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Sustainability Integration in Waqf Practices at Public Higher Education Institutions: Socio-economic Impacts of USIM Specialist Clinic

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Abstract

Purpose: Universiti Sains Islam Malaysia (USIM) took a pioneering step by becoming the first public university appointed as mutawalli (trustee) by the Negeri Sembilan Islamic Religious Council (MAINS). Uniquely, the waqf project is focused on healthcare services. Through the collaboration of MAINS and later the Negeri Sembilan State Government, USIM established the USIM Specialist Health Clinic (KPKU) in May 2015. These clinics provide medical services to *asnaf* (eligible zakat recipients), low-income groups, and paying patients seeking specialist care. Therefore, the objective of this paper is to discuss the socio-economic impacts of waqf projects, namely the outreach program on the mobile clinic for ophthalmology of USIM Specialist Health Clinic known as KLiP Mobile.

Design/methodology/approach: Data for this article were obtained from one of the co-authors, an eye specialist involved in the KLiP Mobile Outreach Program. The information covers the full-time frame from January 1, 2016, the first day of the outreach campaign, to June 23, 2025. During the mobile clinic sessions, information was gathered directly from patients, either through walk-ins or booked referrals. Each patient had an in-person ophthalmological examination and interview performed by trained medical professionals. Before analysis, the gathered data was methodically documented, anonymized to preserve patient privacy, and then cleaned. The Statistical Package for Social Sciences (SPSS), Version 24, was used to analyze the data. To summarize the data and provide a general picture of patient demographics, the frequency of eye problems identified, and service usage trends, descriptive statistical techniques were employed. Descriptive statistics were chosen for this study because they allow for patient profiling and the identification of trends and distributions in the dataset, both of which are critical for assessing the KLiP Mobile Outreach Program's coverage, reach, and initial community impact. In addition to that telephone interviews were also conducted with 45 patients from the 2023 record. The data was later transcribed and analyze using thematic analysis.

Findings: The study indicates that the KLiP Mobile project enhanced access to affordable ophthalmology services for *asnaf* and low-income groups, while also raising community awareness on eye health. It further highlights the socio-economic value of integrating waqf resources with state support to deliver sustainable healthcare services.

Research limitations/implications: Due to the time constraint, the study is limited to a single case and relies on descriptive analysis, which may not capture the full range of socio-economic outcomes. Future studies should include other waqf-based projects under the USIM Healthcare Sdn Bhd and apply other methods to obtain data such as focus groups and survey.
Practical implications: The findings suggest that healthcare-based waqf initiatives can be scaled to other medical services, especially those high cost and critical medical services, encouraging greater community participation and strengthening sustainable waqf management practices.
Originality/value: This study offers original contributions in several ways. First, it analyzes a case of a Malaysian public university (USIM) acting as a mutawalli (trustee), which remains uncommon in higher education institutions both locally and worldwide. The findings indicate the importance of engagement between the university and the community in enhancing the quality of life of the community and first-hand experience for medical students. Second, unlike most waqf initiatives that focus on education or infrastructure, this research highlights a healthcare-focused waqf project, showing its role in providing inclusive medical services to both *asnaf* and the wider community. Third, the study provides a context-specific socio-economic impact assessment of a mobile ophthalmology clinic (KLiP Mobile), thus expanding the model on innovative modern waqf practices specifically for waqf-based healthcare delivery methods. Finally, by connecting waqf, healthcare access, and social sustainability, the paper enriches the interdisciplinary discussion on Islamic social finance and public health.

Keywords: Waqf, Socio-economic Impact, Higher Learning Institutions, Health Care Services, Sustainability

Introduction

The concept of *waqf* has been recognised since the formative period of Islamic civilisation and continues to function as a pivotal instrument in Muslim societies today. Historically, one of the earliest and most influential examples was the initiative of Caliph ʿUthmān ibn ʿAffān, who purchased a well, known as *ar-Raumah* from a Jewish owner in Madinah and dedicated it for communal use. This act not only marked a catalyst in the practice of *waqf* but also exemplified how such an endowment could generate profound and lasting benefits for the *ummah*. Over the centuries, *waqf* institutions have played a crucial role in complementing state responsibilities by providing essential social services, including the establishment of hospitals, schools, and public facilities (Cizakca, 2011).

Unlike *zakat*, where the beneficiaries are predetermined and restricted to specific categories, *waqf* can be channelled to a wider range of recipients regardless of religious affiliation, except in cases of *waqf dhurri* (family *waqf*) or *waqf ahli*. This inclusivity is one of the main factors contributing to the adaptability and widespread adoption of *waqf* as a sustainable socio-economic mechanism across diverse societies. In this sense, *waqf* practices historically reflect the principles underpinning the Sustainable Development Goals (SDGs), particularly in promoting equitable access to education, healthcare, and social welfare, thereby contributing to SDG 3 (good health and well-being), SDG 4 (quality education), and SDG 10 (reduced inequalities). Renowned higher education institutions such as Al-Azhar University in Egypt and the Fatih Sultan Mehmet Waqf University in Turkey further demonstrate the long-standing sustainability of *waqf* as a financing mechanism for knowledge and social development.

Against this historical backdrop, the primary objective of this chapter is to examine the social impacts of contemporary *waqf* initiatives undertaken at Universiti Sains Islam Malaysia

(USIM), specifically through the USIM Specialist Health Clinic (*Klinik Pakar Kesihatan USIM*). The financing model for this project reflects an innovative and collaborative approach to resource mobilisation. Rather than relying exclusively on *waqf* funds, the projects were supported through a combination of financial mechanisms: *qard hassan* contributions from the Negeri Sembilan Islamic Religious Council (MAINS), *waqf* donations from the USIM community and corporate sector (allocated for the purchase of clinic premises), and allocations from USIM's operating budget to cover initial rental costs and operational expenditures (Mohammad Haji Alias & Fuadah Johari, 2016). This hybrid financing model demonstrates the flexibility of *waqf* when integrated with other Islamic financial instruments and institutional funding, thereby enhancing both financial and operational sustainability. The financing model can be illustrated as follows:

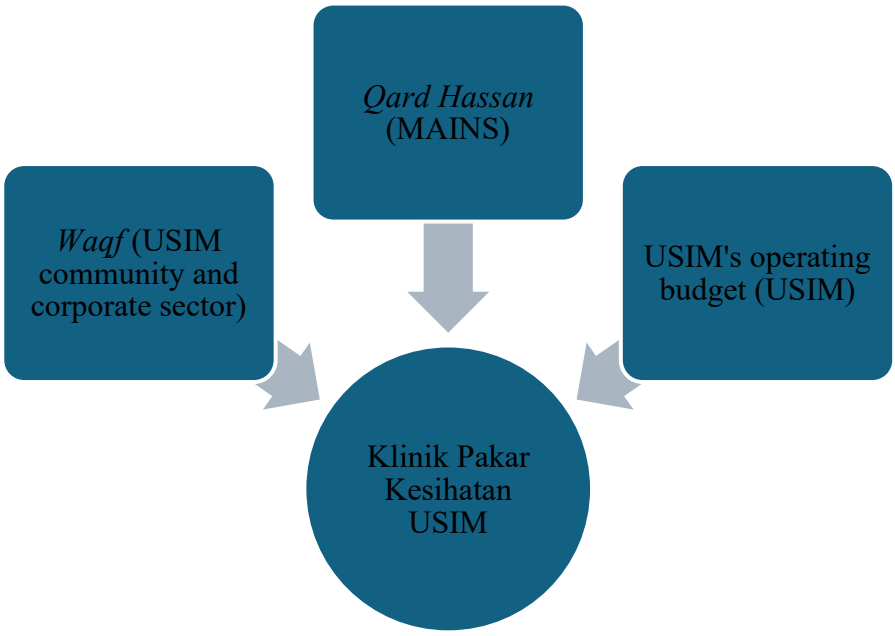

Figure 1: Financing Model of Klinik Pakar Kesihatan USIM

An interesting aspect that distinguishes the USIM model from other healthcare-related *waqf* projects in Malaysia is its university-led governance structure. While most existing *waqf* healthcare initiatives are administered either directly by State Islamic Religious Councils or charitable foundations, USIM serves simultaneously as an academic institution, service provider, and *mutawalli*. This creates a unique ecosystem where healthcare provision is aligned not only with religious and social objectives but also with educational and research missions, enabling a holistic contribution to community development. On the international stage, healthcare *waqf* projects are often confined to hospital construction or the provision of equipment, whereas in the USIM case, it illustrates a more dynamic model that combines preventive care (through outreach programmes such as the KLiP Mobile ophthalmology unit), curative services, and social inclusion strategies for *asnaf* and low-income groups. Such integration of waqf, state support, and university governance represents a distinctive best-practice case within Islamic social finance.

Evaluating the social impacts of these projects is crucial not only to provide transparency and accountability to waqf donors but also to highlight how *waqf* can respond to contemporary public health challenges by extending affordable healthcare access to marginalised groups. Moreover, the USIM case contributes to the promotion of *waqf* practices within society, offering practical insights for service enhancement and governance reform. Ultimately,

healthcare-based *waqf* projects of this nature resonate strongly with the SDGs by fostering inclusive health services (SDG 3), strengthening institutional partnerships between religious authorities, universities, and communities (SDG 17), and creating long-term social value that supports the overarching agenda of sustainable development. In this regard, the USIM model can be regarded as a comprehensive model of a case study in Islamic social finance, demonstrating how *waqf* can be strategically mobilised under a public university to advance the SDGs while ensuring sustainable community welfare, and thus offering a replicable framework for both national and international contexts. Given the foregoing, this article attempts to examine the social impact of KLiP Mobile Clinic as a waqf-based healthcare project by USIM since it was first introduced 10 years ago.

Following the Introduction, this article is structured into several key sections. In the Literature review section, it begins with a discussion on the concept of *waqf*, encompassing its definition, underlying principles, and societal benefits. The article then examines the governance framework of corporate *waqf* in Malaysia, before turning to a detailed exploration of healthcare *waqf* initiatives at Universiti Sains Islam Malaysia (USIM). This is followed by the Method section that explains the analysis of the social impacts derived from this project. The article concludes by synthesizing the key insights and highlighting their broader implications for *waqf* practice and sustainable community development.

Literature Review

This section presents relevant reviews of past studies, as well as discussions on the topic being discussed.

The Concept of Waqf

Apart from tijarah (commercial) sector, another sector that forms an Islamic economy is the *ijtima'i* (social) sector. The *ijtima'i* sector is equally important to assist in the development of a well-balanced society. Islam provides a mandatory form of charity in the form of zakat and voluntary charities in the form of *sadaqah* and *waqf* (Obaidullah, 2015). This zakat, *sadaqah* and *waqf* represent the *ijtima'i* (social) aspect of Islamic economy which promote social justice and alleviate poverty.

The term waqf originates from the Arabic word *waqfun*, which is a derivative noun (*masdar*) of the verb *waqafa*. This term carries multiple meanings depending on the purpose and context of its usage. Linguistically, *waqf* denotes the notions of stopping (*al-sukūn*), restraining (*al-ḥabs*), and preventing (*al-man'*) (Ibn Manzur, 1990, as cited in Asmak Ab. Rahman, 2009). In Islamic jurisprudence, it is unanimously defined in linguistic terms as *al-ḥabs*, which signifies "detention" or "restriction." From the perspective of *sharī'ah*, *waqf* refers to a form of endowment in which the physical substance of an asset is preserved in perpetuity, while the usufruct or benefits derived from the asset are allocated to designated beneficiaries under the stipulations of the donor (*wāqif*). The perpetuity of the endowed asset implies that it cannot be inherited, sold, gifted, mortgaged, leased, or otherwise transferred. The distribution of benefits, however, relates to the provision of returns or advantages generated from the endowed asset to the beneficiaries, without any expectation of financial compensation. Thus, in technical terms, *waqf* can be understood as the dedication of assets for specified purposes, under the condition that the physical asset remains intact and non-transferable, while its usufruct is channelled towards charitable activities to seek the pleasure of Allah (SWT). (Obaidullah, 2015).

In Islam, the practices of almsgiving (*ṣadaqah*) and *waqf* (*ṣadaqah jāriyah*) are strongly encouraged, as supported by the Qur'an and the practices of the Prophet (SAW). Surah Al-Baqarah, verse 261, illustrates this principle:
" 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 All-Knowing".

Similarly, a narration by Abū Hurayrah records that the Prophet Muhammad (SAW) said: *"When a human being dies, all his deeds come to an end except for three: ongoing charity (ṣadaqah jāriyah), knowledge that is beneficial, and a righteous child who prays for him"(*narrated by Muslim, Hadith 8, Riyad As-Salihin 1383: Book 12), cited in Nik Yusoff and Noor (2001).

Broadly, *waqf* can be categorised from three specific perspectives: the beneficiaries of the endowment, the purposes of the endowment, and the types of endowed assets (Mohd Hanefah et al., 2010). In terms of beneficiaries, *waqf* is divided into two types: general charitable endowments (*waqf khayrī*) and family endowments (*waqf ahli/dhurri*). The latter refers to endowments restricted for the benefit of the donor's family and descendants. Regarding its objectives, *waqf* can be further classified into general (*'ām*) and specific (*khāṣṣ*) endowments. From the perspective of assets, *waqf* encompasses movable (*al-manqūl*) and immovable (*al-'aqar*) properties. Movable endowments include assets that can be transferred from one place to another, such as cash waqf, which has become increasingly significant in contemporary practice (Abdullaah Jalil & Asharaf Mohd. Ramli, 2008).

The Hanafi school of thought generally prohibits movable endowments (*waqf al-manqūl*) except under three conditions: first, when the movable asset is part of an immovable endowed asset; second, when there is evidence from the Qur'an and Sunnah supporting such practices, such as the endowment of swords or horses; and third, when local customs (*'urf*) recognise such practices, such as the endowment of books or cash. The majority of jurists maintain that *waqf* must be perpetual and not limited to a fixed period. However, the Maliki school permits temporary endowments, such as dedicating a house for a year, after which ownership reverts to the donor (Abdullaah Jalil & Asharaf Mohd. Ramli, 2008).

Three structural models of *waqf* are commonly recognised: physical asset *waqf*, cash *waqf*, and corporate *waqf* (Mohd Hanefah et al., 2010). The model of physical asset *waqf* refers to the dedication of properties such as land and buildings for charitable purposes, including the construction of mosques and religious schools. In certain instances, endowed properties are developed into income-generating assets, such as commercial buildings on waqf land, the rental income of which is reinvested into the waqf fund and distributed to eligible beneficiaries. The following discussion focuses on corporate *waqf*, which serves as the structural model applied in the waqf clinic project at Universiti Sains Islam Malaysia (USIM).

Governance of Corporate Waqf in Malaysia
The development of waqf in Malaysia has undergone a significant transformation, shifting from traditional practices of contribution and management to more contemporary and institutionalised forms of governance. Traditionally, waqf development was confined primarily to the construction of mosques, Islamic cemeteries, and religious schools such as *tahfiz* and *pondok* institutions. While these initiatives were crucial in sustaining religious and educational needs, the scope of waqf has expanded considerably in recent years. Increasingly, waqf donors

have channelled their endowed assets to address broader societal concerns, including healthcare, higher learning education, poverty alleviation, and community development. This trend is particularly evident within higher education institutions in Malaysia, which have actively engaged in waqf initiatives to support education for underserved communities. Such developments illustrate a paradigm shift towards what is now conceptualised as corporate waqf, an innovation that enhances the scale, efficiency, and inclusivity of waqf-based socio-economic programmes.

Corporate waqf, in its essence, refers to the administration of endowed assets in the form of movable properties, such as cash, corporate shares, and share dividends. They are managed either independently by corporate entities or in partnership with state waqf authorities (Asharaf Mohd Ramli & Abdullaah Jalil, 2013). A defining feature of this structure is the central role of the corporate entity, which simultaneously acts as the trustee (*mutawalli*) and beneficiary of the waqf assets (Abdul Hamid et al., 2016). This dual role not only ensures professional management and accountability but also enables the reinvestment of waqf-generated income into sustainable community projects, thereby aligning the institution of waqf with contemporary notions of good governance and corporate social responsibility.

The introduction of the corporate waqf model in Malaysia is closely associated with Johor Corporation (JCorp), which pioneered the concept in 2006 by endowing shares valued at RM200 million from its subsidiaries, namely Kulim (M) Berhad, KPJ Healthcare Berhad, and Johor Land Berhad. The establishment of Waqaf An-Nur Corporation (WANCorp), a JCorp subsidiary, marked a milestone in institutionalising corporate waqf governance. WANCorp was entrusted with managing the endowed assets, with healthcare identified as its primary focus. This vision materialised through the establishment of Klinik Waqaf An-Nur and Hospital Waqaf An-Nur, which provide healthcare services at minimal charges. Significantly, the inclusivity of these services—extending to both Muslim and non-Muslim patients—underscores the universalistic dimension of waqf in addressing societal needs, transcending religious boundaries (Mohd Hanefah et al., 2010).

From a socio-economic perspective, corporate waqf represents a strategic mechanism for mobilising resources to complement public sector initiatives in healthcare, education, and social welfare. By integrating professional corporate management with the ethical underpinnings of Islamic philanthropy, this model enhances efficiency, transparency, and sustainability in waqf administration. Furthermore, corporate waqf aligns with the United SDGs, particularly in promoting good health and well-being (SDG 3), reducing inequalities (SDG 10), and fostering partnerships for sustainable development (SDG 17). Its capacity to pool resources, generate long-term income, and reinvest in community welfare demonstrates the potential of waqf to serve as a viable instrument of socio-economic resilience and inclusive growth.

The emergence of corporate waqf in Malaysia reflects both an adaptation of Islamic philanthropic traditions to contemporary socio-economic realities and an innovation in governance practices. It has broadened the functional scope of waqf, enabling it to address modern challenges such as equitable healthcare provision, educational access, and poverty alleviation. As such, corporate waqf serves not only as a financial instrument but also as a platform for sustainable development and social justice, reinforcing the relevance of waqf as a dynamic institution in the twenty-first century.

USIM's Waqf-based Healthcare Services

There are six corporate *waqf* models in Malaysia and one of them is the university corporate *waqf* model (Asharaf Mohd Ramli and Abdullaah Jalil, 2013). Aligned with this model, Universiti Sains Islam Malaysia (USIM) and the Negeri Sembilan Islamic Religious Council (Majlis Agama Islam Negeri Sembilan, MAINS) have taken the initiative to pioneer a *waqf* financing initiative, beginning with healthcare services that were anticipated to provide substantial benefits to society. As a public higher education institution founded upon the integration of *naqli* (revealed) and *aqli* (rational) knowledge, USIM established the Centre for Waqf Financing Development (*Pusat Pembangunan Pembiayaan Wakaf*, PPPW) in March 2013 to manage the USIM-Al Abrar Waqf Fund. The fund was subsequently registered and approved by MAINS, which officially appointed USIM as the *mutawalli* (*waqf* trustee) in July 2013. A formal Memorandum of Understanding between MAINS and USIM was signed on 21 January 2014, laying the foundation for the development of several waqf-based projects, most notably the establishment of the USIM Specialist Health Clinic (*Klinik Pakar Kesihatan USIM*, KPKU) and the USIM-MAINS Hemodialysis Clinic (*Klinik Hemodialisis USIM-MAINS*, KHU-M) (Mohammad Haji Alias & Fuadah Johari, 2016). Figure 1 above demonstrated the financing model for Klinik Pakar Kesihatan USIM.

The operations of KPKU are structured into three main healthcare components: outpatient and specialist medical treatment, which also includes the Mobile Eye Clinic (a specially modified vehicle donated by the Negeri Sembilan State Secretary's Office); dental services; and haemodialysis. The medical expertise required for these services was drawn primarily from USIM's internal resources, namely the Faculty of Medicine and Health Sciences and the Faculty of Dentistry. The specialists engaged in these clinics charged only nominal fees and embraced a philanthropic ethos by donating their expertise for the benefit of the community. For *asnaf* (eligible zakat recipients), treatment costs were subsidised through zakat funds. To support the success of this waqf healthcare initiative, MAINS contributed RM2 million to USIM, comprising RM1 million as a waqf grant and RM1 million in the form of *qardhul hassan* to finance renovation works and the purchase of medical equipment. Operational approval was secured from the Ministry of Health Malaysia through USIM Tijarah Holdings Sdn. Bhd. (UTHSB), a wholly owned subsidiary of USIM. Additionally, MAINS Holdings allocated RM1.5 million for the establishment of the USIM-MAINS Haemodialysis Clinic (Wan Abdul Fattah Wan Ismail et .al, 2018). For this project, USIM managed the licensing application with the Private Medical Practice Control Branch (CKAPS) of the Ministry of Health. At the same time, MAINS Holdings oversaw the renovation and acquisition of haemodialysis equipment. To strengthen the management of these waqf clinics and expand the range of healthcare services offered, USIM Healthcare Sdn. Bhd. (UHSB) was incorporated on 26 April 2019 as a subsidiary of UTHSB. Currently, there are six subsidiaries under UTHSB, namely: Klinik Pakar Kesihatan USIM, Klinik Pakar Pergigian USIM, Poliklinik Kesihatan USIM, Pusat Hemodialisis MAINS-PNB-USIM, and USIM-PNB Rehabilitation & Therapy Centre. Currently, UTHSB offers more than 20 sub-specialist services with more than 58 doctors and 30 medical assistants.

Residents of the surrounding areas, as well as those seeking specialist care, have greatly benefited from the establishment of these healthcare services. This is because there is no public hospital in Nilai and the surrounding areas. The nearest public hospitals are in Seremban and Putrajaya, and these two hospitals are usually overloaded with patients. Klinik Pakar Kesihatan USIM, for instance, provides access to a wide range of medical specialists, including ophthalmology, obstetrics and gynaecology, psychiatry, otorhinolaryngology (ENT), family

medicine, endocrinology, and several other specialisations. As of now, more than 10,000 patients have been treated by KPKU.

KLiP Mobile Outreach Program

The USIM Specialist Health Clinic (KPKU) commenced its operations in April 2015 upon obtaining a license from the Ministry of Health Malaysia. Subsequently, on 18 November 2015, KPKU received an allocation of RM650,000 from the Negeri Sembilan State Government through the State Secretary's Office to establish the USIM Mobile Eye Specialist Clinic (KLiP Mobile). The KLiP Mobile Clinic is a vehicle equipped with eye examination tools and was launched in November 2015 in Kampung Labu, Negeri Sembilan and the first outreach program was performed in Kampung Panchor, Seremban in January 2016 (Abdul Muna'aim et al.2023). The primary objective of KLiP Mobile is to provide specialist ophthalmology services to rural communities and low-income groups, thereby enhancing accessibility to essential eye healthcare. Specifically, the KLiP Mobile outreach program intends to provide essential eye care services to treat cataracts among the patients, refractive errors among children, early detection for diabetic retinopathy and other eye issues among rural communities. It also encourages collaborations between USIM and other Government departments, private entities, non-governmental agencies (NGOs) and local health community to support the underprivileged with relevant eye treatments such as surgery, rehabilitation of vision and glasses. The KLiP outreach program also promote awareness of eye diseases, eyes hygiene and care, as well as knowledge transfer among the medical specialists with the medical students and optometrist students (Muna'aim et. al, 2023).

Research Method

The objective of this paper is to examine the social waqf impact of Ophthalmology services provided by Klinik Pakar Kesihatan USIM under the KLiP Mobile Outreach program since it was first introduced in the last 10 years. This section explains the data collection and analysis of the study.

Data Collection and Analysis

Data for this article was obtained from one of the co-authors who involved in the KLiP Mobile Outreach Program. The data was collected from 1 January 2016 when the outreach program started to be implemented until 23 June 2025. It was collected from patients through face-to-face examination either as referred to or walk-in patients during the KLiP Mobile program. The data was analyzed using SPSS version 24 to generate descriptive statistics results. Descriptive statistics were chosen for this study because they allow for patient profiling and the identification of trends and distributions in the dataset, both of which are critical for assessing the KLiP Mobile Outreach Program's coverage, reach, and initial community impact. In addition to that, follow-up telephone interviews were also conducted from the records of patients in 2023, and 45 patients were successfully contacted. The data was later transcribed and analysed using thematic analysis. Thematic analysis is considered appropriate since the process allows for flexibility and, at the same time, manages to capture the meaning of the data (Braun and Clarke, 2006).

Findings

Throughout these 10 years, 143 KLiP Mobile Outreach program were co-organized with hospital or department ($n=9$), Jabatan Kesihatan Negeri ($n=63$) and others ($n= 71$). The results indicate the efforts performed by the KLiP Mobile Clinic to have access to the community by

collaborating with other government agencies. The collaborations are important to gain not only access to patients but also to obtain the trust of the community.

A total of 5,494 (*n=5,494*) patients had obtained eye healthcare services from the KLiP Mobile Clinic Outreach Program since it was introduced on 1 January 2016. The age of the patients ranges from the youngest group, less than seven years old (*n=16, 0.29%*) to the eldest group, those whose age is 65 years old and above (*n=1,735, 31.58%*). Majority of the patients are between 40 to 64 years old (*n=2,964, 53.93%*). Out of these 5,494 patients, 1,972 patients need to be examined further. 1,133 (20.62%) patients were referred to the Ophthalmologist and 839 patients were referred to the Optometrist. The data indicates that the KLiP Mobile Clinic has managed to serve patients of various age, and most of them have eye-related health issues. With early detection during the sessions provided by the KLiP Mobile Clinic, better treatment could be channelled to the patients and thus increase their quality of life.

A total of 4,999 patients indicated ophthalmic conditions, with diabetic retinopathy recorded as the highest diagnosis (*n=1,791,35.83%*), followed by cataract (*n=1,202, 24.04%*), and refractive error (*n=1,103, 22.06%*). Glaucoma (*n=159, 3.18%*), Pterygium (*n=136, 2.72%*), and diabetic maculopathy (*n=87, 1.74%*) were also among the detected issues under ophthalmic conditions. Other cases (*n=521, 10.42%*) were also diagnosed under this ophthalmic condition.

Among those patients who came for diabetic retinopathy assessment, 1,545 (86.26%) had no apparent diabetic retinopathy issue. 109 (6.09%) indicated mild non-proliferative diabetic retinopathy, 97 patients (5.42%) with moderate non-proliferative diabetic retinopathy, 11 patients (0.61%) diagnosed with severe non-proliferative diabetic retinopathy and 19 (1.06%) indicated proliferative diabetic retinopathy. 10 patients (0.56%) were diagnosed with advanced diabetic eye disease. As for cataract surgery, a total of 742 cases (61.7%) were referred to the hospital for surgery. The results are presented in the following Table 1.

Table 1: Demographic and Clinical Characteristics of Patients

Criteria	Category	Number	Percentage
Age Group	<7 years	16	0.29
	7-17 years	303	5.52
	18-39 years	477	8.68
	40-64 years	2,963	53.93
	>= 65 years	1,735	31.58
Referral	Ophthalmologist	1,133	20.62
	Optometrist	839	15.27
Diagnosis	Cataract	1,202	24.04
	Refractive error	1,103	22.06
	Glaucoma	159	3.18
	Pterygium	136	2.72
	Other ophthalmic issues	521	10.42
	Diabetic maculopathy	87	1.74
	Diabetic retinopathy	1,791	35.83
Level of diabetic retinopathy (DR)	No apparent	1,545	86.26
	Mild non-proliferative DR	109	6.09
	Moderate non-proliferative DR	97	5.42
	Severe non-proliferative DR	11	0.61
	Proliferative DR	19	1.06
	Advanced diabetic eye diseases	10	0.56
Cataract surgery	Referred for surgery	742	61.7

As for the follow-up telephone interview, 45 patients managed to be contacted *(n=45)*. Only five patients were below 65 years of age, and most are above 70 years old. Out of this number, 27 patients have not undergone eye operation, while the remaining 18 had successfully undergone the treatment or were scheduled for surgery. Based on the interview, several common barriers to surgical uptake are recorded. Reasons such as personal or health issues, lack of transport, patient indecision, and high operation costs were recorded from the patients. This indicates that, while to a certain extent the program has managed to help with early detection, follow-up communication by the relevant parties, such as the hospital or government clinics, is equally important. This is to ensure patients complete their treatment and their eye condition does not become worse.

Discussion and Conclusion

The results show how waqf-based initiatives have a significant social and healthcare impact, especially when it comes to the services provided by the USIM Specialist Health Clinic and the KLiP Mobile program. Healthcare services have been made available to a wide range of demographic groups, particularly those who are most at risk from disorders related to the eyes, by using waqf as a financial and institutional tool. By targeting marginalized groups that would otherwise face financial, geographic, or informational barriers to care, these projects not only

improve access to medical treatment but also help reduce health inequities. Waqf resources' incorporation into healthcare delivery serves as an example of how Islamic social finance can support public health systems, improve societal well-being and encouraging diversity.

The KLip Mobile program emphasizes the relevance of *waqf*-funded services in addressing age-related visual conditions such as cataract and diabetic retinopathy. Without accessible and affordable healthcare, these conditions often lead to visual impairment or blindness, significantly reducing quality of life. Through *waqf*, these services are provided at reduced or no cost, thereby promoting inclusivity and accessibility especially to those in need. This reflects the role of *waqf* as an enabler of SDG 3 (Good Health and Well-Being), ensuring that marginalized populations gain access to specialized healthcare that would otherwise be financially unattainable.

The high prevalence of diabetic retinopathy (35.83%) among patients underscores the dual burden of diabetes and its visual complications in Malaysia. The *waqf*-based program demonstrates its preventive and curative impact by screening and managing such cases early, thereby reducing the risk of severe visual impairment. By capturing cases at the non-proliferative stages (11.51%) before they advance into proliferative and vision-threatening conditions (1.62%), the program showcases the preventive power of sustainable *waqf*-funded interventions. This directly contributes to the reduction of healthcare inequalities (SDG 10) and supports the sustainability of health systems by reducing long-term treatment costs.

The data on cataract referrals (61.7% requiring surgery) highlights another dimension of *waqf*'s impact. Cataract surgery is globally recognized as one of the most cost-effective health interventions. By facilitating referrals through *waqf*-supported mechanisms, the program not only restores sight but also revives the economic and social productivity of individuals. Improved vision allows patients, particularly from low-income households, to resume daily activities, thereby reducing dependency on caregivers and enhancing overall community resilience. This outcome resonates with strengthening social inclusion and enhancing the quality of life for disadvantaged groups.

Additionally, the collaborative referral system involving ophthalmologists and optometrists illustrates how *waqf* fosters multi-stakeholder partnerships (SDG 17). By integrating religious, medical, and educational institutions, *waqf* provides a sustainable financing model that bridges gaps between public health needs and available resources. This reaffirms the adaptability of *waqf* as a modern financial mechanism capable of addressing contemporary health challenges, while also reviving its historical legacy as a cornerstone of social welfare in Islamic civilization.

The KLiP Mobile Clinic Outreach Program supports the evidence that *waqf*-based healthcare interventions are not only relevant but also transformative in meeting pressing public health challenges. They extend the reach of healthcare services to underserved populations, mitigate the socioeconomic impact of avoidable blindness, and promote sustainable community development. This aligns with the holistic vision of the Sustainable Development Goals, where health, equity, and social well-being are interlinked, and showcases *waqf* as a viable Islamic social finance instrument for advancing universal health coverage and sustainable societal progress. The program reflects the transformative capacity of *waqf* as a sustainable financing instrument in advancing social welfare and human development.

Future studies could elaborate the impact by comparing similar program performed by other waqf-based healthcare services such as Klinik Waqf An-Nur and other program offered by Klinik Pakar USIM itself. It is suggested that the findings from the program should be shared with the stakeholders, perhaps in Klinik Pakar USIM website so that *waqf* donors and the public could be motivated to contribute to the projects under Klinik Pakar USIM.

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