

**MEDICAL PHILANTHROPY'S EFFECTIVENESS VIA ZAKAT DISTRIBUTION:  
A CASE STUDY AT HOSPITAL CANSOLOR TUANKU MUHRIZ UKM**

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<b>Abstract</b>	<p><i>In recent years, the expense of medical care and treatments has been rising annually, ultimately placing a strain on the recipient (asnaf). Among the dependable sources of this funding is zakat. The distribution of zakat to aid with medical expenses has existed for a long time, although no specific details are available. A medical zakat fund is provided to patients who cannot pay medical bills. This study evaluated the required qualities of asnaf to receive medical zakat assistance, the implementation of medical zakat management in Lembaga Zakat Selangor (LZS), and the effectiveness of zakat distribution to certain asnaf. This study employed qualitative approaches to interview asnaf al-gharimin beneficiaries at Hospital Cansolor Tuanku Muhriz UKM (HCTM) to acquire information on medical financial help. The results indicate that medical zakat aids at HCTM-LZS provided the finest service, although there is a need for improvement in the management and distribution of medical financing. Consequently, establishing a pharmacy panel could promote the efficiency of medical care distribution and enhance public faith in the zakat institution.</i></p> <p>Keywords: Zakat, Medical, Philanthropy, al-Gharimin, HCTM.</p>
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**INTRODUCTION**

Allah Almighty requires Muslims to pay zakat when their income exceeds the nisab (minimal fixed threshold). This requirement of zakat is widely referenced in the Quran, and the hadith demonstrates that zakat worship is consistent with the other responsibilities which Muslims must believe. According to Buang (2000), the Quran and Hadith have taught that the fundamentals of the zakat administration are transparency and equity in distributing funds to the needy. This principle is based on a quotation from Surah At-Taubah, verse 60:

﴿ إِنَّمَا الصَّدَقَتُ لِلْفُقَرَاءِ وَالْمَسْكِينِ وَالْعَمِلِينَ عَلَيْهَا وَالْمُؤَلَّفَةِ قُلُوبُهُمْ وَفِي الرِّقَابِ وَالْغَرَمِينَ وَفِي سَبِيلِ اللَّهِ وَأَبْنِ السَّبِيلِ فَرِيضَةً مِّنَ اللَّهِ ۗ وَاللَّهُ عَلِيمٌ حَكِيمٌ ﴾

Meaning: “(Alms are for the poor and the needy, and those employed to administer the (funds); for those whose hearts have been (recently) reconciled (to Truth); for those in bondage and debt; in the cause of Allah and for the wayfarer: (thus is it) ordained by Allah, and Allah is full of knowledge and wisdom.” (al-Quran. al-Tawbah : 60)

According to the verse's interpretation, eight categories of people are eligible for zakat. The zakat's eight asnaf are *faqr*, *miskin*, *amil*, *muallaf*, *riqab*, *fisabilillah*, *gharimin*, and *ibn sabil*. Zakat institutions are crucial in collecting and distributing zakat fairly and equitably. Zakat is a particular amount that must be deducted from a Muslim's wealth and donated to needy Muslims. The beneficiaries receive medical support, housing rental assistance, education scholarship, Islamic association, education needs help, medical debt, debt for essentials of life, and monthly financial aid.

In Malaysia, the distribution of zakat is divided into two categories. Initially, zakat is distributed in Perlis, Kedah, Perak, Johor, Sabah, Kelantan, Pahang, Melaka, Negeri Sembilan, Sarawak, Federal Territory, and Terengganu under the supervision of the Islamic Religious Councils (SIRCs) of Baitulmal's respective states. While SIRCs have formed "Corporate Governance" corporate subsidiaries that manage zakat in their states as the Zakat Collection Centre. For instance, Melaka Zakat Centre, Pahang Zakat Collection Centre, and Negeri Sembilan Zakat Collection Centre in the Federal Territory, SIRCs Baitulmal Collection Centre retain the authority to distribute zakat (Ab Rahman et al., 2019a; Ab Rahman et al., 2020c).

The second category includes distributions made by a corporation or subsidiary established by SIRCs to oversee the collecting and distribution of zakat in an asynchronous on their behalf, such as the Lembaga Zakat Selangor (LZS) and Penang Zakat Governance Centre (Ab Rahman et al. 2022b).

This study reflects the Sustainable Development Goals (SDG), recent initiatives, and economic growth. The effect of increased zakat distribution on al-gharimin has demonstrated that the Muslim economy is not progressing. This growth concerns all Muslims because it affects their perception of Islam. The success of zakat collection and distribution is contingent on the institution's management. Yet, zakat distribution is crucial because it demonstrates how the zakat fund can benefit the community and the nation regarding poverty eradication and economic growth.

In recent years, the cost of therapy and medication has escalated annually, finally placing a strain on the asnaf. As a result, the government has launched several programmes to ensure that poor and needy people have access to affordable medical finance to receive the most excellent care cheaply. A source of this money is the distribution of zakat, specifically asnaf classified as al-gharimin, eligible for medical and treatment assistance. The Zakat medical fund is a charity for patients who cannot afford to pay their medical bills. The primary purpose of zakat is to help poor and needy Muslims pay for all of their medical bills at a government or private medical establishment. In this study, al-gharimin is the only recipient of medical zakat. Lembaga Zakat Selangor (LZS) solely offers medical zakat support to asnaf faqr, miskin, muallaf, and the al-gharimin. This medical aid also provides help with hemodialysis therapy, which costs slightly more than other medical aid. In 2020, for instance, hemodialysis therapy cost LZS a total of RM37.35 million out of a pharmaceutical expenditure of RM61.29 million (Lembaga Zakat Selangor, 2020). Asnaf *al-gharimin* is a Muslim who, through the system zakat Selangor, owes money to support their fundamental wants and dependence on society's interests but cannot pay it.

The LZS and the Federal Territory Islamic Religious Council (MAIWP) have successfully distributed charity to patients receiving treatment at the Hospital Canselor Tuanku Muhriz UKM (HCTM) and the Kuala Lumpur Hospital (HKL), according to a study conducted by Muhammad Hafiz (2016), he examined the effectiveness of medical charity distribution. However, this study will broaden the investigation toward the characteristics of al-gharimin, the implementation of medical zakat management in Selangor, and the efficacy of zakat distribution to this type of asnaf.

### **CHARACTERISTICS OF AL - GHARIMIN**

Zakat is the third pillar of Islam. It is related to the interaction between human beings with Allah SWT and human ties among them. Zakat is a mechanism of social security that wealthy people can utilise to transfer part of their property to the asnaf. Eight asnaf of zakat are

qualified to get zakat according to Islamic fundamentals one of them is al-gharimin. Al-Gharimin is the plural noun for *al-gharim* (غارم), which signifies debtor. Meanwhile, the term *al-ghareem* (الغريم) means creditor. The original word is *al-Gharm*, meaning binding responsibility (Muhammad Ruwas, 2010). As stated in surah Al-Furqan verse 65:

﴿وَالَّذِينَ يَقُولُونَ رَبَّنَا أَصْرِفْ عَنَّا عَذَابَ جَهَنَّمَ ۚ إِنَّ عَذَابَهَا كَانَ غَرَامًا﴾

Meaning: "And those who say, "Our Lord, avert from us the punishment of Hell. Indeed, its punishment is ever adhering;" (al-Quran. al-Furqan: 65)

*Al-Gharimin* is the sixth Zakat recipient category listed in Surah Al-Tawbah: 60. This group includes persons who are indebted and require debt relief assistance (Al-Qal'aji, 2010). Yet, Islamic scholars disagree over the precise term. Al-Sharnablaniyy (2004) described *al-gharimin* in the Hanafi sect as a debtor unable to repay the debt, with the quantity of debt being more significant than the source of income. While the Maliki sect defines *al-gharimin* as a debtor without the means to repay it, the debt is not for *haram* (prohibited) activities (Al-Zuhayliyy, 2011). The Shafie and Hanbali sects have divided the definition of *al-gharimin* into two categories: (1) those who are owing to themselves or others in the subject of virtue or vice. (2) those who are in debt to reconcile a dispute between two parties despite their wealth (Al-Qardawiyy, 2010; al-Zuhayliyy, 2011). According to the stated definition, *al-gharimin* cannot repay their debts. In the interim, they lacked adequate property and wealth to cover their debt and living expenses.

According to the allocation of the Federal Constitution (2019) in the Ninth Schedule of II list of States List, zakat matters in Malaysia fall under the jurisdiction of state governments. Thus, the administration of zakat falls under the jurisdiction of the States Islamic Religious Council (Raziah, 2014; Ab Rahman et al., 2021d; Ab Rahman et al., 2019e). According to this rule, each Malaysian state can interpret the *al-gharimin* category as shown in Table 1. For instance, the zakat institution in Terengganu, Kedah, Kelantan, Perlis, Negeri Sembilan, Selangor, Melaka, Johor, and the Federal Territories defines al-gharimin as:

*"a group of people who are indebted to fulfil the basic needs for the welfare of themselves, their families, or the community, and who require immediate solution and are permitted by Sharak."*

In Pahang, however, the description of *al-gharimin* is more specific:

*"a group of people who are in debt, including the guarantors, to meet the necessities of themselves, their families, or the society, and who require immediate solutions and are permitted by the Sharak."*

According to Penang's and Pahang's zakat institution, *al-gharimin* refers to any individual or organisation in debt due to borrowing money or property for public or private benefit, as permitted by Sharak. Besides, in Sarawak, it is defined as :

*"a person who must incur debt due to urgent necessities that are not excessive for themselves and the Muslim community, and not for unjustified reasons."*

In conclusion, it can be deduced that the definitions of *al-gharimin* in Malaysia pertain to a person or organisation in debt and unable to pay it themselves or through the community for practical reasons. This act is not forbidden by Islamic law.

Table 1. The Diversity Interpretations of Al-Gharimin in Malaysia

The Administration of Zakat in Malaysia (State Islamic Religious Council)	Definitions of <i>Al-Gharimin</i>
<i>Majlis Agama Islam dan Adat Melayu Terengganu (MAIDAM)</i>	A group of indebted people fulfil the basic needs for the welfare of themselves, their families, or the community who need an immediate solution and are allowed by <i>Shara</i> <sup>c</sup> .
<i>Majlis Agama Islam dan Adat Istiadat Melayu Kelantan (MAIK)</i>	
<i>Majlis Agama Islam dan Adat Istiadat Melayu Perlis (MAIPs)</i>	
<i>Majlis Agama Islam Negeri Sembilan (MAINS)</i>	
<i>Majlis Agama Islam Selangor (MAIS)</i>	
<i>Majlis Agama Islam Wilayah Persekutuan (MAIWP)</i>	
<i>Majlis Agama Islam Negeri Johor (MAIJ)</i>	
<i>Majlis Ugama Islam dan Adat Resam Melayu Pahang (MUIP)</i>	A group of people in debt included the guarantors to fulfil the basic needs of themselves, their families, or the community and need immediate solutions as well as allowed by the <i>Shara</i> <sup>c</sup> .
<i>Majlis Agama Islam Negeri Pulau Pinang (MAINPP)</i>	Any person or organisation is burdened with debt because of borrowing money or property for public or personal use as permitted by <i>Shara</i> <sup>c</sup> .
<i>Majlis Ugama Islam Sabah (MUS)</i>	
<i>Majlis Islam Sarawak (MIS)</i>	
	A person who is in debt due to urgent needs. However, it is not for themselves, the Muslim community, nor unrighteous purposes.

Sources: (Muhammad Khalil et al., 2020).

## RESULT AND DISCUSION

The over-a-year-long Covid-19 outbreak has severely affected Malaysians' economic status and well-being. The government has launched numerous programmes to aid the less fortunate, including establishing a moratorium. In the context of asnaf gharimin, zakat institutions also indirectly assist indebted individuals (Ab Rahman, A, 2022a).

The government needs to promote an alternative means of financial support focused on helping the impoverished acquire health care at the lowest cost to avoid them from getting overwhelmed. There are several means to cover the expense of this treatment, including supporting insurance or non-governmental organisations (NGOs) such as the foundation and state Islamic religious councils through the zakat scheme (Ab Rahman, A, 2020b). Most zakat institutions in Malaysia have long introduced medical zakat to support persons with health difficulties. The Zakat fund will be distributed to qualifying persons using different simple, effective, fast techniques. In Malaysia, the laws and procedures governing zakat administration vary in each state. This initiative is to make zakat management and administration more professional, precise and adequate to the payer and beneficiary zakat. Yet, some zakat payers and providers still elect to pay directly to the zakat recipient (as a charity) rather than directly to the zakat institution (Abdullah Thaidi et al., 2021).

The role of the zakat institution is to ensure that the zakat management and administration are done correctly and successfully. The zakat institution should also endeavour to strengthen the zakat payer trust value of the zakat institution. Based on this research article concentrating on the institution of Lembaga Zakat Selangor (LZS) under the purview of the Selangor Islamic Religious Council (MAIS). LZS, responsible for collecting and distributing zakat, have employed localised ways to distribute medical charity at significant hospitals in Selangor, such as Hospital Canselor Tuanku Muhriz UKM (HCTM). The Zakat outcome was RM78.6 million for asnaf gharimin from the total zakat distribution. RM993 million was distributed by LZS (Lembaga Zakat Selangor, 2021). Yet, other zakat institutions also utilise their technique to ensure that the medical zakat fund reaches the asnaf.

The procedure should be followed asnaf at HCTM for medical zakat from LZS. It simply involves three approaches, namely (1) application, (2) eligibility and (3) the approval of the application. Patients with health problems will see a doctor or pharmacist to confirm sickness, the type of therapy, treatment period, medicines and the cost of treatment required. Same with a patient who a doctor or physician has treated will be offered an option to apply for zakat fund or use their own money to pay the expense of treatment. Health reports created for patients needing financial support will be sent to the doctor or JKSP (Jabatan Kerja Sosial Perubatan) as soon as possible to acquire financial assistance. Patients need to wait for a call or instructions to present themselves to the JKSP office to offer social information economy to the JKSP officers and complete the application form. Officer The JKSP will examine the case file and acquire the facts relevant to the patient about socioeconomic position such as job, insurance, household income, responsibilities, etc. Based on this information, the assessment of asnaf eligibility for zakat can be carried out sensibly and conform with the conditions has been set by LZS.

For individuals who work in the government and private sectors and have protection or insurance from employers, JKSP will recommend to employers to manage to fund the cost of treatment required by the patient. Patients who don't have insurance or insurance and get income exceeding RM3000 will be charged 12 per cent of total revenue for each remedy, while the LZS charity fund will finance the balance. These are rules LZS has set for financial aid. This eligibility evaluation process will be evaluated cautiously while maintaining justice towards asnaf patients and the zakat fund because it involves zakat money, a trust from a zakat payer for distribution only to a qualified individual.

After the application for medical zakat that the senior medical social work officer has examined will be turned over to the officer's superiors for approval. Two officers are responsible for approving an application request. For medical zakat cases of RM5,000 and lower, grant approval will be given by the Head of PPKM JKSP, while the higher officer Chief will approve claims over RM5,000 up to RM10,000 of Operations. The approval process takes a bit longer than 14 days or two weeks because some cases require approval outside the JKSP, including the Head of Operations Faculty of Medicine HCTM. Its impacts would increase with the bureaucracy faced before seeking help (Muhammad Hafiz, 2016).

Locally, medical zakat is distributed to specific asnaf fakir, miskin, muallaf and gharimin, comprising chronic medical help, monthly treatments, equipment and dialysis aids. Consequently, help medical zakat is also supplied as a Chronic Patient Fund and Emergency to chosen hospitals to help asnaf, who sought medical care at the hospital. One of the newer kinds is medical zakat which plays a role in helping to minimise the cost of health care patients. Using zakat funds, Suhaib (2009) recommends setting up pharmacies in a range of places to offer health treatment to the poor without any charges or at a minimum cost. The service of a volunteer doctor or a doctor who charges a minimum must also be offered by the Baitul Mal or management institution zakat to serve patients. Zakat money should also be a source of significant funds to assist hospitals that treat impoverished patients (Mohamed, 2007)

Moreover, HCTM distribution of zakat payments received varies yearly based on the regulations granted by LZS. The Medical Social Work Department (JKSP) will manage the monies raised. The JKSP is responsible for offering aid to persons in need. Service is supplied

to asthma patients undergoing treatment at HCTM through referral procedures from Medical Officers, clinics and wards, Medical Rehabilitation Departments, Revenue and Assessment Units and the Department of Finance. Services given include psychosocial/socioeconomic assessments, community facilities consulting, crisis intervention, and referral to community resources for practical support. The type of aid supplied is help for the expense of therapy, equipment and drugs. The JKSP is responsible for managing various grants received, such as the Malaysian Medical Aid Fund (TBP), HCTM patient welfare fund, MAIWP and LZS institutions, PPAHM FUN, UEM Group Berhad, Lion Group Fund, Malaysian Medical Welfare Fund (TKPPPUKM), Media Prima, Buddhist Tzu Chi, National Cancer Council, and HCTM patient welfare fund (TKPPPM). Each fund raised will be allocated to asnaf according to the type of medical need with a physician's advice. Financial support received is in the form of cash, checks, postal orders, money orders and postal orders.

LZS has also contributed a considerable quantity of zakat cash to cover medical costs for end-stage renal failure patients undergoing hemodialysis treatment. According to a report from the LZS, the LZS has sponsored over 1,000 patients having treatment hemodialysis at the bottom. The disease of kidney failure or damage to end-stage prunes necessitates hemodialysis treatment for the sake of living. Patients getting hemodialysis treatment in Malaysia are expanding every year, and the disease is failing; this latter stage is one of the most severe diseases that requires support from many parties. According to the study, participants who had surgery Hemodialysis treatment had poor quality of life due to several variables, which is a limitation on their lifestyle regular, limited physical activity, worry over periodic uncertainty life and emotional well-being (Norhayati, Asmawati & Norella, 2011). Additionally, the installation of medical zakat management at Selangor positively impacts asnaf.

### The Effectiveness of Zakat Distribution Towards Asnaf al-Gharimin

The interview method is employed with selected patients involved in medical assistance from the zakat institution. Respondents are chronic patients at HCTM who desire long-term treatment. This study interviewed chronic patient guardians consisting of husbands, children and mothers. Patients are of varied ages and genders. Individuals getting zakat aid to have various medical conditions such as diabetes, stroke, renal, etc. Researchers will also be able to look at how carers care for these patients and the relief supplies they receive at the pharmacy and via Lembaga Zakat Selangor (LZS).

This study indicated that all informants used the same procedure when applying for a medical zakat medicine, describing the necessary health products and mentioning the anticipated pricing in the market. Some of them get the quantity of zakat distribution a bit low. Nonetheless, in general, medical zakat donated to asnaf is supposed to ease the patient's financial burden for the expense of treatment. Table 2 illustrates the procedure of application for zakat towards al-Gharimin.

Table 2. The Procedure of Application for Zakat Towards al-Gharimin

Interviewees	Age	Medical	Responds
Interviewee (IV1)	47 years old	Dialysis - Haemodialysis (HD) units	<i>"I was requested based on the hospital's required amount and listed necessary things... I got the approval of the application after a week."</i>
Interviewee (IV2)	56 years old	Diabetes - Obesity and Diabetes (4F) Units	<i>"I was requesting zakat based on the bill of treatment monthly... after zakat approves the application, then we can continue with the treatment... the approval of the application in one week."</i>

Interviewee (IV3)	58 years old	Diabetes - Obesity and Diabetes (4H) Units	<i>"I had been listed the need... when we get an approval, ran out of medicine at pharmacy... the approval of application takes one week."</i>
Interviewee (IV4)	26 years old	Accident - (4G) Units	<i>"We get an approval of application about five days... After zakat gives the approval letter, we can proceed to the operation and medicine."</i>
Interviewee (IV5)	52 years old	Stroke - (7) Units	<i>"I was requested adult diapers and four cans of milk, but we just can take four cans of milk... Then after a few months, the rest of my requests were approved by zakat."</i>

Source: Author's elaboration based on the interview.

Based on Table 2, Lembaga Zakat Selangor (LZS) will approve the application and agree on the amount of value to be paid based on the price of the medical bill listed by asnaf. The LZS will announce a letter of approval with a price and the type of health item that can be claimed at the pharmacy explicitly based on an authorisation from zakat. Then the pharmacy will claim the amount to LZS. Interviewee (IV1) reported that the LZS had granted medical zakat based on the request. But for some, the LZS does not recommend all the required materials. The second piece of evidence is that Interviewee (IV5) applied for treatment assistance such as adult diapers and four cans of milk. Regrettably, only milk was accepted; after a few months, all the applications were approved.

Regarding coverage of the medical treatment bill, LZS will cover the full payment based on the amount indicated by the hospital. All of the informants reported LZS had paid their treatment bill. But, some respondents have to upfront their money before obtaining financial aid from LZS. For example, he was told by Interviewee (IV4) at the beginning he should use his own money before receiving approval for the application. Some of asnaf get a deposit for continuing the treatment. LZS will give the deposit based on the situation and the type of illness. For example, it has been revealed by Interviewee (IV1) he accepted a deposit of RM1000 for monthly treatment. The medical treatment bill that constantly fluctuates will burden asnaf has been said Interviewee (IV5). Table 3 indicates the payment of treatment by zakat institutions.

Table 3. Payment of Treatment Bill

Interviewees	Age	Medical	Responds
Interviewee (IV1)	47 years old	Dialysis - Haemodialysis (HD) units	<i>"I accepted a deposit of RM1000 for monthly treatment. All of the treatment bills and medicine had been paid by zakat."</i>
Interviewee (IV2)	56 years old	Diabetes - Obesity and Diabetes (4F) Units	<i>"I don't get any deposit. All of the treatment bills and medicines have been paid by zakat."</i>
Interviewee (IV3)	58 years old	Diabetes - Obesity and Diabetes (4H) Units	<i>"I don't get any deposit. All of my treatment bills and medicine had been paid by zakat."</i>

Interviewee (IV4)	26 years old	Accident - (4G) Units	<i>"I don't get any deposit. In the beginning, I used my own money, then after getting approval, all of the bill treatment was settled by zakat."</i>
Interviewee (IV5)	52 years old	Stroke - (7) Units	<i>"I don't get any deposit. The hospital bill payment is expensive and always changing."</i>

Source: Author's elaboration based on the interview.

The study also indicated that financial aid supplied by the zakat centre to Asnaf covered two types of distribution, namely in the form of necessary items and money. The first is the delivery of products to the asnaf, and this approach has been explained by Interviewee (IV2). Based on Table 3, the results of this interaction can be seen that after the application has been authorised, a specified sum, together with a letter of approval, will be delivered to asnaf. Asnaf has to take medicine from the government or private pharmacies, as Interviewee (IV1) described. Generally, this approach is employed when asnaf can purchase the stuff needed at the nearby pharmacy, and the pharmacy also sells the required as the case Interviewee (IV5). After asnaf has taken the appropriate supplies, the pharmacy will receive money from LZS monthly. All informants have adopted this strategy except Interviewee (IV3).

In the case of Interviewee (IV3), the second way of distribution is the asnaf need to upfront their own money and then claim all the expenditures based on the purchase receipt. This happened because, according to Interviewee (IV3), the selected pharmacy indicated a requirement for something when the application was made. Nevertheless, while LZS has approved, the requisite commodities are not in the process. This matter will induce asnaf to buy at another pharmacy and maybe give implications of the inadequate quantity of zakat help offered due to high costs at other pharmacies. The study results also indicated that implementing medical zakat to the asnaf deserving has dramatically decreased their financial load and that the patient has exhibited excellent and satisfactory. Table 4 shows the zakat distribution towards asnaf.

Table 4. Zakat Distribution Towards Asnaf

<b>Interviewees</b>	<b>Age</b>	<b>Medical</b>	<b>Responds</b>
Interviewee (IV1)	47 years old	Dialysis - Haemodialysis (HD) units	<i>"I get an application approval letter and give it to the hospital for treatment. I need to get the medicine at the pharmacy first. After that, the pharmacy will issue the invoice as evidence to claim the treatment bill at zakat."</i>
Interviewee (IV2)	56 years old	Diabetes - Obesity and Diabetes (4F) Units	<i>"After I got approval, zakat gave the hospital and pharmacy an approval letter. Then we can proceed with the treatment and need because there is already proof. We can take the item that is needed monthly. For the next month, the pharmacist will claim the payment with zakat."</i>
Interviewee (IV3)	58 years old	Diabetes - Obesity and Diabetes (4H) Units	<i>"The zakat officer said we do not have to spend our money because they can settle everything. I needed to take all I needed at the pharmacy beside the zakat centre, but the pharmacy ran out of the needed stuff. I buy at a giant superstore using my money, and then I claim all the expenses on zakat."</i>



Interviewee (IV5)	52 years old	Stroke - (7) Units	"I get all stuff that I need at pharmacy alpha. Before I get zakat, I will usually take the medical needed at pharmacy alpha. So when zakat approved my application, they said I could continue getting all I needed at any pharmacy. They do not have any panel of pharmacy."
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Source: Author's elaboration based on the interview

## CONCLUSION

Medical zakat can be viewed as one of the significant steps by LZS for decreasing a load of asnaf patients, mostly al-gharimin. The high cost of medicine would make it challenging the situation of asnaf, but the help of this zakat has helped a lot in terms of relief financially or emotionally. This can refine the standard of living and eventually contribute to the country's economy. The beneficial consequence of the distribution system is that Asnaf does not have to spend its own pocket money to buy medical supplies. Asnaf needs to take medicine at the pharmacy, and the pharmacy will claim the fees from LZS.

Nevertheless, this strategy can only be employed when the necessary supplies are available at a pharmacy. If the required item that asnaf need are offered in multiple Pharmacies thus, this way, it's not practicable. Therefore, the negative of this strategy is that not all the essential supplies are available in limited-scale pharmacies. The advantage of the cash distribution technique is that it is easier for asnaf to get the necessary item. Asnaf can acquire products not only in one pharmacy but in any pharmacy regardless of government or private.

On the other hand, the negative of this strategy is the process of retrieving the money it has made used to buy medical supplies for an extended period. This is because asnaf essential apply for a refund every month. At the same time, asnaf needs money to acquire other everyday essentials. In this instance, asnaf is compelled to go to multiple pharmacies to get essential medical supplies. This will have implications for higher expenditures such as time costs, waste of energy, transportation costs and other variables that will affect the finances of asnaf.

This study, therefore, recommends that LZS may develop pharmaceutical panels appointed by LZS to facilitate and speed up the procedure by getting asnaf required. Even the essential item indeed is in the shop. This will also lead to lower prices for medical products because the pharmaceutical panel will acquire medical products in large quantities to fulfil the asnaf and LZS requests. But not only that, the pharmacy panel can also recover the necessary item that Asnaf took, which may be healed faster. The medical aid offered by LZS has had limited good influence towards asnaf and can benefit and promote health to chronic pain patients. A transparent manner of medical charity distribution will successfully promote the LZS image and acquire the faith of zakat at the institution. Thus, al-zakat gharimin's medical assistance should be preserved and even required to continue to be empowered so that it can continue to help asnaf.

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