Healthcare Financing and Service Delivery Through Waqaf An-Nur: A Case Study

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ABSTRACT

Healthcare provision requires funding arrangements that link financial resources to operational needs, treatment equipment, and patient support. This study examines how Waqaf An-Nur Corporation Berhad (WANCorp) links financing with healthcare service delivery in Malaysia, focusing on clinic operations, dialysis services and patient assistance. This study adopted a qualitative case study approach, using document analysis of annual reports. Thematic analysis examined funding sources, allocation purposes, organisational responsibilities and assistance periods. The findings identify welfare allocations, corporate wakalah zakat, dedicated waqf contributions, charitable fundraising, government assistance and patient contributions. These resources support clinic operations and mobile services, dialysis equipment, home-dialysis sponsorship and outpatient medical benefits. Financing is connected to delivery through allocations for specific service requirements and partnerships that assign sponsorship, administration, equipment provision, nursing support and clinical responsibilities. The six-month home-dialysis assistance and twelve-month outpatient benefits define the duration of support commitments. The case illustrates how a waqf institution administers distinct funding sources and coordinates their application to healthcare provision. It identifies arrangements relevant to service availability, patient payments and continuing support, but does not establish improvements in access, affordability, efficiency or long-term financial sustainability. Further research requires programme expenditure and patient-level evidence to assess these outcomes.

Keywords: healthcare financing, service delivery, Waqaf An-Nur

INTRODUCTION

Healthcare providers require financial resources to support routine operations, maintain facilities, acquire medical equipment, and deliver patient care. According to the World Health Organization, healthcare financing encompasses three key functions: revenue generation, fund pooling, and purchasing of health services, all of which influence service coverage and financial protection for patients [12]. For charitable and non-profit healthcare organisations, an important consideration is how available resources are mobilised and allocated to meet treatment costs and sustain healthcare delivery. Understanding not only where funds originate but also how they are utilised provides insight into the mechanisms through which these institutions maintain services and expand access to care. Examining both funding sources and expenditure patterns therefore helps explain the role of charitable organisations in supporting healthcare provision and meeting the needs of their beneficiaries.

Waqaf An-Nur Corporation Berhad (WANCorp) provides a Malaysian institutional setting for examining these arrangements. Its healthcare activities include the Klinik Waqaf An-Nur network (KWAN), dialysis centres, mobile clinics and patient assistance programmes. These activities involve Johor Corporation (JCorp), KPJ Healthcare Berhad, State Islamic Religious Councils, government agencies and corporate contributors. The healthcare account describes welfare allocations, corporate and partner support, and patient contributions. It also identifies Pengurusan An-Nur Sdn Bhd (PANSB) as supervising daily operations [14]. WANCorp's institutional identity provides organizational context, while the analysis examines the range of resources supporting its healthcare activities.

Raja Adnan et al. [9] addressed management and cooperation in corporate waqf for Malaysian public healthcare. Mohamed Daud et al. [8] discussed WANCorp's financial approaches and wider social activities. Building on these perspectives, this study examines how sources of support relate to healthcare services, patient programmes and delivery responsibilities. A funding-source inventory alone provides limited insight into how healthcare is financed. A contribution may cover operating expenses, purchase equipment or sponsor selected patients for a specified period. The analytical issue is how these different commitments support the requirements of care. This also requires distinguishing funds by their identity since resources administered by a waqf institution may include zakat, donations and government assistance alongside waqf contributions.

This study examines how financing arrangements support clinic operations, dialysis services and patient assistance through WANCorp in Malaysia. It treats WANCorp as a single institutional case, with healthcare programmes as the activities through which financing and delivery are examined. The analysis addresses how funding sources are allocated to specific service requirements, how participating organisations connect financial support with programme implementation, and how assistance periods define support commitments. Service availability, patient payments and continuing support provide the analytical focus. Access and affordability are considered as implications of these arrangements rather than measured outcomes; efficiency and long-term financial sustainability are not evaluated. The contribution lies in explaining the connections between financing and delivery within one institution, rather than proposing a general model of waqf healthcare.

LITERATURE REVIEW

Institutional involvement in healthcare provision

Research on healthcare services provided by waqf institutions helps explain WANCorp's role in healthcare delivery. Mohamed and Ab Rahman [7] studied Hospital Waqaf An-Nur through interviews with patients, managers, and healthcare staff, supported by direct observations. Their findings showed that the hospital provides affordable treatment and plays an important role in serving the community. The study highlights how waqf-based healthcare institutions can improve access to medical services, especially for those with limited financial resources.

While the study focused on healthcare services and patient experiences, it also raises questions about how such services are supported and sustained. Affordable healthcare requires funding for staff, facilities, equipment, and patient assistance. Therefore, understanding the financial and organisational arrangements behind these services is equally important. Building on this work, the present study examines how WANCorp mobilises resources, allocates funding, and works with partner organisations to support healthcare programmes and service delivery.

Raja Adnan et al. [9] examined the arrangements necessary for corporate waqf organisations to cooperate with Malaysian public hospitals, connecting management and governance with healthcare provision. Mohamed Daud et al. [8] discussed investment strategies, diversification and income-generating activities at WANCorp in relation to social provision. These studies inform the present focus on the institution's financing arrangements for operations, equipment and patient assistance. Waqf remains relevant to the institutional setting, while the financing inquiry includes other resources mobilised for healthcare.

Different sources of healthcare funding

Islamic social finance offers several mechanisms to support healthcare services. Kefeli et al. [5] proposed a dialysis financing framework that integrates zakat, waqf, and sadaqah to meet different healthcare needs. Drawing on discussions with Islamic scholars and academics, the study suggested using zakat to cover treatment costs, waqf to support infrastructure development and maintenance, and sadaqah to finance operational expenses. The framework demonstrates how different Islamic social finance instruments can serve complementary functions within a healthcare system. Rather than relying on a single source of funding, healthcare programmes may benefit from combining multiple resources to address both short-term and long-

term needs. This perspective is relevant to the present study, as it highlights the importance of understanding how different funding sources are assigned to specific healthcare purposes and how they contribute to the delivery of healthcare services.

An institutional study can examine how these forms of support are used within programmes. Relevant questions concern the source of funds, their designated purposes and the organisations administering assistance. Several sources may support one service, and a single institution may administer funds with different identities. This study retains the distinctions among waqf, wakalah zakat, public donations and government assistance as described in WANCorp's reports. It examines their respective contributions to healthcare rather than treating their institutional administration as evidence that all resources constitute waqf.

Access to care and continuing support

Levesque et al. [6] conceptualise access to healthcare as the interaction between the characteristics of health services and individuals' ability to obtain and utilise care. Their framework highlights factors such as affordability and availability, which are particularly relevant for understanding how healthcare services are financed and delivered. In this study, patient contributions are linked to treatment payments, while financial support for medical equipment helps expand service capacity. Home dialysis further illustrates an alternative mode of care beyond conventional clinic settings. Together, these financing arrangements shape healthcare availability and patients' opportunities to receive treatment.

Assistance periods are another relevant feature. Support lasting six months or medical benefits covering twelve months define the commitment to beneficiaries. These periods help identify the planning required when treatment needs extend beyond programme support. Ebrahim [3] distinguishes between reporting on organisational resources and activities and evaluating programme outcomes. In this study, information on financing, assistance, and support duration helps explain how healthcare services are provided, but it does not demonstrate whether these arrangements improve access to care or ensure continuity of support. Ihsan and Mohamed Ibrahim [4] emphasise that waqf institutions require effective accounting and management practices to ensure the proper use of resources. This perspective is relevant to healthcare services, where continuity of support depends not only on funding availability but also on effective financial administration. These studies support examining financial information alongside the services and assistance it is intended to provide.

RESEARCH METHODOLOGY

This research adopted a qualitative case study of WANCorp's healthcare financing and service-delivery arrangements in Malaysia, using document analysis. The case is bounded institutionally by WANCorp's healthcare activities and temporally by five annual reports covering 2021–2025 [10–14]. It focuses on clinic operations, dialysis services and patient assistance, including mobile-clinic support, home dialysis and outpatient medical benefits. Document analysis systematically examines and interprets documentary material to develop qualitative evidence [1]. The reports were purposively selected for their accounts of healthcare allocations, programme activities, partner organisations and assistance commitments. WANCorp is the unit of analysis; individual programmes provide evidence of how financing is connected to delivery within this case. References to activities in Johor and elsewhere in Malaysia are retained as reported, without treating the case as representative of Malaysian healthcare institutions.

The documents were analysed through repeated reading, coding, theme development and review, informed by Braun and Clarke [2]. Coding addressed funding sources, allocation purposes, supported services, organisational responsibilities and assistance periods. The analysis linked each source or allocation with its stated use and, where available, the organisation responsible for implementation and the duration of support. These connections informed themes on operating support, equipment provision, patient assistance and delivery partnerships. Programme narratives were compared with distribution and financial disclosures to clarify the arrangements. Funding categories identified were waqf, wakalah zakat, welfare allocations, donations and government assistance. The analysis examines institutional arrangements rather than estimating

causal effects of financing on service delivery. The documents do not provide a sufficient basis for measuring household affordability, cost efficiency, treatment continuity or long-term financial sustainability.

RESULTS

Sources of support for healthcare services

WANCorp's healthcare activities are supported through a combination of institutional and external funds. The welfare account identifies the General Welfare Fund, JCorp business zakat managed through wakalah, and public contributions channeled through the mosque network, clinic fund, and strategic partners [10]. The wider distribution structure also distinguishes waqf-related resources, wakalah zakat, and public funds [13]. Here, wakalah zakat refers to zakat funds entrusted to WANCorp for distribution through the arrangements.

Public contributions support both programmes and equipment. The distribution schedule records RM352,424 under Prisihatin (Kesihatan), with RM33,050 recorded separately for hospital equipment [10]. This shows that public giving reaches healthcare through multiple purposes. Other examples include corporate contributions for dialysis machines and government assistance for mobile-clinic operations. Together, these sources show that the same institution supports different aspects of care.

Operating finance and direct medical assistance

Welfare allocations address the practical needs of healthcare services. The reports identify a special KWAN allocation of RM100,000 and a separate RM250,000 allocation for clinic operations and activities. The latter includes development, repairs, maintenance, and assistance missions [10; 11]. These allocations illustrate how funding supports the activities necessary to maintain clinic operations. The welfare fund also assists individuals. One allocation account records RM101,250 for medical treatment and equipment for 70 individuals, along with RM27,000 for cancer-related assistance across ten Johor districts [11]. Healthcare support therefore extends beyond the clinic network to patients and community activities.

The broader healthcare category includes several types of assistance, which RM691,000 covers KWAN operating support, Prisihatin, cancer-related assistance, treatment, and equipment [13]. Another healthcare allocation of RM770,097 includes KWAN and Prisihatin, cancer-related support, and cooperation between individuals and agencies [14]. Fundraising offers supplementary support for services. The KWAN charity golf event raised RM589,733, which was allocated to clinic and dialysis-center operations [14]. This example shows how public fundraising activities support the ongoing costs of care provision. Welfare allocations and fundraising together address the routine requirements of the healthcare network.

Contributions for dialysis equipment

Medical equipment is another important use of the funds obtained. Tenaga Nasional Berhad (TNB) contributed 23 dialysis machines valued at RM966,000 through corporate wakalah zakat. The stated purpose was to replace aging machines associated with high maintenance costs [13]. This assistance responds to the need to renew equipment within an existing service. Majlis Agama Islam Negeri Johor (MAINJ) separately approved four dialysis machines valued at RM160,000 for the Taman Bukit Tiram centre under wakalah wakaf. The facility account describes near-full utilisation, patients waiting for treatment, and plans to expand the centre [13]. The contribution therefore addresses an identified need for additional facilities.

WANCorp also helps distribute equipment to other healthcare institutions. The Suruhanjaya Syarikat Malaysia (SSM) contribution comprised 34 dialysis machines valued at RM1.326 million. Of these, 28 were designated for selected government hospitals and six for the KWAN network. A further contribution provided two hemodialysis machines valued at RM84,000 for Hospital Papar [14]. These examples show how the institution links corporate support to equipment needs within and beyond its clinic network.

Financing patient assistance programmes

Dialisis@myRumah offers support for patients to receive dialysis at home and identifies RM450,000 for the programme, a six-month assistance period and an intended group of 23 patients. It records nine patients as having begun treatment at the stage described [12]. The 2024 report subsequently records 12 active patients as at December 2024. JCorp wakalah zakat supported six patients, associated with RM214,200, while Dana Kebajikan Am supported six patients, associated with RM144,900 [13]. This clearly shows two funding sources supporting patients within one programme. It identifies each source and the associated patient group.

An-Nur Care provides outpatient medical benefits through cooperation with Prudential BSN Takaful Berhad (PruBSN). Its launch account identifies an initial project allocation of RM200,000 and 529 selected asnaf beneficiaries. The benefit covers eligible outpatient treatment, medicines and consultation for 12 months, up to RM300 per person per year [13]. Asnaf refers here to the zakat-eligible beneficiaries selected for the programme. A subsequent account reports 1,993 beneficiaries and cumulative allocations of RM753,392, including RM200,000 from JCorp business wakalah zakat for the third group [14]. Both An-Nur Care and Dialisis@myRumah specify assistance periods. These periods describe the support commitment and inform planning for patients whose needs continue after the stated period.

Patient contributions and delivery partnerships

The clinic network lists treatment contributions of RM10 for outpatient care and RM130 for dialysis as minimum contributions within the network's social service arrangements [10]. These figures identify payments associated with the services but do not show the share of treatment costs recovered. Assessing household affordability would require information on income and related expenses. Partnerships connect financial assistance with care delivery. In Dialisis@myRumah, WANCorp provides sponsorship, Capaian Aspirasi Sdn Bhd manages the project and sponsorship administration, and Lucenxia (M) Sdn Bhd supplies machines and nursing support and liaises with Johor public hospitals on patient recruitment [12]. Each organisation contributes a different part of the program.

The wider network is further supported by KPJ hospitals and collaborates with State Islamic Religious Councils, while PANSB oversees daily operations in accordance with the healthcare account framework [14]. These arrangements show how healthcare service delivery is coordinated by integrating financing, administrative management, and clinical expertise. Government involvement adds another layer of support. WANCorp notes that the Johor government allocated a RM409,500 grant to support mobile-clinic operations through a collaborative initiative involving Hospital Sultanah Aminah and Hospital Sultan Ismail in Johor Bahru also records the provision of medical and non-medical equipment worth RM1.96 million to public healthcare facilities [14]. These initiatives reflect collaborative engagement between waqf institutions and public healthcare providers.

DISCUSSION

Linking Funding Allocations to Service Requirements

The findings show that WANCorp uses several funding sources to support healthcare services. Welfare funds cover operational costs and assist individuals, while corporate wakalah zakat and waqf contributions help finance medical equipment. Fundraising activities support the operation of clinics and dialysis centres, and government assistance funds specific programmes such as mobile healthcare services. These arrangements show that healthcare financing involves not only raising funds but also directing them to different healthcare needs.

Different allocations support different requirements of healthcare delivery. Operating finance supports facilities and routine service activities, equipment contributions provide or replace treatment assets, and patient assistance covers specified treatment benefits. These links are evident purposes of allocations; they do not establish the additional treatment capacity or patient access attributable to each contribution. The

distinction between sources is equally necessary. Resources administered by WANCorp include welfare allocations, corporate wakalah zakat, waqf contributions, charitable donations and government assistance. Retaining these categories avoids attributing all healthcare support to waqf. Equipment and operating resources are complementary because dialysis machines also require staff, facilities, maintenance and consumables. Provider support and patient sponsorship therefore address connected requirements of care, although their combined adequacy cannot be assessed from the allocations alone.

The case identifies a relationship between financing and delivery based on the designated use of resources. Funding for clinic operations supports the setting in which treatment is provided; equipment contributions support the assets required for dialysis; and sponsorship defines the benefits available to selected patients. This explains how financial commitments are directed towards healthcare provision within WANCorp, while leaving their effects on utilisation and access for subsequent evaluation.

Coordinating finance and service delivery

WANCorp's role includes coordinating the organisations involved in implementing funded healthcare activities. Sponsorship is linked with programme administration, equipment provision, nursing support and clinical responsibilities. This division of work helps explain how financial support is organised for service delivery within the case by describing the arrangements and participating organisations but does not independently establish their operational effectiveness.

Dialisis@myRumah illustrates this relationship. WANCorp provides sponsorship, Capaian Aspirasi Sdn Bhd manages the project and sponsorship administration, and Lucenxia (M) Sdn Bhd supplies machines and nursing support and liaises with Johor public hospitals on patient recruitment [12]. The financing commitment is therefore accompanied by identified responsibilities for implementing home dialysis. The arrangement shows how sponsorship is connected to a particular mode of treatment; it does not establish whether home dialysis is more effective or less costly than alternative care settings.

These findings extend the discussion of institutional cooperation in corporate waqf healthcare [9] by identifying responsibilities within specific funded activities. Equipment contributions connect corporate donors with recipient facilities, while mobile-clinic support links government funding with WANCorp and public hospitals [13; 14]. Across these examples, WANCorp acts as a funding administrator and institutional coordinator. Its role should be distinguished from the clinical functions undertaken by healthcare providers. The case thus explains a financing-to-delivery relationship involving several organisations, without assuming that WANCorp directly performs every service it provides.

The arrangements are relevant to healthcare availability and affordability, dimensions discussed by Levesque et al. [6]. Funding for clinics, dialysis equipment and mobile services addresses the resources needed to make services available. Listed patient contributions and outpatient benefits describe payments and assistance associated with obtaining care. However, the RM10 outpatient contribution, RM130 dialysis contribution and programme benefit ceilings do not, by themselves, establish affordability. Such an assessment would require household income, treatment frequency, transport expenses and other patient costs. Similarly, equipment donations do not establish increased utilisation or shorter waiting times without evidence on installation, staffing and treatment activity. The findings therefore identify potential pathways through which financing supports care, while distinguishing these pathways from demonstrated patient outcomes.

Assigning responsibilities for sponsorship, administration, equipment and clinical care also provides a basis for accountability. The documented division of work makes it possible to identify which organisation is associated with a particular programme function. Whether these arrangements reduce duplication, improve efficiency or strengthen implementation require additional operational evidence. A practical implication is that funding plans should be considered alongside staffing, equipment maintenance, consumables and programme administration. These are requirements for delivering funded services, rather than outcomes measured in the present study.

Taken together, the findings describe WANCorp as both an administrator of healthcare resources and a coordinator of delivery partnerships. These roles connect funding sources with specified services and beneficiary programmes. Their relevance lies in explaining how healthcare support is organised within this institution. The evidence does not establish a generally applicable financing model or demonstrate that the arrangements ensure continuous care.

Funding duration and continuing support

Assistance periods define the temporal scope of funding commitments. The home-dialysis pilot specifies six months of support, while An-Nur Care provides benefits over twelve months. These commitments make the extent of assistance clearer, especially where patients require recurring treatment. They also indicate the relevance of renewal decisions, further sponsorship or other support arrangements when needs extend beyond the stated period. The reports do not establish whether individual beneficiaries experienced interruptions after assistance ended. Equipment contributions create a related planning issue. Their value concerns the assets supplied, while continued treatment also requires staffing, maintenance and other operating resources. Financing plans should therefore consider the relationship between equipment provision and recurring expenditure. This is a practical implication of the uses of funding rather than evidence that the existing arrangements are financially sufficient or insufficient.

Reporting that connects funding purposes, beneficiaries, responsible organisations and support periods would make these commitments easier to assess. Ebrahim [3] distinguishes resource reporting from performance evaluation, while Ihsan and Mohamed Ibrahim [4] examine accounting alongside management responsibilities in waqf institutions. Applied to WANCorp's healthcare activities, these perspectives support reporting that explains how resources sustain specific programme commitments. Such information would strengthen the basis for subsequent evaluation of funding adequacy and service continuity.

Limitations and further research

This study relies on institutional documents and therefore reflects the activities and financial information selected for public disclosure. It does not include independent observations, interviews, complete programme cost accounts or patient-level treatment records. Reported allocations, equipment values and beneficiary counts describe different aspects of activity and should not be interpreted as equivalent measures of expenditure or impact. The single-case design also limits transferability to institutions operating under different funding and governance arrangements. Further research could combine programme expenditure, funding agreements and treatment records with interviews involving administrators, providers and beneficiaries. Such evidence would allow assessment of funding adequacy, affordability, utilisation and continuity of treatment. Comparative studies could examine whether similar financing-to-delivery relationships occur elsewhere while retaining distinctions among the resources administered.

CONCLUSION

This case study shows how WANCorp’s financing arrangements are connected to clinic operations, dialysis services and patient assistance in Malaysia. Welfare allocations, corporate wakalah zakat, dedicated waqf contributions, charitable fundraising, government assistance and patient contributions support different service requirements. These include operating expenses, dialysis equipment, home-dialysis sponsorship and outpatient benefits. Delivery partnerships assign responsibilities for administration, equipment provision, nursing support and clinical care.

The principal contribution is an institutional account of how designated funding uses and delivery responsibilities link financial resources with healthcare provision. Specified assistance periods further define the duration of support commitments and highlight the need to plan for recurring treatment requirements. These findings inform discussion of service availability, patient payments and continuing support without demonstrating improvements in access, affordability, efficiency or long-term financial sustainability. Establishing such outcomes requires financial and patient evidence beyond document disclosures.

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