






The Role of Waqf in Strengthening Primary Healthcare Services in Gombe State Rural Communities

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Article Information:

Received March 26, 2025

Revised October 06, 2025

Accepted October 07, 2025

Keywords:

Gombe State; Islamic
Endowment; Primary
Healthcare; Rural Communities;
Waqf

Abstract

Background of study: This study examines the advantages, difficulties, and prospective advancements of Waqf in bolstering primary healthcare services in Gombe State's rural regions. Waqf, an Islamic endowment for social welfare, has long provided funding for healthcare and education, but its ability to provide rural health care is still restricted.

Aims and scope of paper: The study intends to evaluate the role Waqf institutions play in primary healthcare and offer solutions for enhancing their sustainability and effectiveness in rural Nigeria.

Methods: Qualitative and quantitative data were combined in a mixed-methods approach. Structured interviews and questionnaires with Waqf administrators, healthcare providers, legislators, and community members were used to collect primary data. Official reports, pertinent literature, and case studies of effective Waqf-based healthcare projects were examples of secondary data. The data was interpreted using thematic analysis and descriptive statistics.

Result: The results show that Waqf institutions build facilities, offer subsidized medical services, and help staff in order to give vital healthcare support. Their efficacy is hampered by issues like low public knowledge, shoddy legislative frameworks, erratic funding, inadequate asset management, and little cooperation with government organizations. Important suggestions include bolstering relationships, strengthening legal and policy frameworks, and promoting financial sustainability through investment.

Conclusion: According to the study's findings, Waqf can be a long-term source of finance for rural healthcare with effective management, lowering reliance on government and outside assistance while fostering fair access to healthcare throughout Gombe State.

A. Introduction

The cornerstone of any strong healthcare system is primary healthcare (PHC), which guarantees that communities, particularly those in rural areas, have access to necessary medical services (Begum et al., 2021). However, in Nigeria, rural communities face limited access to high-quality healthcare because of poor infrastructure, a lack of funding, and a shortage of healthcare workers (Mohammed et al., 2024). Islamic endowments, or Waqf, have historically made contributions to public welfare, particularly in the healthcare sector. In many Muslim societies, Waqf-funded hospitals and clinics have offered free or subsidized medical services to the poor (Sholihah et al., 2024). This study examines how Waqf institutions in Gombe State can bolster rural primary healthcare services, fill funding gaps, and enhance service delivery.

In communities with a majority of Muslims, waqf has long been an essential source of funding for healthcare. For example, Dar al-Shifa, Waqf-funded hospitals, offered free medical care to the whole public under the Ottoman Empire (Rahmanto & Rahman, 2023). Similarly, hospitals, clinics, and health centers have been constructed and maintained in parts of Africa using Islamic endowments (A. A. Muhammad et al., 2023).

Waqf has historically been utilized in Nigeria for religious and educational purposes, with little use in the medical field (A. A. Muhammad, Hussaini, et al., 2024). However, there is a growing need to increase Waqf's participation in healthcare finance and service supply because to the growing need for better healthcare in rural regions.

Statement of the Research Problem: Despite numerous government initiatives, Gombe State's rural populations still confront numerous healthcare obstacles, such as:

1. Limited healthcare infrastructure: Health centers in many rural regions are not well furnished.
2. Lack of medical staff: Rural areas are underserved due to the significant concentration of healthcare professionals in urban areas.
3. Financial limitations: A lot of people living in rural areas cannot afford high-quality medical care.
4. Inadequate government funding: To fulfill the demands of the expanding population, public health spending is inadequate (A. Muhammad et al., 2025).

In light of these obstacles, this project aims to investigate how Waqf can offer long-term financial sources to improve primary healthcare services in rural Gombe State.

The Research Objectives includes:

1. To examine the historical and contemporary role of Waqf in healthcare provision.
2. To assess the contributions of Waqf institutions in strengthening primary healthcare in Gombe State rural communities.
3. To identify challenges hindering the effective utilization of Waqf in healthcare service delivery.
4. To propose policy recommendations for integrating Waqf into the healthcare system.

During the Abbasid and Ottoman eras, waqf was a type of Islamic charity in which assets were set aside for religious or charitable purposes. It has long been an essential source of funding for health services such as hospitals, medical staff salaries, and free medical care for the poor (A. Muhammad et al., 2025; Sholihah et al., 2024). Waqf has not yet been completely included as a sustainable finance method in the contemporary healthcare systems of developing nations like Nigeria, despite its shown efficacy in promoting social welfare (Mohammed et al., 2024).

The above findings suggest that Islamic endowments played a critical role in establishing and maintaining healthcare institutions. Waqf is used to pay for medical care in a number of Muslim-majority nations, including Indonesia, Malaysia, and Turkey. According to the study, Waqf institutions provide a

substantial contribution to medical education and hospital infrastructure in Malaysia (Danlami et al., 2024).

The function of Waqf in Ghanaian public health services is examined by (Ardo et al., 2024). According to the study, clinics supported by the Waqf have enhanced maternity and pediatric care in underprivileged areas. Nonetheless, the study also identifies regulatory obstacles and a lack of government assistance as significant constraints. (Ahmad, 2025) examines how Waqf might be used to pay for medical care in Nigeria. According to the survey, Waqf contributions to healthcare are still quite small because of legal issues and a lack of knowledge. The study suggests that regulatory structures be put in place to support healthcare finance based on waqf. The incorporation of Waqf into Nigeria's healthcare financing system is examined by (A. A. Muhammad et al., 2023). According to the report, collaborations between government organizations and Waqf institutions may enhance the provision of healthcare in rural regions. Nonetheless, it points out difficulties such limited information on current Waqf properties and bureaucratic hold-ups.

Malaysia's effective Waqf-based healthcare approaches are examined by (Hakim & Nawawi, 2024). The paper emphasizes how Waqf funds medical research, hospitals, and healthcare education. The study comes to the conclusion that community involvement and robust legal frameworks are essential to the success of Waqf-based healthcare. The effect of Waqf on maternal healthcare services in northern Nigeria is examined by (Ahmad, 2025). Their results show that Waqf-based maternity centers lower maternal death rates by offering rural women accessible and reasonably priced healthcare.

The efficiency of Waqf hospitals in Indonesia in offering free medical treatment is examined by (Hisyam & Marwini, 2024). According to the report, hospitals that receive Waqf money treat a sizable proportion of underprivileged patients, but their viability is hampered by erratic funding. (Hasan et al., 2019) investigate how Waqf management for healthcare financing might be improved by digital technologies. According to their research, online crowd-funding platforms and blockchain technology can boost transparency and draw in more donors for Waqf initiatives. investigates how Islamic academics and traditional leaders in northern Nigeria support Waqf for medical services. According to the study, community and religious leaders are essential in rallying support for Waqf projects.

Although the function of Waqf in healthcare has been studied in the past, nothing is known about how it is used in Gombe State. By offering empirical information on Waqf's contribution to primary healthcare in the area, this study aims to close this gap. The literature review has led to the identification of the following research gaps:

1. Research on Waqf-based healthcare in rural Nigeria is scarce; most studies concentrate on cities or other African nations.
2. Absence of empirical evidence about Waqf's role in primary healthcare in Gombe State: No thorough investigation has looked at this particular area.
3. Inadequate policy suggestions for incorporating Waqf into Nigeria's healthcare system: Previous research addresses issues but offers few answers.
4. Limited investigation of digital Waqf solutions for rural healthcare: Although several studies discuss digital Waqf, they don't concentrate on its applications in rural healthcare.
5. Inadequate evaluation of community involvement in Waqf-based healthcare programs: Few studies examine the ways in which local communities and religious leaders impact Waqf healthcare initiatives.

Therefore, this research will address the gaps by:

1. Providing localized insights on the function of Waqf in primary healthcare by concentrating on the rural communities of Gombe State.
2. Performing empirical research to evaluate the effects of current Waqf healthcare efforts using field surveys and interviews.
3. Creating practical policy suggestions for incorporating Waqf into Nigeria's rural healthcare funding system.
4. Examining digital Waqf options to enhance rural healthcare service delivery.
5. Evaluating community participation in Waqf-based healthcare programs in order to pinpoint sustainable best practices.

B. Methods

This study uses a mixed-methods design, combining qualitative and quantitative approaches, in order to gain a more comprehensive understanding of the role of Waqf in strengthening primary health care in Gombe State. This approach was chosen because it allows for the integration of numerical patterns (statistics) with in-depth narratives from interviews; this is in line with current research practices in public health that prioritize data triangulation to enhance credibility. The research focused on rural communities in Gombe State, where health facilities are often inadequate, medical personnel are limited, and Waqf institutions have begun to become involved as additional providers of health financing.

Waqf has not yet been completely incorporated as a sustainable practice, despite its shown efficacy in promoting social welfare. Semi-structured interviews and structured questionnaires were used to gather primary data from 40 respondents, including 10 Waqf administrators, 15 medical professionals, 5 policymakers, and 10 members of the rural population. Purposive sampling was used to choose the respondents, and the following criteria were used: direct participation in Waqf management; experience with health services; participation in policy-making; or residence in rural areas where health access difficulties are prevalent². Open-ended questions like "How does Waqf contribute to the provision of health services in your community?" were the main emphasis of the interviews and "What challenges do Waqf institutions face in maintaining health services?" The survey also asked both closed-ended and open-ended questions about community awareness of Waqf programs, affordability of medical bills, and access to health facilities.

This study incorporates secondary data from government health reports, Waqf institution financial documents, and recent scholarly literature in addition to primary data. Triangulation, which compares respondents' assertions with officially recorded facts to strengthen the study's validity, is supported by this secondary data. For instance, national health authorities' figures on health service access and public health spending are used to validate statements about service costs and facility restrictions.

In order to find trends in finance and access, quantitative data from the survey was processed using SPSS version 26 software. Descriptive statistical methods like frequency, percentage, and cross-tabulation were used. In the meantime, NVivo 12 was used to verbatim transcribe qualitative interview data and conduct a theme analysis. According to Braun & Clarke (2020), thematic analysis followed a six-step structure that consists of: (1) getting to know the data; (2) first coding; (3) theme seeking; (4) theme review; (5) theme definition & name; and (6) reporting of results.³ This procedure made it possible to pinpoint recurrent issues like financing volatility, institutional flaws, and a lack of public knowledge regarding Waqf. This approach improves validity and reliability while facilitating replication in subsequent studies by fusing empirical statistics with qualitative insights.

C. Results and Discussion

The conversation is organized according to major themes, emphasizing the significance of Waqf, the difficulties encountered, and potential fixes for enhancing the provision of healthcare services through Waqf institutions. The results' implications for practice and policy are examined, and they are contrasted with previous research.

According to the study, Waqf institutions are essential to enhancing healthcare in Gombe State's rural communities. Among the principal contributions are:

1. Provision of Free and Subsidized Medical Services in the Rural Communities

Waqf endowments give funding to about fifteen rural healthcare clinics in Gombe State, allowing these establishments to offer low-income citizens significantly subsidized or, in certain situations, free medical treatments. These clinics make up over 30% of the primary healthcare facilities in remote districts like Akko, Yamaltu-Deba, and Dukku, where government funding is typically insufficient to maintain essential health services, according to data from the Gombe State Primary Health Care Development Agency (GSPHCDA, 2023) and interviews with Waqf administrators. Access to healthcare has improved thanks in part to this funding, especially in rural areas where infrastructure and human resources are still lacking.

The concrete effects of Waqf on rural healthcare are demonstrated by a number of case studies. Waqf-funded clinics, for example, have lowered patient travel lengths by over 40% in the Akko and Yamaltu-Deba districts, making it possible for women and children to receive routine health examinations and vaccinations. Similarly, within the first year of operation, a community clinic in Dukku that was founded thanks to Waqf contributions recorded a 25% increase in maternal healthcare visits. These results show that in underprivileged areas, Waqf-based actions directly improve access to necessary services and support governmental initiatives. Similar achievements were noted at the Vakıf Gureba Hospital in Turkey and the Selangor Waqf Clinic in Malaysia, where ongoing Waqf support increased staff retention and rural healthcare coverage (Azrak, 2022; Begum et al., 2021).

These Waqf-based healthcare initiatives mostly focus on vulnerable populations, such as the elderly, women, children, and the impoverished, who frequently encounter financial and geographic obstacles when trying to obtain quality healthcare. This result is in line with (A. A. Muhammad, Idriss, et al., 2024), who found that by offering accessible and reasonably priced healthcare to underprivileged groups, Waqf-funded maternity hospitals in Northern Nigeria dramatically decreased maternal and infant death rates. Additionally, the World Health Organization WHO, 2023 has noted that increasing the involvement of Islamic charitable organizations like Waqf can significantly improve the availability of primary healthcare services throughout Sub-Saharan Africa, especially in rural areas where public healthcare infrastructure is still lacking.

2. Support for Healthcare Infrastructure Development

By making it easier to build and maintain clinics, dispensaries, and maternity centers, Waqf has made a substantial contribution to the development of basic healthcare infrastructure in rural areas. A number of Waqf institutions have contributed tangible assets, such as one-story maternity wards and outpatient clinics, as well as land parcels ranging in size from 800 to 1,200 square meters for the construction of rural health centers in order to further support regional healthcare initiatives. Additionally, these organizations have provided basic medications, sterilizing units, ultrasound machines, hospital beds, and other necessary medical equipment to improve patient care and healthcare delivery in underprivileged areas. This result is consistent with Ahmed's observations that Waqf is essential to funding hospital building and upkeep in many nations with a majority of Muslims.

3. Finance for Medical Equipment and Supplies

Waqf institutions make a substantial financial contribution to the purchase of necessary medical supplies and equipment for Gombe State's rural hospitals. In addition to more sophisticated equipment like ultrasound machines, delivery beds, oxygen concentrators, and sterilization units used in maternity and outpatient clinics, these donations also include the purchase of basic diagnostic tools like stethoscopes, sphygmomanometers, and glucometers. Additionally, to lessen the financial burden on low-income patients, a number of Waqf-funded initiatives have provided necessary pharmaceuticals, such as immunizations, analgesics, and antibiotics. Nevertheless, the study discovered that ineffective asset management which includes insufficient financial planning, opaque accounting practices, and erratic Waqf property maintenance often compromises the efficacy of these

donations. Because of this, financing for medical equipment frequently varies, which causes replacement delays, irregular medicine supplies, and sporadic equipment failures brought on by neglecting preventive maintenance. These results are consistent with those of Zakat and Waqf Model in Reducing Poverty among Vulnerable Groups during the Pandemic in Nigeria. (Ratnawati et al., 2021), who highlighted that the viability of Waqf-based healthcare programs is frequently jeopardized by inadequate administrative capability and monitoring systems. This result is comparable to that of (Ambrose et al., 2018), who emphasized the sustainability issues Indonesian hospitals receiving Waqf funding confront.

4. **Employment of Medical Personnel**

Sometimes, especially in remote health facilities that are experiencing a staffing crisis, waqf monies are used to hire medical workers. In underprivileged areas where government aid is scarce, this funding helps fill urgent human resource shortages. However, the lack of a steady revenue base makes it difficult to maintain such programs.

According to the study, Waqf organizations' capacity to continue making regular salary payments is frequently hampered by erratic donor contributions, poor returns on Waqf assets, and inadequate fund management procedures. Many rely on irregular individual gifts, while poorly managed resources like stores and farms bring in little money. This makes it difficult to retain skilled healthcare professionals, particularly in rural clinics where pay stability is essential. These results are consistent with (A. A. Muhammad, Hussaini, et al., 2024), who found that poor Waqf investments and erratic financial flows were the main obstacles to long-term healthcare funding in Nigeria. By way of professional and organized endowment management, Malaysian hospitals that are Waqf-based have managed to keep staff pay stable (Medias et al., 2022).

Notwithstanding its benefits, the study found a number of obstacles that restrict Waqf's ability to improve healthcare in rural areas:

1. **Lack of Awareness and Public Engagement**

A prevalent misconception is that Waqf is only suitable for mosques and other places of worship, and many potential donors in Gombe State's rural areas are unaware of the importance of Waqf in promoting healthcare. Consequently, this outcome supports (A. A. Muhammad, Hussaini, et al., 2024) finding that a major barrier to Waqf's expansion in Nigeria is ignorance.

2. **Weak Institutional and Legal Framework**

According to the report, the government has not established clear standards for the management of Waqf monies for medical services, and the absence of a clear legislative framework governing Waqf in Nigeria limits its effectiveness. This is consistent with (A. A. Muhammad, Idriss, et al., 2024), who noted that Waqf finds it challenging to integrate with Nigerian public services due to legislative difficulties.

For example, Malaysia and Turkey offer exemplary legislative models in which robust Waqf governance laws promote transparency and facilitate integration with public services. In Malaysia, the State Islamic Religious Councils administer Waqf under clearly defined statutory mandates (Hasan et al., 2019), while Turkey's Directorate General of Foundations governs asset registration, financial auditing, and reinvestment in social sectors, including healthcare (Azrak, 2022). Implementing analogous frameworks in Nigeria could improve legal clarity and foster the effective integration of Waqf into the national healthcare system.

3. **Poor Management of Waqf Assets**

Mismanagement of certain Waqf holdings in Gombe State results in monetary losses, and the survey found several unauthorized or underutilized Waqf buildings and lands, including abandoned clinic

premises, unleased store lots, and idle plots that were once intended for hospital development. Consequently, the financial viability of healthcare initiatives is limited by these poorly managed assets, which also reduce the availability of facilities and services for nearby communities. This finding supports (Ratnawati et al., 2021), who contend that inadequate management of Waqf assets impairs their financial viability.

4. The absence of sustainable financial models and irregular funding

Many Waqf healthcare projects in Gombe State rely more on one-time donations than on long-term financial plans. The study discovered that many facilities find it difficult to continue operating after donor funds run out. On the other hand, (Azrak, 2022) showed that Waqf institutions in Malaysia and Turkey use sustainable investment strategies to support long-term healthcare funding.

5. Limited Government Collaboration and Support

Waqf is often not acknowledged by government policy as an official contribution to healthcare development, and the study found limited collaboration between Waqf entities and government health agencies. This result is consistent with Ahmed's (2019) assertion that Nigerian state officials and Waqf institutions should work together more closely.

The results suggested a number of possible ways to improve Waqf's position in rural healthcare:

1. Raising Education and Public Awareness

To inform people about the potential of Waqf for healthcare services, community awareness programs need to be carried out, **and** the health benefits of Waqf should be promoted by Islamic scholars and traditional leaders. **This supports** (Begum et al., 2021) who observed that religious leaders can inspire local communities to support Waqf initiatives. **Developing a Legal and Policy.**

2. Framework for Waqf Management

To guarantee accountability and transparency, a formal Waqf regulatory agency should be established, and the government should enact laws governing the management of Waqf monies for medical purposes. This suggestion supports the assertion made by (A. Muhammad et al., 2025), that policy changes are necessary for Waqf to prosper in Nigeria.

3. Enhancing Financial Sustainability Through Investment

In order to finance medical services, waqf organizations should put investment strategies into place. These plans could involve real estate, agribusiness, and Islamic financial products. This approach is in line with (A. A. Muhammad et al., 2025) who recommended using digital platforms and blockchain technology to improve Waqf fundraising.

4. Strengthening Collaboration Between Waqf and Government Health Agencies

Formal partnerships should be established between government health agencies and Waqf groups, and the government should provide tax exemptions and other incentives to Waqf contributors in order to promote donations. This is consistent with Ahmad's proposal to include Waqf in national health care initiatives.

At both the federal and state levels, a formal integration framework should be established to effectively incorporate Waqf into Nigeria's national healthcare strategy. This framework would involve integrating Waqf-based health initiatives into the operational plans of the National Primary Health Care Development Agency (NPHCDA), facilitating coordination between public facilities and Waqf-funded clinics. To ensure effective policy alignment, resource sharing, and service delivery, a joint task force should be formed, comprising officials from the Ministry of Health, the National Waqf Commission (if established), and relevant NGOs. Additionally, Waqf contributions could be

integrated into the national health insurance program to assist low-income individuals with their medical expenses. Such institutional integration would position Waqf as a sustainable pillar of Nigeria's broader public health infrastructure, thereby enhancing healthcare governance.

5. Enhancing the Management and Use of Waqf Assets

Waqf administrators should be trained in healthcare investment and financial planning, and professional management of Waqf properties should be established to guarantee optimal (Rahmanto & Rahman, 2023) utilization. Who discovered that professional asset management improves Waqf sustainability, lend support to this idea.

Therefore, according to these findings, Waqf has a great deal of potential to improve primary healthcare in rural Gombe State. Despite its contributions to free medical services, healthcare facilities, and medical supplies, Waqf's influence is constrained by issues including low knowledge, lax legal protections, and unstable finances. Waqf has the potential to play a significant role in Nigeria's healthcare finance system by tackling these issues through enhanced public involvement, sustainable investment strategies, and legal reforms. For politicians, Waqf administrators, medical professionals, and Islamic scholars looking to maximize Waqf's contribution to enhancing rural healthcare services, these findings offer insightful information.

D. Conclusion

This study looked at the contributions, difficulties, and potential solutions of waqf in bolstering primary healthcare services in rural communities in Gombe State. The results demonstrate the important role Waqf institutions play in expanding access to healthcare, especially for rural communities that are neglected. Contributions include hiring healthcare workers, building infrastructure, financing medical supplies, and offering free or heavily discounted medical services. Nevertheless, in spite of these contributions, the study found a number of obstacles that prevent Waqf from realizing its full potential in enhancing healthcare services. Poor public awareness, shoddy institutional and legal frameworks, ineffective Waqf asset management, irregular funding, and a lack of government cooperation are a few of these. The sustainability and efficacy of Waqf-based healthcare programs in Gombe State have been impeded by these concerns. A multi-stakeholder strategy including government organizations, Waqf institutions, medical professionals, religious leaders, and local communities is needed to address these issues. Waqf has the potential to be a long-term source of funding for primary healthcare services in Nigeria, which would improve health outcomes and lower poverty in rural areas if it is well run and included into the country's healthcare system.

E. Acknowledgement

The author sincerely thanks the Waqf institutions, Gombe State community leaders, and healthcare officials for their collaboration and insightful comments throughout the study. Additionally, special thanks are given to the academic mentors and reviewers whose insightful criticism significantly improved the caliber of this study.

F. Author Contribution

A.A.M. was the corresponding author, oversaw data collecting, and designed the study. U.J.M. took part in the data analysis and interpretation process and helped establish the study framework. H.A.A. helped with the development of important manuscript parts, field supervision, and confirmation of findings. A.M.A. helped with the paper's final revision and the creation of suggestions. Prior to submission, the final draft of the manuscript was examined and approved by all authors.

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