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Research Article

Waqf As A Device Means To Improve The Health Care And Sustenance Of The Refugee Camps Of North Eastern Nigeria

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Abstract. The North-Eastern region of Nigeria has the highest concentration of border communities, and these contributed to the border-related misconducts, such as the activities of Boko Haram which forced many communities to relocate to safety areas for their comfort of life. Consequently, this situations finally placed many individuals and communities into Internally Displaced Persons (IDPs). This paper investigated the serious challenges faced by these IDPs in relation to shortage of access to health care facilities. The paper revealed how these IDPs were deprived to carry their economics activities such as farming, fishing and access to education as a result of the conflict in the lake Chad region, as well as the cross-border activities from extremist group. Using descriptive and analytical method, this paper states the position of Islam on Waqf as device means of relief on the communities facing the hardship situations. (Waqf is a voluntary charity in terms of land and property and is proven to be a strong instrument to reduce various burdens of life). The paper called on the attention of

individuals, Non-Governmental organizations and Muslims countries to establish a permanent institution that will address these challenges and provide emergency services to this communities. Meanwhile, the paper recommends how this will be designed in order to reach the targeted communities.

Keywords: Waqf , Device, Health Care, Sustenance, Refugee Camps. North Eastern Nigeria.

INTRODUCTION

The UNDP doctrine stated that, Individuals and institutions must become allies in the common cause of enhancing life opportunities-for present and future generations (Nations et al., 1994) on the other hand the UN SDG goal no 3 advocated the on the good health and Well-being of individual and environmental health, to supplement these notions, the institution of Waqf can be additional way of funding the socio-economic problem of the communities which will be applicable to cover the issues such as poverty, challenges of high cost of living as well in promoting health care facilities (Nur Atika Binti Atan and Fuadah Binti Johari 2017). Islam is seriously concern about the well-being of people the Qur'an states.

“And in their wealth (there are portions determined to be given) to the poor who beg, and the poor yet who refrain (from begging)”
(Qur'an 51:19).

It is a known fact that the activities of insurgency in the North East Nigeria led to the emergence of many refugee camps and these new settlements are in need of basic healthcare facilities for their survival such as sufficient medicines, medical tools and equipment, doctors, nurses, other medical staff, rooms and hospitals. Therefore, to supplement government effort in this critical situations , Waqf as an Islamic social fund can be considered an important source to overcome some identified problems.

CONCEPTUAL FRAMEWORK

Waqf can be perceive as a spiritual endowment in Islam (Kahf, 2015). Waqf is private possession or assets of any kind that has been put under restriction from any type of transaction including sales and inheritance (Masruki, R. and Shafii, 2013). Waqf is one of the benevolent acts set by Islam on a voluntary basis since the lifetime of Prophet Muhammad (SAW). The word Waqf derived from an Arabic root verb “waqafa”, which literally means, detention, confinement, and prohibition or causing a thing to stop or stand still (Nahar, H. and Yaacob, 2011). In the words of Abu-Hanifah Waqf technically define is the detention of a specific thing that is in the ownership of the founder and the devotion of its profits for good things (Ibrahim et al., 2013). Waqf has also proven to be a strong instrument to reduce various burdens of life, both economically and socially. Moreover, many sick and poor people in various countries have benefited from waqf. It has a voluntary charity included in shadaqah jariyah (Abdullah, 2020). In other word is one of the Islamic laws related to people's lives known as Ijtima'iyah – the act of worship for public interest as a devotion to Allah (Rusydiana, A.S. and Devi, 2018).

History of Waqf

Waqf can be traced back to the time of the Prophet (SAW), and it is well known in Muslims countries. However, In layman's perspective, waqf is a form of charity given in terms of land and property (Brahim, D and brahim, 2013). While in in Nigeria, the institutions once flourished during the defunct Sokoto Caliphate that was founded by Usman Dan Fodio in 1817 (Ahmad, 2010). Although the Waqf practice faced many challenges over the decades due colonial interruption. Still, there were renewed efforts to upgrade the zakat council to a commission in the aftermath of the Zamfara State declaration of implementation of Shari'ah and following the enactment of the Zamfara State Zakat and Endowment Board Law 2000, which was the first law on Zakat and waqf in Northern Nigeria, as the end of colonial rule. This progress influenced other states in Northern Nigeria (Philip, 2007). This development became necessary because Waqf practice among Muslims in every society is very important because of its value in helping and devolving the status of poor and needy in society (Al-khirqi, 2013).

During the time of Prophet Muhammad (SAW) the institution of waqf offered a source of recovery and health services for the victims of the Battle of Khandaq and continued its glory by means of many Islamic bimaristans (Islamic hospitals), which acted as a modern waqf-based hospitals from the 10th century to the 14th century; under waqf, during this time, hospitals provided not only free services to patients but also family incentives (, Ascarya Tanjung, 2021), When Nigeria returned to democratic governance on May 29, 1999, this resulted in campaign on the implementation of Shariah (the Islamic legal system) across many states in Northern Nigeria. Consequently, twelve states: Bauchi, Borno, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Niger, Sokoto, Yobe, and Zamfara all keyed into the Shariah legal system and put in place certain key arrangements and institutions such as Shariah commissions, da'awah committees, the Hisbah groups as well as the zakat and waqf (endowment) bodies. (Abubakar, 2019).

The Institution of Waqf

Waqf is consider as an important institution in the Islamic social framework. It can harness the potential of selfless charitable giving in an effective way for better economic impact in the targeted social segments of society. (Salman Ahmed Shaikh, Abdul Ghafar Ismail, 1976). Under waqf, an owner donates and dedicates an asset (movable or immovable) for permanent societal benefit. The beneficiaries enjoy its usufruct and/or income perpetually. In the contemporary application of waqf, it can be established either by dedicating real estate, furniture or fixtures, other movable assets and liquid forms of money and wealth like cash and shares.

The tradition is that an owner donates and dedicates an asset (movable or immovable) for permanent public benefit. The beneficiaries enjoy its usufruct and/or income perpetually. In the contemporary application of waqf, it can be established either by dedicating farm products, real estate, library, furniture or fixtures, other movable assets and liquid forms of money and wealth like cash and shares.

The institution of waqf can be used to provide a wide range of welfare services to Muslims as well as non-Muslims, and the beneficiaries could also be other living

beings. For instance, animal protection, famine and environmental preservation expenditures can be provided more flexibly through waqf. The institution of waqf can transform social capital into social and public infrastructure. It provides a permanent social safety net in the case of perpetual waqf to the beneficiaries.

An interested thing is that the institution of waqf is also an excellent source of building religious infrastructure for Muslims in Europe, America and Australia where non-Muslims are the majority and governments are mostly secular and not interested in providing funds for religious infrastructure like mosques. In such countries, Muslims can share infrastructure like schools and hospitals built by the government for all citizens. However, they cannot share the religious infrastructure with non-Muslims, and the government is unlikely to pay attention to the religious needs of minority Muslims in such secular-oriented countries. (Salman Ahmed Shaikh, Abdul Ghafar Ismail, 1976).

To make it an institution the management, administration and governance of waqf, scholars also highlight the importance of professional management and transparent administration of waqf for effective results. (Alpay, S. and Haneef, 2015).

Application of Waqf on Healthcare

Waqf is a voluntary activity that requires perpetuity. Waqf is a charitable endowment which involves donating lands and buildings for education, health, orphanages, businesses, mosques, graveyards, roads, and other public goods. (Abubakar, 2019), and the Purposes for which an asset is delivered in waqf must be within the limits of permitted activities. A related Quranic verse that encourage giving shadaqah (endowment) is in surah Ali Imran verse 92 below:

By no means shall ye attain righteousness unless ye give (freely) of that which ye love; and whatever ye give of a truth Allah knoweth it well.

This kind of philanthropy could be assets are lands, buildings, books, livestock, cash money, etc. Land is the most important waqf asset because of its productivity. (Abubakar, 2019). Recent developments however have made cash waqf as another important type of waqf on account of its productivity just like land.

The institution of waqf rendered exemplary welfare services in the areas of healthcare, education, social welfare, environment, and other community based programs including the construction of hospitals, as well as spending on physician, apprentices, patients, and medicines, was another significant beneficiary of the waqf revenues (Kahf, in Hadiya Mohamad Saleh Baqutayan, 2018). the development of waqf-based healthcare institutions was among waqf development project that has long been practiced by the Caliphs, which had helped the government in providing healthcare services to society. Therefore, Muslims today need more waqf funds to support healthcare services. (Hadiya Mohamad Saleh Baqutayan, 2018).

History revealed that, the third Caliph of Isla Uthman bin. Affan made budget on health and education sectors, similarly the successive caliphs on different times established clinics and dispensaries to treat patients and dispense the necessary treatment for men and women without pay regardless of their gender, religion, or

social status. Each of these clinics was divided into two sections: a men's section and a women's section. These clinics were furnished with the best furniture and equipped with the best tools, as well as cover, clothing, food and service. They included the most famous Muslim doctors, and were often administered by leaders or managers to demonstrate the importance of health services, and to ensure the state cared for health affairs. (Nagamia, Hussain F. MD, 2003). The fact, that waqf played an important role in health on the first centuries of Islam, and since it was practiced by the Prophet (SAW) his companions, its application will also, be possible in the modern time.

Internally Displaced Persons (IDPs) of Lake Chad Basin

The term displaced persons refers to refugees and internally displaced persons (IDPs) who have been forced to relocate to new communities in search of a better life and of safety. While refugees are victims of political violence who have crossed international borders and are seeking refuge in another country (WHO, 2017), IDPs are citizens of a country who have lost their homes, properties or sources of livelihood because of the local insurgency and have sought sanctuary in other parts of the country (Hadiya Mohamad Saleh Baqutayan, 2018).

According to the United Nations Guiding Principles on Internal Displacement (1998), displacement is: being forced or obliged to flee or leave one's home or place of habitual residence, in particular, as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters. (Internal & Displacement, 1998)

The Lake Chad Basin (LCB) region, which comprises four countries and home to ethnic groups in Cameroon, Chad, Niger and Nigeria. The people of the area speak the same language and have a common culture and history. Over the past few years, the region has become a battlefield of the Boko Haram insurgency, which began in Nigeria (Agbiboa, 2017), It is believed that the religious extremists, poverty and lack of basic amenities in northern Nigeria contributed to the rise of Boko Haram and its penetrated into neighboring. (i.e LCB's borders) are poorly manned, and all effort of the governments failed to restored peace and provide meaningful developments therein (Agbiboa 2017).

The Population of Displacement in North-East Nigeria caused by the activities of the Boko Haram sect have exacerbated the displacement of people from Borno, Yobe and Adamawa States, resulting in increased number of internally displaced persons (IDPs). It has been reported that majority of displaced persons from this region are comprised of women and children (Integrated Regional Information Networks, 2014).

The number of IDPs in Nigeria has increased considerably. According to the United Nations Office for the Coordination of Humanitarian Affairs' (UNOCHA) report, there has been a steady rise in the number of IDPs from the three most affected States of Borno, Yobe and Adamawa. For instance, from 2009 to 2010, IDPs rose to 100,000; and from 2010 to 2011 it increased to 130,000. From 2011 to 2012, the number rose to 200,000. From 2012 to 2013, the figure

rose to 290,000. Between May and December 2014, the number of IDPs from the region drastically rose to over 600,000 (UNOCHA, 2014). 1.6 million IDPs in Maiduguri, the 'safest' part of Borno State; • about 144,000 IDPs in Yobe State; • about 135,000 IDPs in Yola, Adamawa State; • 44,800 refugees in Cameroon; • 15,000 refugees in Chad; and • over 105,000 refugees in Niger (Abbani, 2021).

Consequently, in January 2019, the trends from the six states (Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe) mostly affected by the Boko Haram insurgency showed that 1,948,349 individuals were recorded as being displaced. (Abbani, 2021).

The Shortage of Health Care facilities in the IDPs of Lake Chad Basin

The study conducted by Simon, Maxwell and William reported that (2021) the absence of healthcare infrastructure in the LCB have seriously affected the displaced persons' exercise of their right to available healthcare and it negatively impacted their lives. In the report, the participants discussed the barriers to geographical access to healthcare that they were encountering. Some of the challenges faced by the IDPs were inadequate of healthcare facilities in the community, that inadequate healthcare facilities and the absence of healthcare specialists affect the healthcare access of displaced persons. Similarly, the emergence of Boko Haram in the LCB has actually been linked to the limited economic activity in the area and the failure of the concerned governments to provide essential services such as schools and hospitals to the communities therein (Agbiboa, 2017).

The study further stated that, due to the high insecurity of the area and the constant attacks by Boko Haram, healthcare professionals had fled the communities, leaving only a few, many of whom lacked expertise in some areas. This may put the lives of the natives and displaced persons in danger as they may not be able to obtain good-quality medical attention for their unfavourable health conditions (Simon Oyewole Oginni, 2021).

Similarly, health challenges faced by IDPs in North-Eastern Nigeria, Internal Displacement Monitoring Centre (IDMC) stated thus:

IDPs and host communities in the north-east have only limited access to safe drinking water and adequate sanitation, leading to a decline in health and hygiene among both IDPs and their host communities. Public latrines in informal camp-like settings such as schools are often nonexistent or unusable. Defecation and the disposal of children's waste in the open are common, particularly in urban or densely populated host communities. Open defecation raises health, security and dignity issues, particularly for women and girls, and creates tension with host communities. The contamination of water sources has contributed to cholera outbreaks in a number of displacement sites in Biu, Borno state (IDMC, 2014).

According to Uzobo and Akhuetie (2018), health care services remain inadequate in North-Eastern Nigeria, particularly in Borno State, where Boko Haram insurgents have destroyed at least 75 health facilities as at May 2018. Out of the State's 27 LGAs, report has it that only 13 have access to health care facilities (Uzobo, E. and Akhuetie, 2018)

Abdulazeez in (Abbani 2021) reported that, In one of the IDP camps located at the NYSC camp in Maiduguri, Borno State, Abdulazeez (2016) argued that there were hardly any drugs for specific ailments, not even for the most common ones like fever, malaria, and diarrhea. He also reported that very serious health cases were transferred to the government hospitals, but as drugs are not free, people would have to sell their supplies to be able to get access to health care. Health issues in the camps are not taken care of seriously, Abdulazeez concluded. Therefore, the challenges of physical health, infectious diseases and poor hygiene are very common among displaced populations in North-East Nigeria.

Besides the aforementioned challenge, there is problem of language barriers affect the relationships between displaced persons and healthcare professionals. Although the LCB locals speak the same language and accept the displaced persons in their society and treat them as their equals, it appears that the healthcare professionals attending to the displaced persons are not fluent in the local dialect. The official language of Cameroon, Chad and Niger is French, and the official language of Nigeria is English.

Abbani (2021) quoted The Premium Times News and the Guardian Newspaper on children who were the victims of all the 450 deaths caused by malnutrition recorded in 28 Borno State IDP camps in 2015. According to NEMA (2015), children who were affected were between ages one and five. NEMA also averred that 209,577 children were screened for various illnesses, including malnutrition, malaria, diarrhea and vomiting. The agency indicated that about 6,444 severe cases of malnutrition were recorded in the camps, with 25,511 showing mild to moderate symptoms, while 177,622 among them were not malnourished. Displaced children also suffer stunted growth due to extended poor nutrition (Uzobo and Akhuetie, 2018). Malnutrition is, therefore, a common health challenge facing displaced children in the region.

The health challenges that are faced by IDPs, either directly or indirectly. The direct health consequences of insurgency and civil strife are death, injury, disability, sexual assault, and psychological stress. The indirect health consequences include mass migration, food shortages, hunger, malnutrition and the collapse of health services. In the North-East region of Nigeria where the Boko Haram insurgency has resulted in massive displacement of persons, the food shortage, hunger, malnutrition, as well as collapse of sexual and reproductive health services are the most prominent, with women and children being the most affected. There is inadequate provision of healthcare services. (Abbani, 2021).

The Model of a Waqf-based healthcare

(Muhammad Tariq Khan, 2015) cited Ahmed (2007) who reported that hospitals and medicines are one of the most famous sub-sectors of awqaf, so Muslims continued to establish awqaf health care centers and hospitals until the first part of

the 20th century when in Istanbul the Waqf Children Hospital was founded for the children treatment. The Islamic world most hospitals were financed from the revenues of Awqaf. Awqaf were used for structured actions of social nature, like health services, covering the expenses on patients as well as the provision of physicians and training, besides construction of hospitals. The services of the hospital were free, though individual physicians might charge fees. Wealthy Muslims, especially rulers, endowed property, consisting of shops, mills, caravanserais, or even entire villages whose revenue went toward building and maintaining the institution (Muhammad Tariq Khan, 2015).

The records had shown that, Caliph al-Walid ibn Abd al-Malik in 88H was first who built a hospital and appointed paid doctors to care the sick and for quarantine of the lepers. The revenue of endowment (waqf) would pay for the maintenance and running costs of the hospital, and even upon discharge sometimes a small stipend to the patient. Such hospital in the 3rd Islamic century were spread all over the Islamic world, and were a source of happiness for the Muslim community because the patients received treatment, care, food, and clothing. Additionally many of these hospitals performed the function of a medical education center along with treating patients. The Hospitals established on Awqaf had a major impact on delivery of health care to all sections of society especially providing medical aid to needy and poor patients, and offering a valuable service in their treatment, feeding them and following the conditions of both; patients admitted in the hospital or those needed treatment in their own homes. Due to Islamic Waqf law, the number of hospitals highly increased throughout Islamic world. In the 11th century, every city in Islamic world had many hospitals. The Waqf trust institutions funded the hospitals for various expenses, such as the wages of doctors, surgeons, ophthalmologists, pharmacists, chemists, domestics and all other staff, the purchase of medicines and foods; equipment for hospital such as beds, mattresses, bowls and perfumes; and buildings repairing. In different parts of the Islamic world Waqf revenues benefited many famous hospitals, including Al-Mustansiri in Makka, Argun al-Kamili in Aleppo, and the hospitals of Madina, Tunis, Ray, Granada and Marrakech. Many other hospitals that have sprung up in different parts of the Islamic world were also depending mostly on Awqaf for their financing. In womens' Awqaf health services received the lion's share as depicted by establishment of hospitals, offering free treatment to poor patients, besides establishing Waqf on medical education center along with treating patients. The Hospitals established on Awqaf had a major impact on delivery of health care to all sections of society especially providing medical aid to needy and poor patients, and offering a valuable service in their treatment, feeding them and following the conditions of both; patients admitted in the hospital or those needed treatment in their own homes. Due to Islamic Waqf law, the number of hospitals highly increased throughout Islamic world. In the 11th century, every city in Islamic world had many hospitals. (Muhammad Tariq Khan, 2015)

Similarly, other parts of the Islamic world Waqf incomes benefited many well-known hospitals, including Al-Mustansiri in Makka, Argun al-Kamili in Aleppo, and the hospitals of Madina, Tunis, Ray, Granada and Marrakech. Many other hospitals that have sprung up in different parts of the Islamic world were also depending mostly

on Awqaf for their financing. In womens' Awqaf health services received the lion's share as depicted by establishment of hospitals, offering free treatment to poor patients, besides establishing Waqf on medical education. With a full Waqf there were children hospitals, for children to meet their needs, including nurses to attend them. For the children born outside the marriage there were also nurseries to provide them necessary medical aid and providing women to suckle them (Muhammad Tariq Khan, 2015).

Some examples of establishments of hospitals through waqf are given below by Al-Hassani in (Muhammad Tariq Khan, 2015) .

1. Ibn Tulun in 261 H, in Egypt built the first bimaristan and endowed it with several Waqfs to provide for its expenses. To the hospital he also added bathrooms, one for men and another for women. When patients came to the hospital, their clothes, with all their money were deposited with the secretary of the hospital; then they wore hospital clothes and were looked after until they recovered.
2. Salah al-Din al-Ayyubi in Egypt, founded a large hospital in Cairo comprising three separate wards, for men, women and the insane.
3. Adhud al-Dawla (who died in 982 A.D.) built on the western side of the Baghdad 'Adhudi hospital with expenses of great deal of money for providing it with the best medical care available at the time. Construction of this hospital was finished in 978 A. D.
4. Al-Nuri Hospital the famous hospitals in the healthcare sector, built in Damascus in 1145 CE which remained in operation for seven hundred years and was one of the first hospitals adopting medical records. This hospital had two doctors, a surgeon, an eye specialist, a pharmacist, ten attendants for the patients, one cook and kitchen help, a janitor and doorkeepers. It was used as a medical school. In these hospitals the Waqfs covered all expenses on food, lodging, medicine and treatment. The doctors were well rewarded on salaries from the (waqf) endowments.
5. The Qalawun complex built by Sultan Al-Nasir Muhammad Ibn Qalawun in 1284-85 A.D. in the Bayn al-Qasrayn quarter in the heart of Cairo was a massive structure which included a hospital, a madrasa, and a mausoleum was once the most lavish and impressive hospital of its time and functioned throughout the late Ottoman period, and demolished in 1910. Within the hospital pharmaceutical drugs were produced for medical treatment, as well as research and teaching.
6. Sultana Turiana. The hospital of Sultana Turiana remained functional until 1927.

The Scheme of Waqf in Nigerian Legal System

Abdullahi Salisu Ishola cited Chiroma, Magaji, Mahamad Arifin (2013), that, the Nigerian Constitution specifically recognises Islamic law as an independent source or part of the Nigerian law by putting in place separate machineries for administration of its justice system. More strongly, recognising that Islamic law is very wide and its subjects which the court may be invited to adjudicate upon are also

inestimable, the Constitution has given special recognition to some aspects of Islamic law which the court is empowered to exercise jurisdiction upon and termed them as Islamic Personal Law. As waqf is expressly listed as an Islamic personal law matter in the Constitution, it confers constitutional legality on waqf in the country (Ishola, 2019). Based on this therefore, there is bases of waqf in the in Nigeran Legal system. Therefore, since waqf is established as subject of Islamic personal law within the constitutional framework, it follows that there would always be persons versed in the field of waqf among the Justices on the benches of both the Supreme Court and the Court of Appeal in the country. This is a great constitutional recognition according impressive legal basis for waqf in the nation (Ishola, 2019). The permissibility of waqf by the Māliki School, giving it all the necessary legal backings, also strengthens the legal basis for the scheme in the nation (Ishola, 2019).

In other words, since the Māliki School is the official School of Thought (madhhab) in Nigeria and the School approves waqf as a legal scheme, this also makes waqf to be legally well founded in the country. Even the provisions of the Constitution on Islamic personal law are to be interpreted according to the views of the Māliki School.

Establishment of Waqf to improve the Healthcare Services of Internally Displaced Persons (IDPs)

The philosophy of waqf is to provide for the less privileged members of the society, such as the poor, needy, orphans, widows, wayfarers, students. Also, to improve their standard of living, economic status, health, and education to make a difference between truly living and merely living (Alaro & Alalubosa, 2019). Similarly, Binti Saifuddin (2014) in (Alaro, A. A. MAlaro, A. A. M and Alalubosa, 2019) identified that waqf effectively establishes "income-generating activities that are suitable to be operated by disabled people, single mothers, illiterate and unskilled workers. The income-generating activities will significantly benefit these individuals who might find difficulty securing other jobs (Ibraheem Alani Abdulkareem, Mohd Sadad Mahmud et al., 2020).

For effective establishment of the institution of Waqf (Yusuf, 2020) suggested the following:

1. There is need to revive the waqf institution in this 21st century to meet its goals and service purpose effectively. The organization and administrative system is to be reviewed to achieve maximum utilization of the waqf
2. .2. Encouraging cash waqf as it also has potentials and significant roles to play especially by sponsoring education and financing small medium enterprises.
3. The management of waqf property should be reformed. The supervisors (Mutawalli Nazir or Qayyim) must be pious and trustworthy in discharging their duties and administering the waqf property. Integrity of the Mutawallis and their qualification should be coadministration should have a specific guideline for the Mutawallis of Awqaf as to where and how should they or at what rate should they invest the revenues of Awqaf under their supervision.
4. Scholars should conduct enlightenment and campaign on waqf to encourage Muslim capitalist to be setting aside portion of their profit as waqf to attract

Allah's pleasure and strength the bond of relationship between them and the poor people. There is a huge space for advocacy to mobilize support both within the public and private sector to understand the role and advantage of waqf in addressing pressing issues of social security and cohesion. This task can be taken up by the Imams and preachers, members of the civil society and religious organizations.

5. There should be authority in charge of proper and regular supervision of the waqf property and how it's manage by the Nazir so that illegal occupation and misappropriation of the waqf property would be avoided.

In addition the Muslim majority states should include a Ministry of Awqaf to oversee the management of waqf donations.

Waqf for the Healthcare of Internally Displace Persons of Lake Chad Basin

The resources generated from waqf property have since been a vital source of funding for a wide range of public services and welfare activities including; the digging of wells, the construction of water fountains, the construction of homes for the poor who were unable to pay rent, free hostels and hotels for travellers, the maintenance of bridges and roads, the organisation of funerals for the poor, the upkeep of cemeteries, help for the blind, the handicapped and the imprisoned, the financing of weddings for the unmarried poor, food centres serving free meals, the provision of milk for children, and the construction and maintenance of mosques, colleges, schools and hospitals (Krafess 2005 in Phillips, 2009)). Of all of these services, hospitals were one of the greatest legacies of waqf in early Islam. While some hospitals and medical dispensaries were built using private funds, it was largely due to waqf that the early Muslim world became a global leader in the universal provision of medical care. The first Islamic hospital was built in Damascus eighty-six years after the Prophet's (SAW) emigration (Hijra) from Mecca to the city of Medina. Its mission was to cure the sick, give care to those afflicted with chronic diseases and look after lepers, the blind and poor people. Unlike the majority of medical services in the world at that time, all treatment and care was universal and free of charge (Sayali 2006 in Phillips, 2009).

Therefore, Donors can purchase waqf bonds which are invested in property or monetary instruments and the profits are then used to fund projects in the refugee camps. Similarly by allowing donors to specify the source of the funds they are donating for the cause they wish to support, these organisations have also made it easier for Muslims to donate their charity for the purpose of improving the health care.

CONCLUSIONS

This paper attempted to highlight the relevance of awqaf in promoting the healthcare services of the refugee camps. In particular it attempted to show the potential of awqaf for providing the healthcare services and the need for harnessing them in improving the quality of life of refugees' camps. The scheme will supplement government effort to minimized the shortage of healthcare facilities in the camps. IDPs that are particularly affected by the crisis will benefit from the health services.

Recommendations

1. Waqf, in cash could be founded by trade associations and/or merchants, government workers should donate one percent of their income. This would bust the project
2. There is need for the effected countries to have the statistics data on all refugee camps and their basic needs in terms of healthcare services.
3. The revival of waqf institutions in all the effected North-eastern states of Nigeria and other three countries of Lake Chad basin
4. The Managers of waqf should be train to acquired skills for proper management of funds
5. The government should recognize the use of awqaf funds in public budgets as an imperative and provide an enabling legal framework to philanthropists such as tax exemptions to promote donations to awqaf.
6. Membership of the poor in civil society organizations, as the third sector, should be strengthened and used as a vehicle for their involvement in poverty alleviation programmes. .
7. There should be Muslims who can effectively run NGOs like awqaf, and men and women who are trustworthy and knowledgeable. . The government needs to design “well-functioning political institutions that enable the empowerment of the poor and allow them to overcome the social forces and institutions which are largely responsible for their poverty

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