeri Sembilan (MAINS). Medical waqf as one of the waqf practices can be considered as an example of a contemporary waqf practice which is different from the usual traditional practices of waqf. The choice of the USIM Specialist Medical Clinic in general and the USIM Mobile Eye Specialist Clinic in particular is justified by the following reason. The strong support from MAINS and then the State Government in providing the initial capital (waqf fund, qardhul hassan and government allocations) provides the impetus for the development of waqf projects by a Public University. USIM is the first Public University that has been approved the mutawalli status which enables it to seek waqf fund in the state to finance waqf projects.

Examining the social impact of these two waqf projects is important to give insights to waqf practitioners, the donors and the public, of how a waqf project can give impact to the society. This is more interesting since the focus of the two waqf projects can be considered different from the usual waqf practised in this country.

The joint cooperation between MAINS/PWNS and USIM augurs well for the development of the waqf culture in the State which will give benefits in the areas of health and education. Given that a substantial portion of the capital expenditure (renovation and equipment purchases) covered by waqf grant, the clinic will be able to charge lower consultation fees compared to that charged by other private specialist clinics. The specialists are also willing to accept lower consultation fees by imputing part of their time as waqf of expertise. Well to do patients may also pay extra with the difference donated to a tabarru’ fund. This fund may be used to support members of the asnaf (registered zakat recipients) and poor patients referred to
the clinic. The use of waqf fund and the existence of the philanthropic spirit will help to make specialist medical services more accessible.

The State Government has also agreed to support the Specialist Medical Clinic to have a mobile specialist clinic. Under the State Blue Ocean Strategy health has been chosen as the focus. USIM has been chosen to lead the *Projek Cahaya*. What this basically means is that USIM’s eye specialists visit rural areas using the mobile clinic to do screening for eye-sight problems especially among the senior citizens. The latter will then be able to obtain specialist eye treatment. Specialist service is brought to rural areas benefitting patients who normally would not be able to afford the service.

**Terengganu Culinary Academy**

Terengganu Culinary Academy is a confectionary and bakery skill training centre developed by YWM on *waqf* land entrusted to Terengganu SIRC (MAIDAM) at Lot 2466, 2467, and 2468 in the Kerengga District of Marang, Terengganu with the allocation of the 2010 YWM Budget of RM2.5 million. The AKT building development was completed on 30th July 2012. Operations began on 2nd September 2012 (YWM Magazine, 2016).

Since its establishment, the Academy has been managed by the National *Waqf* Limited Cooperation but starting from 1st April 2017 until present, this Academy has been managed by YWM MAIN Holdings Sdn. Bhd. The development of this Academy basically was the first product of the collaboration between MAIDAM (the owner), YWM (financier and manager) and GIATMARA (instructor).

MAIDAM as the sole trustee for *waqf* fixed assets played a big role to facilitate the establishment of this Academy. MAIDAM contributed financial support for students enrolled in this Academy besides the *waqf* land for the Academy’s site. The financial allocations cover tuition fees, accommodation, dining, welfare and etc. YWM contributed RM2.5 million to the construction cost. The allocation came from YWM 2010 Budget. GIATMARA provided instructors/trainers who train the students using modules/courses developed by GIATMARA.

The *waqf* model of the Terengganu Culinary Academy is depicted in Figure 1 below (The authors acknowledged with thanks help from Ustaz Fazdli, who prepared the diagram).
Students and Training Courses

This academy offers 6 month programs for each session in the field of Confectionary & Bakery with full board for MAIDAM *asnaf* children. Presently (July 2018), the academy has conducted 10 sessions (2 sessions per year). A total of 342 students, all of them females, have graduated from this academy. The graduates obtained the Malaysian Skills Certificate (SKM) Level 2.

The module of courses offered here are as follows:

<table>
<thead>
<tr>
<th>MODULE NO</th>
<th>PROGRAMME / COURSE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Manage safety at work</td>
</tr>
<tr>
<td>02</td>
<td>Manage hygiene and safety of food / products</td>
</tr>
<tr>
<td>03</td>
<td>Handling electrical equipment</td>
</tr>
<tr>
<td>04</td>
<td>Produce biscuits products</td>
</tr>
<tr>
<td>05</td>
<td>Produce hot desert products</td>
</tr>
<tr>
<td>06</td>
<td>Produce pastry products</td>
</tr>
<tr>
<td>07</td>
<td>Produce cold desert products</td>
</tr>
<tr>
<td>08</td>
<td>Produce Malay cakes product</td>
</tr>
<tr>
<td>09</td>
<td>Produce cakes</td>
</tr>
<tr>
<td>10</td>
<td>Cake decorating work</td>
</tr>
<tr>
<td>11</td>
<td>Produce continental and desert cake</td>
</tr>
</tbody>
</table>

Figure 1: Waqf Model for Terengganu Culinary Academy
The Socio-Economic Impact of Terengganu Culinary Academy

Analysis of the socio-economic impact will focus on the following aspects:

a. Asnaf as Waqf beneficiaries – Related agencies contributions

Selected students were from asnaf families. They had to undergo interviews conducted by MAIDAM. In order to maximise the social impact of this academy and to facilitate smooth operations, MAIDAM had allocated funds for this academy under two types of expenses:

Expenses for the purchase of fixed assets, inventories and loose tools. For this expenses, MAIDAM allocated RM341,772.50. Table 2 below gives the details:

Table 2: MAIDAM expenses on academy’s assets

<table>
<thead>
<tr>
<th>No</th>
<th>Expenses Item</th>
<th>Total (RM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Fixed assets</td>
<td>249,557.50</td>
</tr>
<tr>
<td>2.</td>
<td>Inventories</td>
<td>69,430.00</td>
</tr>
<tr>
<td>3.</td>
<td>Loose tools</td>
<td>16,785.00</td>
</tr>
<tr>
<td>4.</td>
<td>Others</td>
<td>6,000.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>341,772.50</strong></td>
</tr>
</tbody>
</table>

b. Expenses for students’ education and welfare.

For each student, MAIDAM has allocated RM1,400.00 per month (6 months) for their expenses which cover tuition fees, food, curricular activities and welfare. That means MAIDAM has allocated RM2,872,800.00 for the total of 342 students starting from session 1 until 10 as indicated below.

342 students x RM1,400 per month x 6 months = RM2,872,800.00.

Table 3 below shows the total of MAIDAM expenses for the students of the Academy.

Table 3: MAIDAM total expenses on academy

<table>
<thead>
<tr>
<th>Item</th>
<th>Expenses (RM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets purchasing</td>
<td>341,772.50</td>
</tr>
<tr>
<td>Students’ education and welfare</td>
<td>2,872,800.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,214,572.50</strong></td>
</tr>
</tbody>
</table>
YWM allocated RM2.5 million for the development of this academy’s complete building including training / course kitchen and students’ hostel.

Besides providing the instructors and the teaching modules, GIATMARA also allocated an allowance amounting RM200.00 per month per student. This translated to a total allocation of RM410,400.00 for the students from GIATMARA as shown below.

342 students x RM200 per month x 6 months = RM410,400.00

c. Students’ status after graduation

342 students have graduated and finished their studies from this Academy (Session 1 – 10). To analyse their status after graduation, they have been categorized into eight (8) segments viz.:

i. Students successfully establish a company
ii. Students managed to get job within industry
iii. Students managed to get job in other industry
iv. Students own small scale business in industry
v. Students furthered their study
vi. Students still under tracing
vii. Students under incubator program
viii. Students who just finish study

Figure 2 below explains that 8 students (3%) successfully established a company, 82 students (24%) are getting a job within the industry, 51 students (15%) are getting a job in other industry, 69 students (20%) own a small scale business within the industry, 7 students (2%) further their studies, 30 students (9%) still under tracing, 1 student has joined an incubator program and 94 students (27%) just finished their studies.

Figure 2: Students’ status after graduation
d. Students’ level of educational attainment

From the data, 342 students who enrolled in this program had successfully obtained the Malaysian Skills Certificate (SKM) Level 2. Previously, they came from various academic backgrounds. Figure 5.3 shows that 4 students (1%) who enrolled with Lower Secondary Assessment (PMR) certificate managed to finish the study, 319 students (93%) enrolled with Malaysian Certificate of Education (SPM) certificate, 9 students (3%) were diploma / degree holders while 10 students (3%) enrolled into this Academy with other academic qualifications.

![Previous Academic Background](image)

Figure 3: Students’ previous academic background

e. Student’s status after finishing their studies based on previous academic background

Figure 4 also shows the students’ activities after graduation based on their previous academic background. 7 students with SPM qualification and 1 diploma/degree holder successfully established their companies. 2 students with PMR qualification, 79 students with SPM and 1 student with diploma / degree have already obtained employment within the industry. 48 students with SPM and 3 with diploma / degree have already obtained jobs in other industries. 1 student with PMR, 59 with SPM and 10 with other qualifications already owned small scale businesses in industry. 1 student with SPM joined the incubator program while 90 students with SPM and 4 students with diploma degree qualification just finished their course at the academy. While 1 student with PMR and 29 students with SPM still under tracing.
Poverty Line Income (PLI)

*Businessdirectory.com* describes poverty line as standard family income threshold (set by each state and revised occasionally) below which the family is officially classified as poor and entitled to welfare assistance. From the data, the study will compare the students’ monthly income with the Poverty Line Income (PLI) for the Terengganu state, since all respondents are from Terengganu.

As recorded by the Implementation Coordination Unit (ICU) Terengganu and Department of Statistics Malaysia (DOSM), the rate of PLI for hard core poor and poor in Terengganu is RM520.00.

**Students’ incomes with Poverty Line Income (PLI) benchmark**

To analyse the impact from career mileage through current income segment, the complete data only consists 101 respondents that represent the Academy which are 40 students from Session 5, 32 students from Session 6 and 29 students from Session 8. Data on students from another session are still inaccessible and incomplete for research purposes.

Data on students’ monthly incomes have been tabulated into five segments which are:

i. Income from self-employment (industry entrepreneur)
ii. Income from self-employment (non-industry entrepreneur)
iii. Income from working (industry)
iv. Income from working (non-industry)
v. Income from working and part-time self-employed (industry)

Figure 5 below shows that 2 students who are self-employed (industry entrepreneur) and 1 student from working (non-industry) segment earned between RM0-RM200 monthly. 12 students
from self-employed (industry entrepreneur) and 2 students from working (non-industry) segment earned between RM200-RM400. 7 students from self-employed (industry entrepreneur), 1 student from self-employed (non-industry entrepreneur), 1 student from working (non-industry) segment and 1 student from working and part-time self-employed earned between RM400-RM600. 1 self-employed (industry entrepreneur) and 4 students from working (industry) earned RM600-RM800 per month. 4 students from working (non-industry) earned RM800-RM1,000 per month, while 2 students from working (industry) and 5 students working (non-industry) managed to earn RM1,000-RM1,200. And 1 student from working and part-time self-employed earned between RM1,600 - RM1,800 per month.

From the analysis above, Figure 6 shows that from 101 respondents retrieved from the data, 45 students managed to earn income and 56 are not (further study, just finish study and untraceable). From 45 students, 19 of them exceeded the PLI benchmark, while 26 have not.
USIM and State Islamic Religious Council Negeri Sembilan (MAINS) have ventured into waqf financing beginning with healthcare which augurs well for the future (Mohammad Haji Alias et al., 2017; Mohammad Haji Alias & Fuadah Johari, 2016; Kamal Amran Kamarudin et al., 2016). Universiti Sains Islam Malaysia (USIM) is the 12th public university in Malaysia. USIM has established the Center for Awqaf Development Financing in March 2013. The Center manages the USIM Al-Abraf Waqf Fund. The Center has undergone restructuring and is now known as Center for Waqf and Zakat. The Fund is registered and approved by the Negeri Sembilan Islamic Religious Council (NSIRC/MAINS). The State Islamic Religious Council has approved the appointment of USIM as Mutawalli (manager) of waqf (letter dated 22 July 2013). MAINS and USIM signed a Memorandum of Understanding on 21 January 2014 with a view to jointly develop a number of projects to nurture the waqf culture especially through the establishment of the USIM Specialist Medical Clinic and the USIM-MAINS Haemodialysis Clinic (news.usim.edu.my/.../422-usim-meterai-mou-bersama, Mohammad Haji Alias and Fuadah Johari, 2016).

USIM Specialist Medical Clinic provides services by medical, eye and dental specialists and outpatient treatment. The specialists are from USIM’s Faculty of Medicine and Health Sciences and the Faculty of Dentistry. MAINS has allocated RM2 million to USIM, RM 1 million as outright waqf grant and RM1 million as qardhul hassan to cover the costs of renovation and to purchase medical equipments. The clinic started operations from April 2015 after obtaining the operating licence from the Ministry of Health. USIM has entered into a 3 year (with a 2 year option for extension) tenancy agreement with Putra Nilai Development Sdn Bhd to rent 3 units of double storey shop-lots at Nilai Square, Bandar Baru Nilai as premises for the Medical Specialist Clinic and Haemodialysis Center. The application for the operating licence from the Ministry of Health Malaysia is under the name of USIM Tijarah Holdings, a company wholly owned by USIM. The Specialist Medical Clinic is treated as a business arm of USIM.
Tijarah. In terms of marketing and branding, it will be acknowledged that the clinic has received waqf funding from MAINS.

MAINS has also allocated RM 1.5 million for the establishment of the USIM-MAINS Haemodialysis Clinic located next to the Medical Specialist Clinic. The renovation work and the purchase of medical equipments have been carried out by MAINS Holdings. The operation of the clinic is under USIM medical staff. The clinic started operations in October 2018 with 3 patients, increasing to 6 patients after obtaining operating license from CKAPS of the Ministry of Health Malaysia.

With the USIM Specialist Medical Clinic (Medical and Dentistry) already in operation, the State Government of Negeri Sembilan via The State Secretary had allocated around RM650,000 to establish the USIM Mobile Eye Specialist Clinic (Clip Mobile), officiated on 18 November 2015. USIM’s eye specialists have carried out eye screening tests in rural areas, thus giving access treatment by specialists to low income patients. This project has a high social impact. Bringing eye specialists closer to patients in rural areas makes them accessible to high quality medical screening and treatment (where necessary). Many have been found to suffer from eye-sight ailments (glacoma, cataract) and with further treatments have led to improvements in the quality of their lives (Wan Abdul Fattah, Mohammad Haji Alias & Fuadah Johari, 2018).

2,690 patients have been screened over the period 1st January 2016 to 8 June 2018 (see Section 1 of Attachments to this paper). Nearly 85% of the patients aged 40 years and above. 805 patients or 29.9% were referred for further treatment, 23.6% to Ofthalmologists and 6.3% to Optometrists. Out of 2,396 patients screened, major ophthalmic conditions detected during outreach activity in rural areas, 29.88% (716) had cataracts, 31.68% (759) had diabetic retinopathy and 15.53% (372) had refractive error. 401 persons with cataracts had been referred to hospitals for surgery.

LIMITATIONS OF STUDY

The data for the Terengganu Culinary Academy only focused on the basic data such as the students’ qualifications before submitting the academy, the student’s status for the study either finish or not and the current status after finish the study. The data relating to current job status and salary/incomes obtained are not complete. The Academy is still carrying out tracer study of all the students who have completed their studies. Therefore, further research should be conducted when all the relevant data of students have been compiled.

The data for the USIM’s case pertained only to results of health screenings done by the USIM Mobile Eye Specialist Clinic. The social impact has been quite significant. However the joint cooperation between USIM and MAINS/PWNS involved also the setting up of the USIM Specialist Medical Clinic and the USIM-MAINS Haemodialysis Clinic. All are already in operation. Further research is suggested to establish the social impact of these clinics on a holistic basis. We need to ascertain to what extent waqf for healthcare has also generated surpluses that are treated as financial benefits from productive waqf that can be channelled to finance education related activities.
SUMMARY AND CONCLUSIONS

This paper reports the results of a preliminary study on the socio-economic impact of waqf projects using the Terengganu Culinary Academy and USIM’s Specialist Medical Clinic (USMC) as examples. In both cases the respective State Islamic Religious Council, MAINS in Negeri Sembilan and MAIDAM in Terengganu, where the entities are located have played crucial roles. The joint cooperation between MAIDAM as the sole trustee for the waqf land, YWM (financier and manager) and GIATMARA (the instructor) have benefitted the mauquf alaih mainly students from asnaf families. Besides the waqf land as the site for the Academy, MAIDAM allocated funds for the students’ training covering tuition fees, accommodation, dining, welfare etc.

The socio-economic impact of the Terengganu Culinary Academy relates to the survival of the asnaf. This project has benefitted students from asnaf families with various backgrounds to further their studies. Having acquired the relevant knowledge and skills, opportunities are opened up for them to obtain gainful employment or to set up their own businesses. What is more significant is that the students after completing their studies are able to change the economic cycle of culinary segmentation. They tend to have their own companies, selling their own products and/or becoming trainee chefs for any culinary-based company. They will then be able to help themselves and their families to come out of the poverty trap.

The establishment of the USIM Specialist Medical Clinic (USMC) has been the result of a joint cooperation with MAINS and USIM’s Faculty of Medicine and Health Sciences and Faculty of Dentistry. USMC has been waqf enabled. Given the observed success of the clinic, the State Government, GLCs and waqf endowers have provided funds to support the project. Besides the State Government’s allocation to set up USIM-MAINS Specialist Mobile Clinic, Perbadanan National Berhad had contributed RM700 thousand waqf fund for the purchase of two intermediate shop-lots, premises for the USMC and USIM-MAINS Haemodialysis Centre. In this paper we focussed on the Mobile Eye Specialist Clinic activities. As mentioned earlier, this project has a high social impact. Bringing eye specialists closer to patients in rural areas makes them accessible to high quality medical screening and treatment (where necessary). Many have been found to suffer from eye-sight ailments (glacoma, cataract) and with further treatments have led to improvements in the quality of their lives (Wan Abdul Fattah, Mohammad Haji Alias & Fuadah Johari, 2018).

The social impact study in this paper only covered two waqf projects as discussed above which may not be comprehensive in providing evidence on the importance of waqf. USIM for example has started providing other medical services based on waqf under its USMC and USIM-MAINS Haemodialysis Centre in Nilai. It is thus worthy for future studies to look into the social impact of these medical services as well as other waqf projects managed by public universities in Malaysia as a way to promote waqf culture among the society.
REFERENCES


Mohammad Haji Alias & Fuadah Johari. 2016. An Ecclectic Waqf Business Model for Health Care: Joint Cooperation between Universiti Sains Islam Malaysia (USIM) and State Islamic Religious Council Negeri Sembilan. Paper prepared and presented at the 5th SIM National Health Seminar, 8 October, Dewan Tuanku Canselor USIM.


Accounting and Finance Seminar, Faculty of Economics and Muamalat, Universiti Sains Islam Malaysia. Nilai.


Yayasan Waqaf Malaysia (2016). Master Plan Study for the Transformation of Waqf Property Development in Malaysia

ATTACHMENTS

Outreach Programme Census Klinik Pakar Mata Bergerak USIM

Date of activities: From 01-01-2016 to 08-06-2018

Total Patient (General): N= 2690 Total Patient (Subspeciality): N= 0

SECTION 1: DETAILS OF ACTIVITY

Table 1.1: Age Distribution

<table>
<thead>
<tr>
<th>Age Group, years</th>
<th>N= 2690</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>&lt; 7</td>
<td>13</td>
</tr>
<tr>
<td>7-17</td>
<td>119</td>
</tr>
<tr>
<td>18-39</td>
<td>272</td>
</tr>
<tr>
<td>40-64</td>
<td>1486</td>
</tr>
<tr>
<td>&gt;=65</td>
<td>800</td>
</tr>
</tbody>
</table>

Table 1.2: Organizer

<table>
<thead>
<tr>
<th>Organizer</th>
<th>n= 67</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Hospital/Department</td>
<td>3</td>
</tr>
<tr>
<td>JKN</td>
<td>29</td>
</tr>
<tr>
<td>Rotary Club</td>
<td>0</td>
</tr>
<tr>
<td>Lion’s Club</td>
<td>0</td>
</tr>
<tr>
<td>Others</td>
<td>35</td>
</tr>
</tbody>
</table>
SECTION 2: REFERRAL

Table 2.1: Referral

<table>
<thead>
<tr>
<th>Referral</th>
<th>n= 805</th>
<th>No</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number referred to Ophthalmologist</td>
<td>636</td>
<td>23.64</td>
<td></td>
</tr>
<tr>
<td>Total Number referred to Optometrist</td>
<td>169</td>
<td>6.28</td>
<td></td>
</tr>
</tbody>
</table>

SECTION 3: SPECIFIC DISEASE DETECTION

Table 3.1: Ophthalmic Conditions Detected During Outreach Activity

<table>
<thead>
<tr>
<th>Ophthalmic Conditions</th>
<th>n= 2396</th>
<th>No</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cataract</td>
<td>716</td>
<td>29.88</td>
<td></td>
</tr>
<tr>
<td>2. Refractive Error</td>
<td>372</td>
<td>15.53</td>
<td></td>
</tr>
<tr>
<td>3. Glaucoma</td>
<td>100</td>
<td>4.17</td>
<td></td>
</tr>
<tr>
<td>4. Pterygium</td>
<td>76</td>
<td>3.17</td>
<td></td>
</tr>
<tr>
<td>5. Others</td>
<td>330</td>
<td>13.77</td>
<td></td>
</tr>
<tr>
<td>6. Diabetic Maculopathy</td>
<td>43</td>
<td>1.79</td>
<td></td>
</tr>
<tr>
<td>7. Diabetic Retinopathy</td>
<td>759</td>
<td>31.68</td>
<td></td>
</tr>
</tbody>
</table>

If Diabetic Retinopathy

<table>
<thead>
<tr>
<th>Condition</th>
<th>No</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Apparent DR</td>
<td>628</td>
<td>82.74</td>
</tr>
<tr>
<td>Mild Non Proliferative Diabetic Retinopathy</td>
<td>64</td>
<td>8.43</td>
</tr>
<tr>
<td>Moderate Non Proliferative Diabetic Retinopathy</td>
<td>41</td>
<td>5.40</td>
</tr>
<tr>
<td>Severe Non Proliferative Diabetic Retinopathy</td>
<td>6</td>
<td>0.79</td>
</tr>
<tr>
<td>Proliferative Diabetic Retinopathy</td>
<td>13</td>
<td>1.71</td>
</tr>
<tr>
<td>Advanced Diabetic Eye Disease</td>
<td>7</td>
<td>0.92</td>
</tr>
</tbody>
</table>
SECTION 4: CATARACT SURGERY IN OUTREACH

<table>
<thead>
<tr>
<th>Cataract Surgery</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number Referred to Hospital for Surgery</td>
<td>401</td>
</tr>
<tr>
<td>Total Number Performed as Outreach (reach-out)</td>
<td></td>
</tr>
<tr>
<td>Total Number Detected in Outreach but Performed in Hospital (reach-in)</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.1: Cataract Surgery

SECTION 5: SUBSPECIALITY OUTREACH

Table 5.1: Subspeciality By Number of Patients and Number of Surgery/Procedure in Outreach

<table>
<thead>
<tr>
<th>Subspeciality</th>
<th>Total Number of Patients Seen in Clinic</th>
<th>Total Number of Surgery / Procedure Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION 6: PARAMEDIC TRAINING

Table 6.1: Updated Number of Paramedic

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of Primary Eye Care Staff Trained</th>
<th>Total Number of Ophthalmic Post Basic Staff Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Klinik Pakar Kesihatan USIM