

## **USING INNOVATIVE WAQF PROPERTY DEVELOPMENT APPROACHES TO ENHANCE AFFORDABLE AND SUSTAINABLE HEALTHCARE FUNDING IN RURAL INDIA**

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### **ABSTRACT**

Historically, Islamic social institution such as waqf have been very instrumental in providing social services including healthcare to the poor and needy in society. Currently, the problem of financing health services is being raised in many developing countries including India. According to statistics, India's healthcare sector falls below international benchmarks for physical infrastructure and manpower and even falls below the standards existing in comparable developing countries. About 75% of health infrastructure, medical manpower and other health resources are concentrated in urban areas where only 27% of the population lives. Estimates indicate that, India needs to open 600 medical colleges (100 seats per college) and 1500 nursing colleges (60 seats per college) in order to meet the global average of doctors and nurses. Meanwhile, India is one major non-Muslim country in the world that has huge and varieties of waqf properties and a comprehensive waqf Act for administration. However, Indian waqf properties have for far too long failed to provide benefits to the community as they should, partly due to undeveloped, underdeveloped, dilapidated waqf properties. The innovative utilization and development of these properties could have a far reaching and profound impact on the lives of rural Indians especially among the Muslim communities. This paper seeks to examine venture philanthropy as a possible innovative investment options and property development technique for India waqf properties in a bit to enhance and provide affordable healthcare finding in rural India. The paper adopts qualitative content analysis as a methodology and mainly reviewed literature from published articles and relevant reports. The conclusion suggests that, with proper innovative investments and development approaches for waqf properties such as venture philanthropy, there will be rapid improvement in healthcare funding particularly for the rural poor who barely have any or adequate access to quality healthcare services.

**Keywords:** Waqf, India, Venture Philanthropy, Rural healthcare, Sustainable.

### **INTRODUCTION**

According to WHO, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The health status is usually measured in terms of life expectancy at birth, infant mortality rate, fertility rate, crude birth rate and crude death rate. Health is a fundamental human right and a worldwide social goal. Health is necessary for the realization of basic human needs and to attain the status of a better quality of life. Improving

the quality of growth is an important goal of the development archetype in many developing countries. Better health, education, equal and wider job opportunities to all, trustworthy and transparent people's intuition, sustainable and cleaner environment, dignity, self-esteem and life security, among others, are key manifestations of the quality of growth (WB, 2000). Similarly, SDG 3 aims to provide healthy lives and promote wellbeing for all. Hence, preparing utilities and facilities in order to improve the level of health as well as to provide the best medical treatment for the nation is a responsibility on all Governments. Health is also an important entitlement that enhances "capabilities" of the poor people leading to increase in "commodities" and further improvement in health status (Bloom, 2004). As investments on health increases, the productive capacity of the working population, and hence the level of income tends to rise and to that extent it contributes to a decline in the incidence of poverty (Reddy, 1994).

The problem of financing health services in many developing countries is currently being raised considering the increasing demand for health services mainly as a result of increasing population and rise in the costs of health care services. Far too many deaths occurred because trained health workers or routine interventions, such as immunizations, were not available. In fact, at least half the world's population, many of whom suffer financial hardship, are still without access to essential health services, nearly 300,000 women died from complications relating to pregnancy and childbirth. Over 90 per cent of them lived in low- and middle-income countries, continued investment and attention are needed to reach the global target of fewer than 70 maternal deaths per 100,000 live births by 2030, which could save more than one million lives over the course of a decade (SDG report 2019). With rapid improvement in health particularly for the poor, "vicious circle" of poverty can be converted into "virtuous circle" of prosperity (Mayer, 2000). The history of Waqf-based health care services in Muslim society has begun since the time of Prophet Muhammad S.A.W. In the battle of Khandaq, Rasullullah S.A.W has ordered Sa'id bin Mu'az who was injured to be taken into a separate tent in order to receive a better treatment and Ummi Rufaidah binti Sa'ad was the first Muslim female nurse that was assigned to take care for the patients during the war at that time (Razali, 2015). Health care development and facilities during the glorious era of Islam have been funded by waqf and among the earliest hospital that have been built using the concept of waqf are Ghulam Badr Hospital in Baghdad, Baghkami Hospital in Turkey, Ikshidid Hospital in Egypt hospital, Hospital Marakish in North Africa, (Norizah Mohamed, Haji Daud & Asmak Ab Rahman, 2015).

However, India is one of the major countries in the world where diseases are still not under control. India's healthcare sector, however, falls well below the international benchmarks for physical infrastructure and manpower, and even falls below the standards existing in comparable developing countries. India needs to open 600 medical colleges (100 seats per college) and 1500 nursing colleges (60 seats per college) in order to meet the global average of doctors and nurses (Indian Health Statistics Report 2011). With the lacking quality of healthcare delivery in India which is quite abysmal in the rural areas, the primary objective of this research seeks to examine the current state of rural healthcare delivery in India and how innovative waqf property development mechanisms could help enhance funding to improve the sorry state of rural healthcare in India for the attainment of SDG 3.

## **INDIAN HEALTH SECTOR AND CHALLENGES OF RURAL HEALTH**

The grim picture of the health sector in India is attributed to the less government spending on the healthcare infrastructure. According to the Indian constitution, healthcare services are governed at federal and state levels (Nagpal & La Forgia, 2012). Every state is responsible to

improve the health and living standard of the population, hence, public healthcare system is primarily operated and tax-funded by state governments. Due to the inadequate and low-quality supply of healthcare services provided by the states, public health services are provided primarily by private clinics and hospitals. As a result, healthcare expenses are primarily paid for by out-of-pocket (OOP) payments (Jagasia & Anika, 2019). The macroeconomic scenario of Indian health sector is not very encouraging. The total annual expenditure on health accounts for 5.2% of GDP. However, public health investment has declined from 1.3% of GDP to 0.9% in 2001. Government share of total health expenditure accounts for around only 17% and out of pocket spending is high at 83%. Central contribution to overall health spending in states is limited to 15%, while the central budgetary allocation for health has remained static at 1.3 % of the total central budget. In the same vein, state budgetary allocation has declined from 7% to less than 5.5% in many states (Kv Ramani and Mavalankar, 2006). Good healthcare in India is in extreme in short supply. Hospitals in India are running at 80-90 per cent occupancy, and a significant portion of the population receives inadequate or no healthcare, especially the 25.7% living below the poverty line and those who have only the public health system to rely on. It had been noted that, only five other countries in the world were worse off than India regarding public health spending (Burundi, Myanmar, Pakistan, Sudan, and Cambodia) (Nassir Ul Haq Wani et al 2013).

About half of the rural population in India (716 million people) live below the poverty line and struggle for both survival and healthcare services. Similarly, 75% of health infrastructure, medical manpower and other healthcare resources are concentrated in urban areas where only 27% of the population live. The private health sector is mainly responsible for most of the country's healthcare service delivery. Hence, most of the overall health expenditure is borne by patients and family members out of pocket. One of the main reasons why people rely more on private healthcare services than government services is the low quality of public healthcare (Shodhganga, 2018). Rural health is one of the most significant factors of rural life. While some government programs for rural health growth have been initiated, a delay in implementation leads to inefficiency. Numerous contagious diseases, including diarrhoea, amoebiasis, typhoid, infectious hepatitis, worm infestations, measles, malaria, tuberculosis, whip cough, respiratory infections, pneumonia and reproductive tract infections have been infected in rural area (Jaysawal, 2015). Nearly 70% of all deaths, and 92% of deaths from communicable diseases, occurred among the poorest 20% of the population. Unfortunately, in spite of the staggering poor health caused by the unhygienic sanitary conditions, little attention is actually given to improve it. Estimates indicate that, only about 20% of the rural households have toilets. The rate of increase in toilets in the rural areas is so slow that, it was estimated that it might take up to 80 years to have the desire level of 100 % coverage (Kv Ramani and Mavalankar, 2006). While Mavalankar (2004) contended that, hygiene and sanitary conditions are urgent needs for improving rural health. Over 20 million Indians are pushed below the poverty line every year because of the effect of out of pocket spending on health care.

In 2005, Indian government launched the National Rural Health Mission (NRHM) to enhance the access to health care for the large rural population by developing national public health standards and improving health infrastructure. NRHM added 140,000 nurses, physicians, specialists and alternative medicine practitioners to the national healthcare system to tackle the shortage of healthcare professionals especially in rural areas. By 2015, the National Health Mission which subsumed the National Rural Health Mission and the analogy National Urban Health Mission had strengthened hospital facilities across the country significantly (Patel, et al., 2015). For example, in 2005, there was one hospital bed for every 2,336 people, and after ten years of expanding hospital infrastructure, there was one for every

1,883 people in India. However, the increase in services primarily brought more hospital beds to urban areas, exacerbating gaps in access to rural and urban healthcare (Jagasia & Anika, 2019).

## **WAQF PROPERTIES LANDSCAPE IN INDIA AND POTENTIALS**

Aside from agricultural, commercial and residential property, waqf in India includes functional/non-functional mosques, tomb or shrine of Muslim saint, building or space for Sufi brotherhood, mourning place for Shias, graveyards, space to offer Eid Prayer, etc. A report on social, economic and educational status of Muslim community of India (2006) popularly known as “Sachar Committee Report” estimated that there are more than 4.9 lac registered waqfs in India, and the total area under these properties was estimated at about six lac acres with book value at about 6,000 crores. However, since the book value was about half a century old, the current value will be several times more, hence market value has been estimated at 1.2 lacs crores (Rasool, 2017).

According to (Rasool, 2017), Indian waqf assets have only about 163 crores of annual income, which is 2.7% of their book value. If these assets are used effectively and marketably, a minimum return of 10 percent can be generated that is about 12,000 crores per annum (Rs) and the revenues generated by them could be used to enhance the socioeconomic and educational status of Indian Muslims (Secretariat, 2006). Auqāf is designed to create a welfare society where the poor and the needy in have access to basic necessities of life. The innovative utilization of the existing waqf properties could have a far reaching and profound impact on the lives of rural Indians who are mainly poor especially among the Muslim societies.

Table 1: Return to Investment on Waqf Development in ten States of India

<b>State</b>	<b>Loan given (Rs. in Lakhs) (Rs. in '00,000)</b>	<b>Annual Return before Development (Rs. in '000)</b>	<b>Annual Return after Development (Rs. in '000)</b>	<b>Increase in Return after Development (%)</b>
Kerala	49.8	96	877.7	814
Bihar	23.8	5.8	459	7814
Karnataka	633.7	1087.8	12001	1003
Maharashtra	41	9.7	590	5988
Andhra Pradesh	58.7	30.7	1160	3681
Rajasthan	3.2	-	106	-
Madhya Pradesh	75.4	85	2512	2855
Tamil Nadu	191.4	720.3	3747	420
Orissa	188.1	60.4	4232	6907
Punjab	17.6	-	666	-
INDIA	1241.6	2086	25760.7	1135

Source: Government of India, Sachar Committee Report (2006, p. 220)

## **CURRENT CHALLENGES OF INDIAN WAQF PROPERTIES AND DEVELOPMENT**

### **Misappropriation of Waqf Properties and Revenues**

One issue which continues to ravage waqf properties especially under centralized administration is misused. Unlike decentralized waqf administration which has a considerable community involvement and arguably better management, current Indian waqf under centralized system of administration continues to suffer from misappropriation by both states, central and non-God-fearing mutawallis. For example, the Land Acquisition Act in India allows the government to acquire waqf lands in the name of so-call public interest. According to Ali (2019), a total of 312 waqf properties have been occupied by the government of Delhi and its departments including Delhi Court, Delhi Public School, CGO complex etc. (Husnain 2017). In the same context, despite being in a prime commercial location, shop keepers near Jama and Fatehpuri Masjid pay a rent of 1500/2000 per month instead of INR 15,000/20,000. Again, there are also instances of Mutawallis settling for cheap lease negotiations with either families, friends or relatives etc. such dishonest behavior of mutawallis in all, profoundly affects the revenue generation capacity of waqf properties.

### **Unsupportive and Negligent Mutawallis**

The way waqf properties are administered is a cardinal to ensuring their continued survival and the fulfilment of their established objectives. This sacred responsibility lies with the mutawallis who oversee these properties. From the current India waqf Act (amended 2013), the CEO who is appointed by the Central government carries this responsibility and he is under the direct supervision of the board. The Sachar Committee Report (2006) suggested that an overhauling of the Waqf Board is required as the government does not get proper CEOs in most of the states and those who are there are either manning this post as an additional charge or are simply not qualified. Again, the prevailing waqf Act in India allows for non-Muslims to be assigned the management of waqf. The obvious problem with this provision is that, how could someone who might not belief in the basic ideology of a prolific religious institution like waqf, have the zeal and the impetus to effectively steer its affairs well. To this effect, the SCR (2006) noted, in any case, Mutawallis are classically known for not coming forward to seek grants or loans from Central Waqf Council or Waqf Boards for the development of the waqf properties. Similarly, proposals for educational institutions are replaced with the construction of shops etc. Similarly, rentals are negotiated at low level in lieu of extraneous considerations.

### **Bureaucracy and Prolong Litigation**

Another profound challenge of Indian waqf properties under the current style of administration is the impact of bureaucracy and litigation. With specific reference to waqf Act 1995, there is power sharing between the boards and the CEOs. Hence, the CEO could barely do a thing without the approval of the board. This unsolicited bureaucracy impedes the performance of few committed mutawallis. For example, Istibdal which is permissible in waqf administration, could be only made possible with 2/3 approval from the board. The irony is that, even though istibdal proves to be quite difficult, the law has made it mandatory on mutawallis to develop waqf properties. Again, due to encroachment, there is always piles of court cases battled by the mutawallis. Even though the waqf Act of 1984 provided for the creation of waqf tribunals, despite, waqf related disputes still take ages to settle. Ghitreef (2014), pointed out that the waqf

board of Delhi had court trials relating to over 990 properties. The consequence of the delayed litigation process is that, the economic value of some of these properties will be blown into oblivion due to long and protracted litigation process. Which resultantly and acutely affects waqf properties in delivering the much-needed services to the community.

### **Weak Financial Muscles**

Waqf boards and mutawallis under current system do not receive any specific subvention either from central or state governments. According to waqf Act of 1995 amended in 2013, all state waqf boards should pay one percent of their annual income to the Central Waqf Council, similarly, individual waqfs institutions and properties pay seven percent of their annual income to State Waqf Boards. This is principally the main and mostly the only source of finance for both bodies. Arguably, one of the main reasons for the sorry state of waqf properties of in India under the centralized system of administration is insufficient funds. Hence, the boards lack the requisite financial muscle needed to employment qualify individuals to administer the affairs of awqaf. To this effect, SCR (2006) maintained that ‘‘ It would be seen that the Delhi Waqf Board has effectively been deprived of the use of its valuable properties. It has been unable to generate resources from its assets to discharge its statutory waqf obligations and is currently impoverished. Often important waqf cases, and thereby valuable properties, are lost because of lack of financial and administrative resources’’. Consequently, awqaf have failed to alleviate poverty and uplift the socio-economic development of Muslim communities in India.

### **Encroachment on Waqf Properties**

Cizacka (2000) noted that, the period 1947-1954 was a critical one for the waqfs of independent India. In the wake of partition, many waqfs were left without a trustee or beneficiary as so many of people had fled or migrated to Pakistan and left these properties unattended to. Meanwhile, a reverse migration from Pakistan resulted in the illegal occupation of waqf properties by displaced persons. Everyone exploited the chaotic situation of those times to gain personal advantage at the cost of waqfs. Hence, Joint Parliamentary Committee in its ninth report estimated that around 70 to 80 percent of waqf has been illegally occupied in India. Ali (2019) also maintained that, over 1100 waqf properties have been illegally occupied by individuals. SCR (2006) indicated that encroachment of waqf properties takes two main forms either an absolute usurpation of waqf property with no sort of rent payments or simply paying decadelong nominal rentals. This unfortunate activity shrinks the volume of waqf properties, and their resultant revenues generated.

### **Intermittent Government Interference**

Since waqf administration is inextricably linked to both state and Central governments under centralized system, unsolicited intermittent government interferences become quite common. The 1995 waqf act amended 2013 have given jurisdiction to tribunals on matters related to waqf disputes, however, there have been documented instances of government overruling the decisions of the tribunals. Such ultra vires acts of the government do not only usurp the authority of the tribunals but inhibits the level of confidence of the public towards this prolific Islamic institution of all times. Hence, the limited contribution of public towards this institution under current centralized system.

## **INNOVATIVE FUNDING APPROACHES TO WAQF PROPERTIES DEVELOPMENT AND MAQASID AS SHARIAH**

The preservation and protection of human welfare is believed to be the ultimate objective of shariah. History is replete with documented evidences of the contribution of an Islamic economic and development-oriented institution such as waqf. Over the years, waqf institutions have acted as complements to governments around the world especially within the Muslim world in providing social services such as food, education, health and so on to people. Since its inception in the prophetic era, the most common type of traditional or otherwise orthodox form of waqf has been landed properties utilized mainly for schools, graveyards, orphanages and so on. This orthodox treatment and understanding of waqf is primarily reliant on the widely held conditions of perpetuity, irrevocability and inalienability of waqf properties, hence its confinement to landed properties. However, an oversight with this classical understanding is that, even landed properties are subjected to destruction and demolition hence the quality of perpetuity is brought under question. Over time, the waqf properties in this orthodox form have not meaningfully contributed to uplift the socioeconomic condition of the Muslim ummah. In this regard, some researchers and contemporary scholars opined that, to develop the full potential of waqf properties and ensuring their sustainability and fulfilling their provision of social goods, the orthodox treatment of waqf be evaluated and consideration should be given to innovations in waqf asset class and its development techniques and options. To materialize this new understanding, movable and liquid assets could be endowed freely without restricting waqf properties to immovability assets only.

### **Cash Waqf**

Cash waqf although generally seen as a recent innovation in the waqf properties class, however, its origin could be traced back to the era of the sahabah and classical jurists. Hafsa, one of the wives of Prophet Mohammad S.A.W is reported to have bought some jewelries costing 20 thousand dirham and dedicated it to the women of al -Khattab family lineage (Ibn Qudamah, n.d.). Fast forward, the first notable classical scholar who is deemed to have allowed cash waqf in no unambiguous term was Imam Malik Ibn Anas (93-179AH). He further maintained that such cash waqf funds should be lent to people as revolving loans and they should have the obligation to pay nothing more than what is borrowed (Imam Malik, n.d, v.4, p: 452). A renowned scholar from the Hanifi school of thought Zufar Ibn al-Huzail (110-158AH), was also another classical jurist to have allowed cash waqf. Differing a bit from Imam Malik's modulus operandi for cash waqf, Zufar maintained that, the cash waqf should be invested in mudarabah and the profits are used to deliver charity works for the beneficiaries (Ibn Nujaym, 1997, v.5, p: 338-9). In the same vein, the Shafie School also held that cash waqf is permissible (Nawawi, n.d.). Equally, one finds the Hanbali School had contended the possibility of cash waqf and some of them analytically gave weight to its permissibility (Ibn Qudamah, n.d, v.6, p: 262).

Contemporary speaking, the revival of the practice of cash waqf is arguably traced back to the Ottoman Empire (1301-1922CE). The credit for popularizing cash waqf is rightly claimed by the Turks. However, with the collapse of the Ottoman empire in the 19<sup>th</sup> century, the practice of cash waqf died out literally. Its second reemergence is traced to Sultanate of Oman and the State of Kuwait in 1999 and later in UAE in 2001. These countries allowed for cash waqf through selling of shares (not necessarily normal company shares) and invest the proceeds of these share and distribute the returns to designated waqf beneficiaries (Qutb al-Arabi, 2013). Similarly, in 2007, the National Fatwa Council of Malaysia also allowed for cash

waqf. Since then, the practice of cash waqf flourished and proliferated in the Muslim world. Cash waqf is more constructive as compared to landed properties and it is reckoned to be lucrative in the modern Islamic financial system practices. As cash waqf does not involve land, many Muslims can participate in the waqf endowment regardless of their financial position if no shariah principles are violated (Chowdury et al, 2011).

### **Corporate Waqf**

The sorry state of waqf properties around the world and the permissibility of cash waqf have given room for other innovative approaches to waqf property class to be explored. One such innovative approach is the involvement of corporate entities in the creation and administration of awqaf. According to Mohsin (2013), corporate waqf is defined as ‘‘the confinement of an amount of liquid money, shares, profit, dividends by founder(s) such as individuals, companies, corporations, organizations or institutions, and the dedication of its usufruct in perpetuity to the welfare of society (Mohd Thas Thaker & Mohd Thas Thaker, 2015)’’. In Malaysia, the term ‘corporate waqf’ emerged during the launching of Johor Corporation’s (JCorp) corporate waqf scheme in 2006 although it was found that corporate entities’ participation in establishing and management of waqf assets has already started earlier in Pakistan and Turkey (Asharaf and Jalil, 2014). Tan Sri Ali Hashim (2012) outlines six models of corporate waqf that could be structured including; business entity or corporations, banking and financial institutions, universities, foundations, cooperatives, and hospitals or clinics. Currently in Malaysia, corporate waqf structured on business corporation, and banking and financial institution have been applied by Johor Corporation and Bank Muamalat Malaysia Berhad (Asharaf & Abdullaah, 2012, 2013; Hajah Mustafa et.al, 2009).

### **Ibdal or Istibdal**

One of the contemporary and innovative approaches towards the development of waqf properties for maximum impact is the utilization of ibdal or istibdal (change or exchange) concept. Although vast majority of Indian waqf lands have been occupied by state, central and individual illegal occupants through encroachment or unjustified takeover by state or central governments in the name of supposed ‘‘public interest/greater good’’, however, available waqf properties could still benefit immensely from this innovative approach. According to Nazih Hamad, in principle, most jurists allow both ibdal and istibdal of one waqf with another, if they are conducted for need and benefit of waqf. Jurists however differ in flexibility and rigidity of their application. Kahf defined istibdal as the sale of all or part of a waqf land and to purchase with its proceeds another piece of land dedicated as waqf for similar purposes. This is what kahf called substitution. Substitution of waqf by its cash value is not popular among many jurists with exception of the hanafis. It is reported that Imam Malik did not allow the sale of waqf estate at all. The Hanafi jurists, however, have unanimously approved the process of istibdal in the following circumstances:

1. The donor makes provisions thereto.
2. The donor does not make any provision that is he negates or is silent about, but the property becomes stagnant as it does not produce anything, or its expenses and produces are equal. In the both cases istibdal is valid.
3. The donor provides for istabtal and the property is still productive, but its exchange is more profitable in general. In this case, istibdal is not valid according Ibn Nujaim and Ibn Abidin. Thus, it is the discretion of the donor to make such condition. If the founder

is silent, then change or exchange of the property is allowed only if it is necessary but not when doing so is more beneficial.

4. Istibdal shall be made by the state (court) in general philanthropic trusts; otherwise the power is vested in the administrator (Ibn Abidin).

Ibdal or istibdal can be used by the institutions of waqf in their development planning. This is the case where a land is far from towns, and have no access to public roads, or that the land is small in size, the institution of waqf can use ibdal or istibdal of waqf lands in order to settle the physical problem hindering its development.

### Venture Philanthropy

Venture philanthropy is a recent phenomenon which reportedly has spread quite rapidly in US and Europe. Its rapid growth is as a result of the growing needs of social entrepreneurs for large sum of investments and to overcome the shortcomings of the short-term funded investments (Scarlata & Alemany 2010). The most common characteristic of VP which is agreed by many authors are its establishment is to achieve social returns by way of creating community benefits (Scaife 2008). The purpose of such investment is for the betterment of the society and to fulfill their basic and long-standing social needs. A venture philanthropy may also be a form of corporate social investment (CSI) (Cooke 2010). Idle and underdeveloped waqf properties in India could greatly benefit from this property development mechanism and transform them into maximum revenue generating and sustainable waqf properties.

### PROPOSED WAQF PROPERTY DEVELOPMENT MODEL FOR ENHANCED AND AFFORDABLE RURAL HEALTHCARE FUNDING

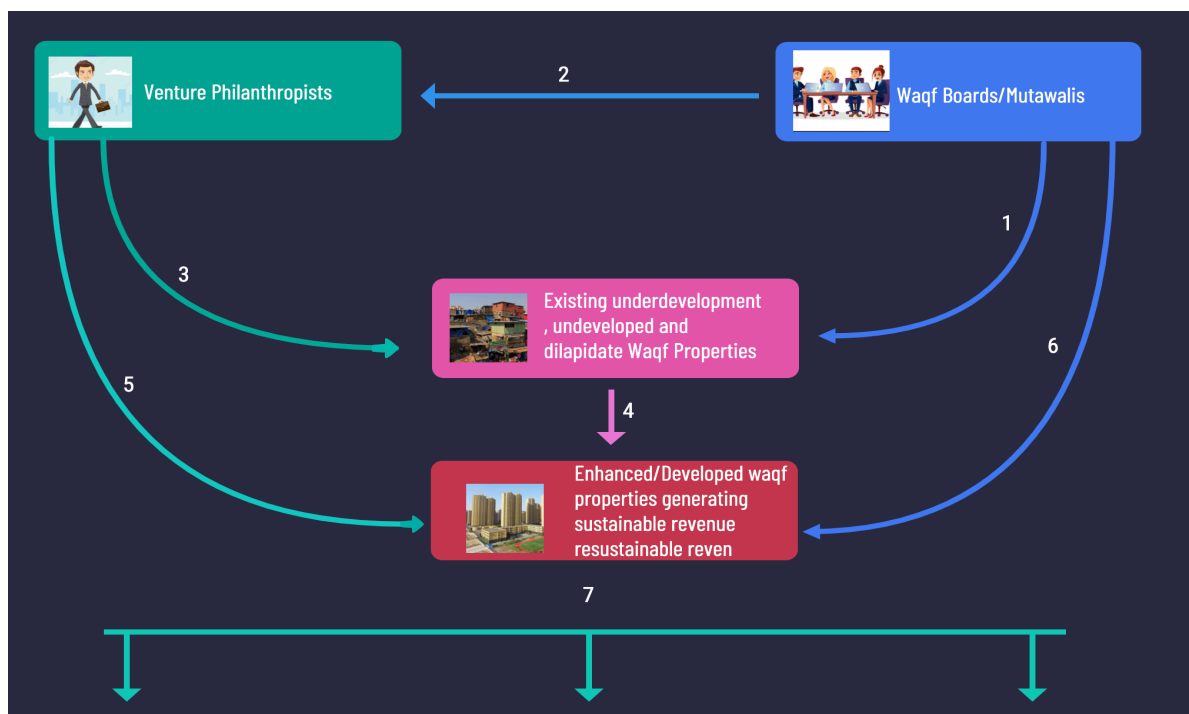


Figure 1: Proposed Waqf Property Development Model

#### General Steps:

1. Waqf boards and Mutawallis have control over existing waqf properties which are mainly under-developed or undeveloped with minimal to no benefits to community.
2. Waqf boards and Mutawallis to entered into investment or development arrangement with Venture Philanthropists which may be organizations, individuals or consortium of individuals to develop the waqf properties example on e.g. BOT (Build. Operate. Transfer) basis.
3. Venture Philanthropists provide the investable funds and the expert skill sets needed to develop these existing waqf properties.
4. Combined expert skill sets, and resources are used to development waqf properties sustainably.
5. At exit, the Venture Philanthropist recoup part or fully investments depending on the nature of the arrangement and hand over the developed properties to the waqf Boards and Mutawallis.
6. Waqf Boards and Mutawallis take complete charge of the operations of these developed waqf properties.
7. The sustained revenue streams from these developed waqf properties are used to provide affordable healthcare services to the rural Indians through either rehabilitation of existing rural healthcare facilities, establishment of new facilities and or the use of innovative healthcare delivery such as mobile treatment services.

#### Potential Impacts to Rural Indians

1. Opportunity to develop dilapidated waqf properties to enhance their economic values for benefit to the community.
2. Providing affordable healthcare services to rural Indians.
3. Employment creation and promotion of innovative waqf property development techniques.
4. Promoting and reviving the contribution of Islamic social institutions such as waqf towards social needs.

#### CONCLUSION

The responsibility of the government to provide primary healthcare is a part of a larger goal to create equal society as repeatedly emphasized in the Preamble and Directive Principles of the Constitution of India. While considerable progress has been made in improving the health of the Indian population, the current status still portrays a grim picture. The fiscal constraints on the government make it obligatory for the private healthcare providers to take over part of the responsibility. Waqf is a powerful tool for sustainable community development and for stimulating the economic growth of the nation. A healthy society can be achieved through good health care facilities and the ability of each member of the society to access the healthcare needs. From history and current practices, awqaf have provided an efficient alternative source of funding to the development of healthcare institutions. According to Rashid (2011), even 10% of all waqf properties can be developed due to urbanization and a rise in property valuation and rentals. He further mentioned that the average rate of return of investments made in developing waqf can give returns between 20-25%. As such, it is worth the time and effort to seriously look into the new ways in developing the waqf. Notwithstanding, there exists many new mechanisms of waqf which are creative and innovative in generating better income for waqf, still there are slow incoming due to reluctance in changing the old system. In India, for

example, 100 waqf properties developed increased nearly 1900% in revenues (Ibrahim & Ibrahim, 2013; Rashid, 2011). Currently, over 80% of medical bills is paid for by the people themselves and the situation becomes quite troubling for the extreme poor who could barely afford the standard three meals per day let alone adequate medical attention. In this regard, the sorry state of rural healthcare delivery for the rural Indians could benefit a lot from innovative waqf properties and waqf properties development techniques which are in consonance with the dictates of Shariah. Innovative waqf assets such as cash might not be ideal considering the that there are no Islamic banks currently in India and existing Islamic cooperatives are not big enough to provide adequate Islamic investment instruments. Hence, approaches to waqf properties such as our proposed model built on venture philanthropy could be a big push and game changer for waqf in India and its resultant contributions in the provision of public social goods such as basic healthcare for the poor especially rural poor.

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