

Zakat Distribution in Healthcare Services: Proposed Model For Zakat Beneficiaries (Asnaf) in Malaysia

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Abstract: Recently, the cost of medical care and treatments has been increasing yearly, putting pressure on the patient, especially the poor and needy (asnaf). The availability of zakat fund provided to patients who cannot afford to pay their medical bills is minimal and the impact of zakat fund on the healthcare industry has not yet been fully acknowledged. Hence, this paper aims to discuss the role of the Zakat fund in providing healthcare services to Zakat beneficiaries and propose a Zakat distribution model as financial assistance in the healthcare services for Asnaf in Malaysia. To address the underlying problems and maximize the application of zakat funds in the healthcare industry, zakat institutions must be managed efficiently. The proposed model holds significance in improving zakat beneficiaries' access to healthcare services and could enhance the quality of life for Asnaf toward better well-being in Muslim society. Since this is a conceptual study only, no data is collected in this study. However, future research is required to verify the proposed model that could assist the zakat institutions in Malaysia to adopt alternative techniques in their zakat collection and distribution to be channeled in the healthcare sector.

Keywords: *Zakat, asnaf, healthcare, zakat distribution*

1. Introduction

Zakat is an act of socio-financial worship obligatory for every eligible Muslim based on the Quran, Hadith and Ijma. The literal meaning of Zakat means to purify or to grow whereas Zakat is considered as a purification of one's wealth and ensuring the wealth is being distributed to the eligible groups. The concept of Zakat emphasizes social justice and the responsibility of individuals to support those in need. Zakat is not only a religious duty but also a means of fostering community solidarity and reducing economic inequality. By redistributing wealth, Zakat helps to alleviate poverty, provide for the welfare of the less fortunate, and promote a more equitable society. Zakat highlights the significance of fairness and openness in allocating zakat contributions to the underprivileged as mentioned in Surah At-Tawbah verse 60 meaning: "*(Alms are for the poor and the needy, and those employed to administer the (funds); for those whose hearts have been (recently) reconciled (to Truth); for those in bondage and debt; in the cause of Allah and for the wayfarer: (thus is it) ordained by Allah, and Allah is full of knowledge and wisdom.*"

Zakat acts as a financial tool for the needy and the poor to improve their living standards. Zakat strengthens social interactions between rich and poor, reduces injustice, solves social problems, transforms spirits, and mitigates societal conflict and disagreement (Majed and Redzuan, 2023; Akram and Afzal, 2014). In Malaysia, Zakat institutions play a crucial role in the collection, management, and distribution of Zakat funds. These institutions are primarily responsible for ensuring that the Zakat collected is efficiently distributed to eligible recipients according to Islamic principles. The method of Zakat distribution varies according to the needs of the eligible groups either in terms of direct financial assistance, educational support, healthcare assistance, economic empowerment programs, housing assistance or debt relief (Ab Rahman et al., 2023). Though the activities of Zakat distribution are being administered by the States, the payments of Zakat funds have yet to reach their full potential and some argue that it is not effectively distributed which results in negative perceptions of Zakat management if it is not addressed adequately (Johari, 2023; Hairunnizam and Radiah, 2010a).

Recently, the number of Zakat beneficiaries (or asnaf) who struggled financially has been increasing after post-pandemic Covid-19 which prevented them from receiving proper medical care. Many of these people live below the poverty line, making it hard to afford consultations, treatments, medications, and procedures. Shahrom et al. (2022) indicate that 32.7 million people who live in Malaysia confront several health issues and one major obstacle is the high expense of healthcare. This is especially true for vulnerable populations like the Asnafs, who are impoverished and have little financial resources. The COVID-19 pandemic in the country had a

significant impact on the country, with an estimated 32.8% of the total population having contracted the virus by the end of December 2021 (Jayaraj et al., 2022). Despite the availability of remedies, the exorbitant cost of healthcare continues to serve as a deterrent to access, as per Cao and Selvaratnam (2023). This includes nursing services, prescription medications, medical equipment, and consultations.

The change in current healthcare systems in Malaysia has resulted in the rise of medical costs both in public and private health facilities, as seen by the growing costs of prescription medications, doctor visits and consultation fees particularly for specialist treatments. These rising costs have a substantial influence on the private health sector as well as the government (Zin et al., 2023b). A study conducted in Selangor found that there are a growing number of people turning to zakat centers for financial assistance as a result of the spike in healthcare costs. The situation draws attention to the difficulties that lower-income patients have in receiving high-quality care at private facilities, particularly for chronic illnesses. It also highlights the necessity of sustainable financing models to guarantee equitable access to healthcare services for all facets of Malaysian society (Khalib, 2023). In addition, Abg Marzuki et al. (2021) found that lack of medical awareness worsens the asnaf's health. Preventive treatment and routine medical checks are unfamiliar to most Zakat beneficiaries. Ignorance can waste medical resources and misdiagnose minor health conditions as serious ones. Cultural and educational limitations may also make modern medical techniques harder to understand and trust. Consequently, maintaining good health and managing chronic illnesses requires continuous medical attention, which is difficult when one is financially unstable.

Hence, the primary objective of this paper is to discuss the role of the zakat fund in providing healthcare services to zakat beneficiaries and to propose a zakat distribution model as financial assistance in the healthcare services for asnaf in Malaysia. To guarantee the financial support and accessibility of zakat beneficiaries, the utilization of zakat funds in healthcare is considered essential in the pursuit of these objectives. Access to life-saving care should not be impeded by financial constraints; rather, zakat funds can be allocated to support treatments, medications, and diagnostic tests for individuals who are unable to afford them. Furthermore, private hospitals may allocate funds from zakat to individuals who are not financially stable and require access to the fundamental healthcare system for their health and well-being (Bayraktar and Sencal, 2022). As this paper exclusively concentrates on the conceptual paradigm of zakat distribution in healthcare services, no data has been collected to date. The proposed model serves as a valuable reference that can be used by all zakat institutions to improve the efficiency and effectiveness of zakat distribution, thereby enabling them to reach a greater number of asnaf in financing their healthcare services. The implication of this model could benefit the community in eradicating poverty and enhancing social well-being which could indirectly have a positive influence on the nation's economic growth.

The subsequent section of this paper delves into the literature regarding the roles of zakat in healthcare services. The next part explores on current practice of the zakat distribution method in the healthcare facilities available in Malaysia. Following that, this study proposed an effective zakat distribution model in healthcare services to be applied by all zakat institutions and the last part of this paper concludes the proposed model with some recommendations for future research.

2. Literature Review

Current Healthcare Services in Malaysia

Malaysia has a dual-tiered system of healthcare services a government-led and funded public sector, and a booming private sector creating a dichotomous public-private system of healthcare services since the 1980s (Quek, 2014). Private care services are primarily provided by private or general health clinics and hospitals, while public services are comprised of government-run public health clinics and hospitals. Public health services are administered by the Ministry of Health through its local, provincial, and district health offices (Jaafar, 2013). The federal government's general revenue and tax receipts are the primary sources of funding for the public health program. Consequently, patients are only required to pay nominal fees to obtain high-quality healthcare from hospitals and clinics. In contrast, the private health care system is funded by either the patients themselves or private health insurance (Jaafar, 2013). This dual-tiered healthcare system has been continued until today though there are a few suggestions to create a unified system to integrate fully public and private sectors that can be declared as a national healthcare policy offering universal access to every citizen.

However, as of today, the partnership between the public and private health sector is limited only to some critical illnesses of medical treatments and medical technology for the healthcare betterment of Malaysian citizens (Yeganeh, 2019).

According to the World Health Organization (2022), since the pandemic COVID 19 in 2020, the majority of world governments including Malaysia have extremely high spending in the healthcare sector with per capita public health expenditures hitting a record high across all income brackets. In contrast, individual and family out-of-pocket healthcare spending decreased in 2020, likely because fewer people were using medical services (World Health Organization, 2022). In 2020, low-income nations will get more money per person from international aid than in 2019. In keeping with the initial prevention, detection, and treatment demands of the pandemic, per capita spending surged dramatically for both preventive care (by 32%) and inpatient services (by 10%). Between 2019 and 2020, funding for governance and administration increased by 7%, medical goods by 3%, and outpatient care by 1% (World Health Organization, 2022). Employers, government officials, and other public agencies face budget constraints due to the rapid increase in healthcare expenditures worldwide.

Zakat Institutions in Malaysia

The state administration in Malaysia is the sole authority over Islamic affairs. The State Islamic Religious Council (SIRC) is the exclusive trustee of Muslim revenues, including waqf (endowment), zakat, and mal. In Malaysia, there are 14 states, each of which has an independent zakat institution that collects zakat from eligible Muslims and distributes it to zakat beneficiaries for social, educational, economic, and human development, as well as religious affairs (Wahyu & Anwar, 2020). Masruki (2020) examines a variety of zakat-funded initiatives that have generated numerous skillful entrepreneurs. The success stories of zakat distribution, including zakat for children of aṣṣāf who excel in education, zakat to subsidize home construction, and zakat to subsidize medication costs for critical illnesses such as dialysis are frequently being published in prime news and social media. The zakat function of certain SIRC has been corporatized to enhance its efficiency and mitigate negative public perceptions, as reported in local publications, in response to the high expectations of stakeholders of zakat institutions (Masruki et al., 2016). As of today, Malaysian zakat institutions are governed by at least two structures: i) non-corporatized, which means that the institution is directly under the SIRC or a separate entity that is still directly governed by the SIRC; and ii) corporatized, which means that the institution is either responsible for: a) both collection and distribution, or b) collection only (Masruki et al., 2021).

Table 1: presents the governance structures of zakat institutions in each state

Governance Structure	Zakat Institutions	State
Non - corporatized	Majlis Agama Islam & Adat Melayu Terengganu (MAIDAM)	Terengganu
	Majlis Agama Islam Kelantan (MAIK)	Kelantan
	Majlis Agama Islam dan Adat Istiadat Melayu Perlis (MAIPs)	Perlis
	Majlis Agama Islam Johor (MAIJ)	Johor
	Tabung Baitulmal Sarawak (TBS)	Sarawak
Corporatized	Lembaga Zakat Selangor (LZS)**	Selangor
	Perbadanan Baitulmal Negeri Sembilan (PBNS)**	Negeri Sembilan
	Lembaga Zakat Negeri Kedah (LZNK)**	Kedah
	Zakat Pulau Pinang (ZPP)**	Pulau Pinang
	Majlis Agama Islam dan Adat Melayu Perak (MAIPk)**	Perak
	Pusat Pungutan Zakat Wilayah Persekutuan (PPZ)*	Wilayah Persekutuan
	Pusat Kutipan Zakat Pahang (PKZP)*	Pahang
Pusat Zakat Melaka (PZM)*	Melaka	

** Zakat Collection and Distribution, * Zakat Collection only

(Source: Adapted from Masruki et al., 2021)

Role of Zakat in Healthcare Services

Zakat which is part of a fundamental aspect of Islam, serves as a mechanism for promoting fairness in wealth distribution and social welfare, encompassing the provision of essential needs like healthcare for the less fortunate in society (Al-Bawwab, 2023). The Quran and Hadith emphasize the importance of caring for the sick and vulnerable, highlighting values of equity and compassion. Through zakat contributions, Muslims extend support to individuals facing challenges including those lacking access to healthcare services, thereby fulfilling

a moral duty and upholding the principles of social justice and humanitarianism. This concept of zakat is consistent as mentioned in prior literature that Zakat is the main aspect of determining social welfare in healthcare, income and education at the better scale in ensuring a healthy life, securing education quality and reducing income inequalities (Sharofiddin, 2019; Hambari et al., 2020; Jastacia and Asyifa, 2022). The utilization of zakat funds for healthcare purposes during crises such as the COVID-19 pandemic underscores its role in addressing socio-economic disparities and ensuring the well-being of the community. This is supported by Akmal et al. (2021) review of the literature on the role of zakat from Southeast Asia either Muslim or non-Muslim countries, which found that zakat is being distributed for healthcare purposes and can support medical health, especially during pandemic crises since zakat is known to be an alternative form of human welfare. By incorporating zakat into healthcare services, these institutions uphold zakat's essence as an economic tool for social and economic justice, particularly during crises such as the Covid-19 pandemic, when zakat has been used to reduce poverty and address the socioeconomic needs of affected communities (Zainuddin and Rosmini, 2022). This integration not only fulfills the religious responsibility of zakat but also acts as a tool to develop community relationships and foster self-reliance, in line with Islamic teachings on charity and solidarity.

3. Current Zakat Distribution Practices in Healthcare Services in Malaysia

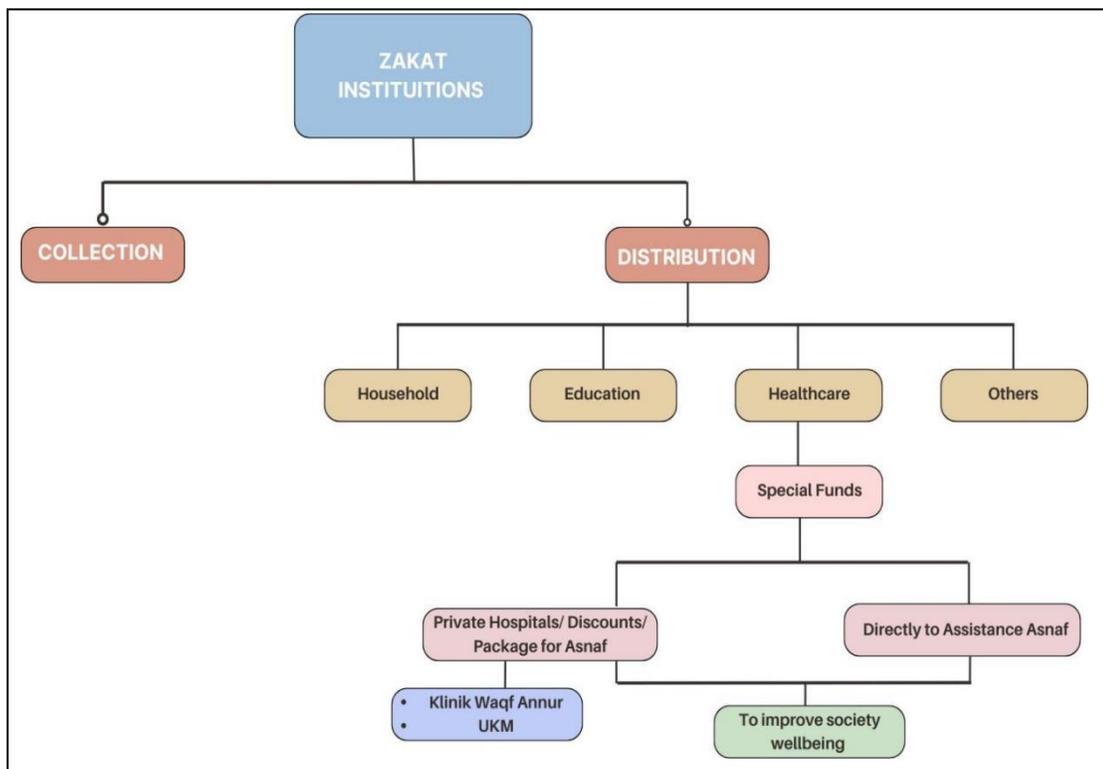
In Malaysia, the distribution of zakat is distributed to beneficiaries (asnaf) in a variety of methods, such as monthly financial aid, financing for small businesses and livestock, and assistance with medical expenses (Ab Rahman et al., 2023). Medical zakat specifically assists patients who are unable to pay for their care, to reduce the financial burden that the impoverished and needy face in both public and private healthcare facilities. Based on attributes of asnaf as per Lembaga Zakat Selangor, zakat for medical purposes is restricted to asnaf al-gharimin. Asnaf al-gharimin is Muslims unable to pay off debts incurred for fixing societal issues or fundamental necessities whereby the debt must be by Islamic law and be due for settlement (Lembaga Zakat Selangor, 2020). Further, Putra et al. (2023) suggested that the distribution of zakat funds may be utilized to start outreach programs and specialized clinics that serve disadvantaged populations such as low-income families, refugees, and poor communities. By doing preventive treatment and health education, these programs not only meet communities' immediate healthcare needs but also give them the tools they need to live healthy lives. Meanwhile, to enhance the efficiency of medical zakat distribution, Al-Bawwab (2023) mentioned that the zakat fund is being utilized to develop patient welfare programs that offer financial assistance to people who are unable to support themselves to treat their disease. This involves paying for necessary support to patients during their illness and recuperation, such as medical bills, transportation expenses, or necessities.

There are two primary examples of current zakat distribution practices in healthcare services are Waqaf An-Nur Hospital also known as KPJ Healthcare Berhad (private entity) and Hospital Canselor Tuanku Muhriz (HTMC) of UKM Hospital (public entity). To begin, Johor Corporation established Waqaf An-Nur to provide affordable healthcare in Malaysia, with a particular emphasis on low-income groups. This initiative is overseen by WANCorp and comprises a structured Waqaf An-Nur (KWAN) clinic system in addition to their mobile clinic service. The Waqaf An-Nur Hospital (KPJ hospital) in Johor, which operates 24/7, is a hospital concept that utilizes the waqf platform. The implementation of waqf healthcare is successful due to the reduction of the hospital's financial burden on the impoverished and its 24-hour operation (Daud and Rahman, 2017). The hospital charges minimal fees for all services and is supported by the waqf, baitulmal (zakat fund), and certain NGOs, ensuring that the quality of care provided is comparable to that of private or government facilities. Even though KWAN operates multiple dialysis centers, it is imperative to address significant health requirements in multiple locations. This form of comprehensive service alignment illustrates the potential of waqf to enhance health accessibility, promote social welfare, and promote better life conditions (Waqf An-Nur Corporation, 2023).

The second example is UKM Hospital, named Hospital Canselor Tuanku Muhriz (HCTM), through its Zakat Centre, which provides a comprehensive array of healthcare services that are specifically designed for Zakat beneficiaries. This initiative is designed to alleviate the financial burdens associated with medical care for the economically disadvantaged. Some of the key programs include "Bantuan Rawatan Perubatan" or Medical Treatment Aid, covering various medical treatment costs, and the Medical Treatment Aid, which provides necessary medical equipment such as wheelchairs and hearing aids. In emergencies, the "Bantuan Wang

Kecemasan” or Emergency Money delivers immediate financial aid to cover unexpected medical expenses, ensuring timely and essential care. Furthermore, the “Bantuan Musibah/Bencana Alam” or Natural Disaster Relief program assists individuals affected by natural disasters, ensuring they receive necessary medical support and supplies. The hospital's proactive approach also involves community outreach to raise awareness about available healthcare services and encourage eligible individuals to seek assistance (HCTM – Hospital Canselor Tuanku Muhriz UKM, 2020). This holistic integration of zakat into healthcare services not only addresses immediate medical needs but also promotes long-term health and well-being among vulnerable populations. UKM Hospital, HCTM exemplifies how Islamic social finance can enhance healthcare access, thereby improving the quality of life for those in need (Ab Rahman et al., 2023). Further study conducted by Ab Rahman et al., (2023) revealed a large number of asnaf are unaware of the existence of medical zakat money and the steps necessary to obtain it which resulted in the underutilization of resources. The study, which involved qualitative interviews with beneficiaries of asnaf al-gharimin at Hospital Canselor Tuanku Muhriz UKM (HCTM), found that although the medical zakat aids offered by HCTM-LZS were found to be beneficial, there is still a great need to raise asnaf’s awareness of these services. Besides that, Majed and Harena (2023) identified there is a significant lack of educational programs for Asnaf focused on enhancing their health awareness. Without adequate education and awareness initiatives, the asnaf are less inclined to pursue medical attention or engage in preventive health care. The lack of advertising and public health education programs that inform these populations about the importance of regular medical examinations and healthy lifestyles leads to this deficiency.

Figure 1: Proposed Zakat Distribution Model in Healthcare Services



(Source: Author’s Own)

Based on Figure 1, this model emphasizes the role of zakat institutions as a collection and distribution function to administer zakat funds. As the primary distribution agent of zakat funds, they can be specifically allocated to healthcare sectors. Zakat institutions have the option to directly provide monetary funds to healthcare facilities (whether public or private) by offering special package treatments for asnaf (such as health screenings or treatment for any illness) to improve the health of asnaf. Other than that, the distribution practice could also be conducted through the conventional method, which involves providing direct assistance to asnaf who

request medical aid from zakat institutions. In addition, zakat institutions may allocate funds to public hospitals to accommodate the necessary health facilities and equipment to facilitate the treatment and accessibility of zakat beneficiaries (asnaf) in light of the budget constraints imposed on public healthcare facilities. The general well-being of the society in Malaysia could be improved if this distribution practice is implemented efficiently and effectively.

The proposed zakat distribution model is of great importance to zakat beneficiaries, as the current high cost of healthcare is a primary obstacle to their access to healthcare services. The cost structure of the healthcare system in Malaysia has resulted in significant challenges for individuals with lesser incomes, such as the asnaf, even though it has improved (Khalib, 2023). According to a study conducted by Cao and Selvaratnam (2023), the expansion of healthcare coverage in Malaysia has resulted in an increase in healthcare expenditures due to the country's expanding economy and the increasing demand for medical services. Jayaraj et al (2022) discovered that Malaysia's healthcare system has been enhanced; however, the high cost continues to pose a challenge for the country's Asnaf population. Broad measures that enhance healthcare coverage and reduce financial barriers are required to resolve this issue and ensure equitable access for all. Furthermore, Firdaus et al. (2023) discovered that the accessibility and affordability of healthcare for Asnaf can be substantially improved by fortifying public-private partnerships. Financial incentives, innovative alternatives such as telemedicine, and private sector infrastructure expenditures can all contribute to an increase in service availability. Through collaborative methods, shared resources, and capacity-building initiatives, it is feasible to enhance the quality of care and efficiency. Although healthcare provides essential treatment in remote regions, technology such as digital health records can expedite the delivery of services. For example, Klinik Waqf An-Nur, which is affiliated with Majlis Agama Islam Negeri Johor and KPJ Healthcare Berhad, offers treatments to asnaf patients for an affordable price of RM10 (WANCorp, 2023). Through the implementation of transparent governance, ongoing evaluation, and long-term sustainability, this type of collaboration will ensure a fair and effective allocation of resources, thereby improving the Zakat healthcare service and reducing disparities for the underprivileged.

4. Conclusion and Future Research

In conclusion, this paper has emphasized the substantial potential of zakat funds to improve healthcare services for zakat beneficiaries, particularly those who are poor and needy (asnaf) who experience substantial financial challenges in seeking medical care. These challenges are further exacerbated by the rising costs of healthcare services, necessitating the development of effective mechanisms for the utilization of zakat funds to support comprehensive healthcare services, enhance accessibility, and provide financial assistance. The importance of effectively managing zakat institutions is further illustrated by a closer look at their function in the healthcare sector. Efficient management will guarantee that zakat contributions are distributed fairly and transparently, thereby enhancing public confidence in these institutions. Hence, this paper proposes a zakat distribution model for managing zakat funds, which includes collaborations with private healthcare providers to offer subsidized medical services to zakat beneficiaries. This approach aims to bridge the gap in healthcare accessibility and affordability for low-income individuals. The proposed model also holds significance in improving zakat beneficiaries' access to healthcare services and could enhance the quality of life for asnaf, thereby contributing to the well-being of Muslim society. Since this is a conceptual study only, no data is collected in this study. The significance of this study is to provide alternative methods for all zakat institutions in Malaysia to distribute zakat funds in healthcare services. This will ensure that the positive implications of medical zakat are widely recognized for the prosperity of the country as a whole. Nevertheless, future research is required to confirm the validity of the proposed model, ensuring that it can be implemented by all zakat institutions in Malaysia to allocate the zakat funds collected to the healthcare sector. Additionally, the prospective public-private partnership to enhance the quality and accessibility of healthcare services for underprivileged populations can provide a substantial improvement. The need for health education and preventive care programs funded by zakat institutions in both private and public health facilities can empower communities with the knowledge and resources to maintain better health, thus reducing the long-term financial burden on both the individuals and the healthcare system.

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