

Challenges in Managing Al-Riqab Rehabilitation Centres in Selangor: An Exploratory Study

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Abstract

In Malaysia, the rehabilitation of al-Riqab is conducted through rehabilitation centers operated by state governments, private individuals, and Non-Governmental Organizations (NGOs) to address multi-faceted social and aqidah (Islamic faith) issues. Although these initiatives are crucial, significant issues persist, including negative perceptions of management, deficiencies in strategic planning, unstable organizational structures, insufficient human and financial resources, as well as limited workforce competencies. This study examines management challenges in six rehabilitation centres in Selangor administered by the Selangor Islamic Religious Council (MAIS) and various NGOs. Utilizing a qualitative research methodology, this study incorporates document analysis, observation, and semi-structured interviews to obtain an in-depth understanding of the identified issues. The collected data were subsequently analyzed using thematic analysis. The findings of this study identified three primary themes concerning management challenges: namely, management and administrative issues, financial and human resources management, and issues pertaining to religious education, rehabilitation, and trainee support system. The first theme, the study found that confusion regarding NGO registration due to involvement of multiple authorities, inefficiencies in daily operational procedures, and inconsistent implementation of scheduled meetings. The second theme, financial and human resource constraints, the study found that ongoing challenges faced by the centres, particularly those managed by NGOs. These include limited funding, staff shortages, and difficulties in recruitment and staff development which impact the sustainability and effectiveness of rehabilitation services. The final theme focused on challenges related to the rehabilitation programme structure. These included issues in managing trainee admissions, inconsistencies in educational modules and teaching practices, weaknesses in assessment systems, and difficulties arising from the diverse backgrounds and cognitive conditions of the trainees. Overall, this study highlights the need for more effective

and comprehensive management strategies to ensure the long-term effectiveness of al-Riqab rehabilitation centers.

Keywords: al-Riqab, Management issue, *al-Riqab* Rehabilitation, Management Strategist, NGO, Qualitative

Introduction

Management constitutes a fundamental component of societal functioning. In the context of *al-Riqab* management, it involves processes of cultivating and guiding individuals to attain an equilibrium between material and spiritual dimensions of life while safeguarding public interests. According to Basir et al. (2019), the management structure of an organisation should be guided by an appreciation of religious values and beliefs, positioning Shariah as the epistemological foundation. This approach ensures integrity and efficacy in achieving organisational objectives and the advancement of societal welfare.

The establishment of rehabilitation centres in the state of Selangor and other regions of Malaysia has contributed significantly to addressing social and theological crises affecting the community, particularly among Muslims. Abdul Qahhar et al. (2019) note that threats to the Islamic creed (*aqidah*) stem from two primary sources; external and internal factors including various religious issues that directly influence public perceptions of the efficacy of Islamic religious administrative agencies. These challenges include doctrinal deviations arising from the influence of other religions and prevailing social problems. Individuals categorised under *al-Riqab* are placed in rehabilitation centres where they undergo education and religious awareness programmes, including instruction in Islamic theology. The management of these educational programmes is particularly aimed at restoring correct *aqidah*, thereby facilitating the support and liberation of *al-Riqab* individuals from their existing constraints.

In a broad context, the term *al-Riqab* denotes individuals who are shackled or subjected to various forms of exploitation – whether intellectual, material, authoritative or personal freedom, and who lacks the means to emancipate themselves from these conditions of subjugation (Naquiuddin, 2020). The categorisation of *asnaf al-Riqab* encompasses several groups, as defined by the respective State Islamic Religious Councils in Malaysia. Traditionally, the term *al-Riqab* refers to slaves under a contractual manumission (*mukatabah*) arrangement, whereby they gradually acquired or redeemed their freedom from their masters. Therefore, classical jurists construed the term to symbolise enslavement, conceptualizing it as a form of bondage that deprives individuals of their freedom (Azman Ab Rahman et al., 2016). In the contemporary context, *al-Riqab* has been extended to also include marginalised groups such as gays, bisexuals, lesbians, and transgender individuals (LGBT), whose rehabilitation falls under the responsibility of State Islamic Religious Councils and zakat institutions (Aleh et al., 2021; Zafirah et al., 2021). Muhammad al-Bakri (2013) further extends the definition of *asnaf al-Riqab* to include individuals involved in prostitution. Selangor is the only state in Malaysia that operates rehabilitation centres specifically designed to address Syariah criminal offenders through Islamic theological (*aqidah*) education. However, limitations in optimizing the delivery of *aqidah* education in these centres have been identified as a key underlying issue (Salam et al., 2021). In addition, state-level Islamic affairs management agencies encounter several critical challenges, notably negative public perception toward their management, particularly concerning the delivery of *aqidah* focussed educational services. Other concerns include deficiencies in planning, organisational

structure, human resources, financial capacity, and workforce competency. These managerial shortcomings may compromise both the administration and the teaching of *aqidah* in the rehabilitation centres, potentially rendering the theological education provided to trainees ineffective if left unaddressed. The operational effectiveness of Islamic religious agencies is frequently criticized as inadequate (Abdul Qahhar et al., 2019).

Therefore, there is an essential requirement to strengthen management strategies within *al-Riqab* rehabilitation centres to ensure the holistic fulfillment of the Islamic principles. This situation prompts critical questions: What are the prevailing management issues within *al-Riqab* rehabilitation centres? Based on the identified concerns, it is evident that unresolved management issues could significantly impede the centres' ability to realize their intended goals. Is there potential for improvement to effectively address these challenges? In response, this study examines the key management challenges faced by *al-Riqab* rehabilitation centres in the state of Selangor. Strategically, the research reinforces the role of the Selangor Islamic Religious Council (MAIS) as the principal entity for coordinating, regulating, and developing Islamic institutions. It offers substantive contributions to institutional reform, benefits key stakeholders such as rehabilitation centre as service providers and guiding teachers, and facilitates theological and personal transformation among recovering individuals. Overall, the findings illustrate the social importance of Islamic institutions in guiding the *asnaf al-Riqab* community toward spiritually grounded and purpose-driven lives.

Literature Review

Definition of Management

In general, an Islamic management system is understood as a framework for governing human life grounded in comprehensive Islamic philosophy and principles, aimed at achieving efficient service delivery and high-quality outcomes (Ilhamie, 2001). Koontz and Weihrich (1997) define management as the process of designing and maintaining an environment in which individuals collaborate effectively to accomplish pre-determined objectives. Similarly, Hassan (2022) conceptualizes management as a collaborative process in which all members of an organisation work collectively to achieve common goals, encompassing the functions of planning, organizing, leading, and controlling. Crowell and Anderson (1983) define management as a process through which a manager establishes long-term planning that outlines the organisation's direction, arranges personnel to execute tasks efficiently, allocates and controls resources, and motivates employees toward achieving organisational goals.

According to al-Buraey (1986), workers are inherently social beings who require interaction with one another, and management is the coordination of human energy to meet collective objectives. Ibn Khaldun characterizes management as a societal activity intended to govern human efforts within groups toward a shared purpose. From a Western perspective, Mary Parker Follett defines management as "the art of getting things done through people" (Azmi, 2001). Awang (2012) describes management as "the art of applying human knowledge", involving the administration of both human and non-human resources to achieve specific goals. Rahman et al. (2022) assert that the use of natural resources whether divinely granted or human-constructed is also considered a form of Islamic management. In the Islamic worldview, servitude to Allah and service to humanity represent two essential aspects of management. Therefore, management practices must satisfy both human needs and divine approval (Rahman et al., 2022). Drawing from these definitions,

management can be summarized as a means to effectively and efficiently utilize of organisational resources including capital and finances in order to accomplish designated objectives.

This study employs the Islamic management element theory to analyse *aqidah* education in rehabilitation centres. Mohd Affandi (1985) conceptualises management through *shura* (consultation), outlining three primary objectives. The foremost objective is to establish a management philosophy grounded in the Qur'an and the Sunnah of the Prophet Muhammad. The second is to prioritise leaders or managers of high moral character. The third is to implement management practices that ensure organisational success in both this world and the hereafter. Ilhamie (2001) argues that when managers and workers internalise *tawhidic* values in management, they will exhibit qualities such as trustworthiness, diligence, efficiency, honesty, discipline, and accountability. They are motivated by the belief that true success lies in adherence to Allah's commands. The ultimate objective of management in Islam is to serve the Creator and gain His pleasure, thereby securing success in both this life and the next (Idris et al., 2019), as reflected in the following verse of the Qur'an:

"And not I have created the jinn and the mankind except they worship Me." (al-Dhāriyāt 51:56)

Mohamed and Basir (2015) elaborate on the concept of *itqan* in Islamic management, which emphasizes building consistent, high-quality work ethics through the cultivation of strong relationships with others and with the Creator (*hablun min Allah*). This includes continuous self-improvement and skill development to advance both the organisation and the individual. In conclusion, management is essentially the process of achieving organisational goals through the collaborative efforts of all members, involving planning, organising, leading, and controlling resources. This process is made effective through strategic planning, organisation, leadership, and control mechanisms.

The Governance of Al-Riqab Rehabilitation Centres

The management of *al-Riqab* rehabilitation centres in Malaysia is generally overseen by the Department of Islamic Development Malaysia (JAKIM) at the federal level, in collaboration with State Islamic Religious Departments, State Islamic Religious Councils, and State Mufti Departments. In the state of Selangor in particular, the management of *al-Riqab* is implemented through the establishment of rehabilitation centres operated in partnership with designated agencies, individuals, and NGOs. To address a range of social and theological crises, the Selangor Islamic Religious Council (MAIS) has entrusted the Social Development Sector with the responsibility of managing *al-Riqab* rehabilitation centres. This sector provides protection and rehabilitation services to vulnerable groups across diverse categories, including individuals subject to court-ordered rehabilitation, those experiencing social problems, drug addiction, mental health disorders, HIV, neglected children, persons with intellectual disabilities, domestic violence survivors, and individuals with theological (*aqidah*) challenges (Azman S. et al., 2024). Within the Social Development Sector of MAIS, a dedicated *al-Riqab* Rehabilitation Division was established to monitor the operations of NGO-run rehabilitation centres and to coordinate activities across these centres. According to Pauzi et al. (2016), the rehabilitation programmes implemented in these centres constitute a form of social service aimed at restoring individuals exhibiting problematic or deviant behaviour.

Core Management Challenges in Social Rehabilitation Centre

Management within rehabilitation centers involves navigating a complex set of challenges that directly influence the quality of care, staff performance, and program outcomes. These challenges span critical domains: financial management demands efficient resource allocation under budgetary constraints; human resource management focuses on recruiting, training, and retaining skilled professionals in emotionally demanding roles; trainee education management requires structured learning systems; and the management of rehabilitation and trainee support system on delivering holistic, client-focused services that promote recovery and personal growth of trainee.

Financial Management

Financial management is the process of controlling and creating economic value or wealth. It involves planning, directing, monitoring, organising, and controlling an organisation's financial resources. According to Omar et al. (2015), financial management includes decision-making processes related to planning, acquiring, and utilising funds to achieve organisational objectives. Ineffective financial management, however, can negatively impact the overall operations of an organisation as well as the success of its planned programmes.

According to *Utusan Malaysia* (April 10, 2023), the Selangor Islamic Religious Council (MAIS) allocated RM11.3 million for the repair of 26 homes belonging to *asnaf al-Riqab*, including funding for programme costs, administrative expenses, and the care of *asnaf al-Riqab* rehabilitation centres throughout Selangor (Ismail, 2023).

One of the most crucial determinants of a programme's success is financial sufficiency. Insufficient funding may disrupt programme implementation or render it infeasible. For instance, Haridi et al. (2017) emphasize that conducting academic and skills training classes at *al-Riqab* rehabilitation centres requires substantial financial allocation to ensure a conducive learning environment. Similarly, Rosli et al. (2021) highlight that women's protection centres frequently experience funding deficits due to elevated operational expenses. In this regard, zakat funding is regarded as a viable solution, particularly for supporting the *al-Riqab* category.

According to Salam et al. (2021), inadequate financial resources and funding from the State Islamic Religious Departments for the management or establishment of rehabilitation centres may hinder the effective implementation of rehabilitation sentences for offenders in Malaysia. Additionally, the involvement of NGOs in the rehabilitation process provides indirect supports to the government in addressing social deviance issues. Strydom and Stephen (2014) assert that the expanding role of NGOs has heightened the significance of effective financial management within these organisations.

Furthermore, Withz Aimable (2014) observes that NGOs commonly encounter issues such as inefficient resource management, a point echoed by Abiddin (2022), who notes that while NGOs play a critical role in advancing sustainable community development, they often struggle with inadequate resources and ineffective management systems. Public fundraising, therefore, emerges as a vital mechanism for enhancing the operational efficiency of NGOs, particularly in the management of *al-Riqab* rehabilitation initiatives. Financial management skills among NGO personnel are essential for fostering public trust and encouraging continued

contributions as part of social responsibility. This is supported by Mikeladze (2021), who emphasises that effective financial management is vital for NGOs to achieve their missions, ensure sustainability, and enhance donor confidence and long-term support. NGOs with well-established financial policies, plans, and frameworks tend to have stronger reputations in their respective communities.

In summary, financial management is the process of creating and controlling economic value through strategic planning and prudent allocation of funds to achieve organisational objectives. Effective financial management by NGOs is essential for operational sustainability, enhancing efficiency, and the cultivation of trust among the public and donors. Conversely, failure in financial management can adversely affect the functioning and programming delivery of organisations, including rehabilitation and care centres, as highlighted by (Haridi et al. 2017; and Rosli et al. 2021).

Human Resource Management

Human Resource Management (HRM) encompasses all activities involved in managing individuals within an organisation (Boxall & Purcell, 2008). These activities include HRM practices such as recruitment and selection, employee training and engagement, rewards system, job analysis, employee relations, empowerment, and social support. It is essential that these practices are strategically designed to promote high levels of employee satisfaction and performance (Albrecht et al., 2015; Dessler, 2006; Mira et al., 2019). Razimi et al. (2014) suggest that integrating Islamic principles within HRM can positively influence organisational values and enhance employee commitment. A workforce motivated by the sincere pursuit of *mardhatillah* (the pleasure of Allah) and the upholding of virtuous character is fundamental for achieving quality and excellence in organisational management (Rasol & Mohd Zelani, 2016).

Fernandes et al. (2022) argue that rehabilitation and care centres frequently encounter challenges arising from poor leadership, inadequate staffing, excessive workloads, and resistance to change. Similarly, Hechanova et al. (2022) identify several critical obstacles within community-based drug rehabilitation programmes, including leadership deficiencies, limited funding, insufficient access to resources, weak information systems, human resource constraints, inefficiencies in service delivery, and unfavourable organisational culture.

A study by Haridi et al. (2017) reveal that the majority of counsellors in Malaysian moral rehabilitation institutions lack higher education qualifications, with most holding certifications such as SPM, STPM, or STAM. While these counsellors generally possess sufficient religious knowledge, many are deficient in essential human resource management skills.

In today's highly competitive and demanding work environment, it is essential for employees to possess the requisite competencies and expertise within their respective domain to ensure the successful attainment of organisational goals and objectives (Basir et al., 2019). A shortage of skilled and committed personnel is often the result of managerial practices that overburden the same individuals repeatedly. According to Sinambela (2023), challenges in managing social rehabilitation centres include human resource management,

communication with trainees, internal organisational communication, and community engagement.

In the context of LGBT rehabilitation, Simpson et al. (2016) observe that while educational interventions have improved the knowledge and experience of health and social care staff regarding LGBT needs, deficiency persists in their skills and attitudes. Likewise, a study by Amorim & Otani (2015) in psychosocial rehabilitation centres highlights that insufficient training of healthcare professionals disrupts the management and operation of these care facilities.

Therefore, Human Resource Management involves all activities associated with managing individuals within an organisation, and its practices should be strategically designed to improve employee satisfaction and performance. Compliance with Islamic principles in HRM can positively influence organisational values and employee commitment; however, effective implementation requires competent management, sufficient training, and specialised expertise within each professional domain.

Management of Religious Educational Programmes

The management of religious educational programmes in rehabilitation centres should be conducted by religious teachers (*da'wah* officers), incorporating continuous processes of planning, organisation, supervision, and evaluation to ensure that the behavioural outcomes of the *da'wah* recipients align with the intended objectives (Haridi N. H., 2016). The management of *aqidah* education within rehabilitation settings is an effort to offer guidance and support to individuals experiencing difficulties or requiring specialized assistance in understanding and practicing Islamic beliefs. For example, at the *Baitul Iman Rehabilitation Centre* in Ulu Yam, Selangor, trainees dealing with issues pertaining to apostasy or heterodox teachings are resolved through the implementation of *Istitabah* module (Dimon Z. et al., 2019).

Additional religious programmes conducted in rehabilitation centres comprise of lectures, *usrah* (small-group religious mentoring), and discussion sessions. These initiatives are strategically designed to motivate, engage, and educate *al-Riqab* individuals, facilitating the internalisation and adoption of Islamic teachings in their personal, social, and national lives in accordance with Islamic guidelines (Haridi & Abd Kadir, 2017).

According to Azman et al. (2024), the duration of the rehabilitation and educational programme at *al-Riqab* centres supervised by the Selangor Islamic Religious Council (MAIS) spans a duration of six months, with trainees admitted either by court order or on voluntary basis. In contrast, admission to NGO-operated centres is typically voluntarily, with referrals commonly made by their families. The educational modules in these NGO-run centres are independently developed by the centres themselves, with syllabus prepared by appointed instructors. This approach differs from centres managed directly by MAIS, where syllabi are formulated in collaboration with university experts and other appointed professionals, and the delivery of *aqidah* education is monitored by designated authorities and relevant departments.

The modules utilized in centres managed by MAIS include the *Manual Pelaksanaan Utama* (Core Implementation Manual), the *Modul Transformasi Ehsan* (MTE), and selected materials from the *Modul Istitabah* (MAIS) (Azman S. et al., 2024). The *Istitabah* module has been officially developed by MAIS for implementation across all *al-Riqab* rehabilitation centres in Selangor (Fathillah et al., 2023).

The educational programmes at rehabilitation centres encompass religious guidance classes as well as treatment and recovery sessions. Findings by Zaiden et al. (2022) indicate the need for specialized modules addressing depression and cognitive distortions to support out-of-wedlock pregnant adolescents in Malaysia in managing psychological and prenatal challenges. In a related study, Arshad et al. (2020) evaluate the *Spiritual Quotient* (SQ) programme at a drug rehabilitation centre in Malaysia, finding that it significantly contributed to patient recovery, with family support and religious commitment identified as key contributors. Common SQ activities include *Iqra'* classes (focusing on Qur'anic recitation) and *halaqah* sessions (group religious discussions and self-reflection). Additionally, Saiful et al. (2022) report that the *Association of Pengasih Malaysia* has incorporated a *psychospiritual therapy* approach since its inception. Various NGOs and private individuals have also initiated rehabilitation centres utilising psychospiritual, psychosocial, and pharmacotherapy-based approaches.

In summary, the effective management of religious educational programmes at *al-Riqab* rehabilitation centres necessitates the active participation of religious teachers (*da'wah* officers) in the planning, organisation, supervision, and ongoing evaluation of the learning process. This approach aims to facilitate the transformation of the beliefs and behaviours of the target groups in line with Islamic goals. The programmes revolve around religious guidance classes, therapeutic and rehabilitative interventions, lectures, *usrah* sessions, and group discussions, all of which are designed to support *al-Riqab* individuals in internalising and applying Islamic teachings in their daily lives.

Rehabilitation and Trainee Support System

According to Yitbarek (2014), challenges in the management of social rehabilitation centres include poverty, social stigma, discrimination, communication barriers, the absence of systems to address violence, and a limited focus on psychosocial and spiritual rehabilitation. A study by Fakhryamin et al. (2024) indicate that teenage pregnancies outside of marriage in Malaysia are influenced by factors such as weak family relationships, low socioeconomic status, and peer pressure. Rosli et al. (2021) further explains that the primary purpose of housing unmarried pregnant women in women's shelters is to restrict their movement and prevent exposure to environments that might lead to a recurrence of similar transgressions.

Aziddin (2018) notes that managers of such centres emphasize on improving both the religious and academic understanding among these women to facilitate their personal reform and ultimately enable them to achieve *mardhatillah* (the pleasure of Allah) in this life and the hereafter. Rehabilitation centres operating under the *al-Riqab Rehabilitation Division* collaborate with nearby vocational training institutes to equip trainees with practical skills by enrolling interested individuals in short weekend training courses. This approach represents a strategic initiative which prioritises a curriculum integrating religious education, academic development, and essential life skills. Additionally, supplementary training is provided by

volunteers who contribute their knowledge and expertise through workshops in areas such as cooking, entrepreneurship, and welding (Aziddin, 2018).

By integrating religious, academic, and vocational training, rehabilitation centres seek to establish a comprehensive support system that aligns with the ultimate objective of achieving *mardhatillah*. This multi-faceted approach ensures that trainees are adequately prepared to lead spiritually fulfilling and economically sustainable lives upon the completion of their rehabilitation programmes.

Methodology

This study adopts a qualitative research design employing a case study approach with an emphasis on phenomenology. Typically, qualitative research is characterised by its flexibility and responsiveness to emerging issues and questions throughout the research process. It involves an in-depth exploration of a specific phenomenon by examining its contextual background (Rozmi, 2016).

The sample for this study comprises six rehabilitation centres located in the state of Selangor. Of these, three centres operate under the administration of the Social Development Sector of MAIS, while the remaining three are managed by NGOs that are also monitored by the *al-Riqab* Rehabilitation Division under MAIS.

The study's informants comprise of centre operators or managers/enforcement officers, two religious instructors, and two trainees from each *al-Riqab* rehabilitation centre. The following is a summary of the rehabilitation centres involved in this study:

Table 1

List of *al-Riqab* Rehabilitation Centres

No.	Rehabilitation Centre	Scope of Coverage
1	PP1	Social Problems
2	PP2	Drug Problems
3	PP3	Social Problems
4	PP4	Drug Problems
5	PP5	Faith Problems
6	PP6	LGBT Problems

This study employs purposive sampling, involving centre operators, managers, religious instructors, and trainees at the selected rehabilitation centres. As noted by Othman Lebar (2015), qualitative sampling aims to achieve an in-depth understanding of the phenomenon under investigation by deliberately selecting appropriate individuals or groups who are most relevant. Accordingly, Noraini (2013) identifies one of the sampling techniques as selective sampling, commonly referred to as purposive sampling, which is well-suited to the objectives of this study.

Data collection was conducted through three primary methods: interviews, observations, and document analysis. The interviews were carried out face-to-face and in depth, with the researcher also serving as a participant-observer. According to Creswell and Creswell (2018), data collection in qualitative research may include face-to-face, virtual, or email interviews, as well as observations conducted either as a participant or non-participant.

Semi-structured interview questions were prepared in advance and administered to the respondents. These questions were formulated based on existing literature and studies related to management issues. During the interviews, additional questions were introduced in response to informants' answers. The transcription process was facilitated by a voice recorder, and the recorded interviews were transcribed verbatim. Each transcript contained a paragraph summarising the respondent's background, the duration of the observation and interview sessions, as well as the relevant themes serving as an index for audit trail purposes.

The data were analysed thematically. The researcher listed emergent themes and examined the saturation of themes based on the responses. Triangulation was employed to ensure the validity of the data, and the analysis was conducted inductively to derive the final themes pertinent to the study. As highlighted by Sugiyono (2019), triangulation is crucial for confirming the validity of collected data. In summary, the methodological process of this study can be illustrated as follows:

Research Findings and Discussion

Informant Profile

A minimum of seven informants were interviewed in this study, comprising operators, managers, religious instructors, and trainees from each rehabilitation centre. Rehabilitation centres PP1, PP4, and PP5 are supervised by the Social Development Sector of MAIS, while PP2, PP3, and PP6 are operated by NGOs. The centre operators and managers are appointed personnel responsible for overseeing the entire operations of their respective rehabilitation centres. The religious instructors are part-time educators assigned to deliver specific learning modules. Most instructors conduct classes for a maximum of four hours per week, depending on the subjects taught. The trainee respondents were selected among senior trainees to gather more in-depth insights relevant to the study. These trainees had resided at the rehabilitation centres for more than three months and up to a maximum of six months, except in the case of centres designated for drug rehabilitation, where different residency durations may apply. The number of informants by category of rehabilitation centre involved in this study is detailed in Table 2 below:

Table 2

Number of Informants

No.	Rehabilitation Center	Scope Of Coverage	Director Of Mais Social Development	Supervisor	Manager	Guiding Teacher	Trainer
1.	PP1	Social	1	1	-	2	3
2.	PP2	Drug	1		1	2	2
3.	PP3	Social	1		1	2	3
4.	PP4	Drug	1	1	-	2	2
5.	PP5	Faith	1	1	-	2	2
6.	PP6	LGBT	1		1	2	2

Management and Administrative Issues

The first predominant theme identified is *management and administrative issues*, which encompasses three key subthemes: (1) issues in the registration of rehabilitation centres operated by NGOs due to involvement of multiple regulatory agencies depending on the type of rehabilitation centre; (2) operational inefficiencies within centre management; and (3)

inconsistent execution of scheduled meetings among operators, administrators, and religious instructors.

The registration of rehabilitation centres operated by MAIS is governed by the Administration of the Religion of Islam (state of Selangor) Enactment 2003 and the Riqab Registration, Rehabilitation and Control (State of Selangor) Regulations 2022. Meanwhile, NGO-managed centres are subject to state-level legislation under similar regulatory rules.

The first subtheme, concerning *challenges in the registration of rehabilitation centres* which pertains to the difficulties encountered by NGOs when interacting with various authorities contingent on the type of centre they intend to establish. The findings reveal that technical factors, notably the approval status of land use by local authorities, significantly impact the registration process. As of the time of this study, 7 out of 26 NGO-operated centres were still awaiting operational approval.

The second subtheme addresses *inefficiencies in management operations*. The findings reveal that several NGO-managed rehabilitation centres lack formalised written Standard Operating Procedures (SOPs), resulting in inconsistent task execution and confusion among staff, which ultimately undermines operational efficiency. In contrast, MAIS-run centres maintain comprehensive and well-structured SOPs. As noted by Akib et al. (2023), SOPs are critical for ensuring operational compliance, serving as legal references and guiding frameworks that minimize errors in task implementation.

The third subtheme addresses the *failure to consistently conduct scheduled meetings* among centre operators, administrators, and religious instructors. This inconsistency impedes effective operational coordination and communication, as regular meetings are vital for ongoing planning, alignment, and problem-solving. Considering that many staff members serve on a part-time or voluntary basis, regular and structured meetings are essential to maintain operational control and ensure that the centre functions according to its planned objectives. The inconsistency in conducting scheduled meetings has been shown to impact team coordination and service delivery in rehabilitation contexts (Gadolin & Andersson, 2023; Kuiper & Veenstra, 2025).

The fourth management issue identified pertains to *facility provision and trainee space*, especially at NGO-run centres. The findings highlight inadequate infrastructure and limited space for trainees to participate in activities. Conversely, trainees at MAIS-managed centres benefit from better facilities, owing to government funding allocations that support infrastructure development.

Financial and Human Resource Management

The theme of financial and human resource management generates six subthemes:

(1) The impact of rising cost of living and inflation adversely affecting the financial commitment of NGO-managed rehabilitation centres; (2) the allocation of staff time to trainees' medical appointments which diminishes overall productivity; (3) challenges in recruitment and selection of staff; (4) the structure of rewards and employment benefits; (5) work-life imbalance experienced by staff due to excessive workloads; and (6) limited training and professional development opportunities for staff.

In the context of *al-Riqab* rehabilitation centres in Selangor, resource management revolves around two main components: financial resources and human capital. The primary source of funding is derived from trainee fees and allocations from the Lembaga Zakat Selangor (LZS Selangor Zakat Board), which are utilized to cover expenses such as food, utilities, and administrative expenses. Centres under MAIS are primarily financed through LZS, whereas NGO-operated centres rely on trainee fees, public donations, and limited LZS funding.

The first financial subtheme concerns the impact of inflation and the rising cost of goods on the financial sustainability of NGO-run centres. Managerial accounts indicate that the inability of some parents to pay trainee fees further exacerbates the financial strain on these centres; as evidenced by the following narratives:

Manager (PP3)

"Many don't understand. Some say the centre is extorting them. Some families only pay RM100 per month, and that's acceptable. What matters is commitment. If parents try their best to pay monthly, that is their form of jihad for their children. We've even accepted trainees for free before."

Manager (PP6)

"Currently, the centre is truly burdened. People may say food is not expensive, but in my view, it is—because prices of goods have gone up."

The second subtheme pertains to the effect of trainees' frequent medical appointments on staff productivity. As reported by PP3's manager, staff members are responsible for coordinating transportation and accompanying trainees to routine medical visits, which demands considerable time and resource allocation.

Manager (PP3)

"We manage trainees who go to clinics or hospitals daily. So, we need additional staff. If possible, we need the same level of funding as issues like HIV/AIDS that require consistent treatment. So far, we haven't received this. The authorities only cover trainee-related expenses and tell us to find additional funding ourselves."

The third subtheme concerns staff recruitment and selection. The appointment of religious instructors is administered by the *al-Riqab* Committee of Selangor, with all instructors required to obtain accreditation (*tauliah*) from MAIS. The findings demonstrate that these instructors are employed on a part-time basis. The absence of full-time instructor compromises teaching consistency and quality. Instructors receive remuneration of RM100 per hour funded via LZS allocations (under the *asnaf al-Riqab* category), with payment contingent upon the number of trainees and classes conducted. When trainee enrolment is low, the centres bear the financial burden of teaching costs, posing financial risks. In contrast, NGOs typically recruit volunteers and additional staff independently and are responsible for their salaries.

The fourth subtheme addresses the reward system and employment benefits. Staff appointments under MAIS are centrally administered and adhere to a structured service

scheme, while appointments in NGO-managed centres are subject to policies of individual centre. Compensation packages vary across centres, with benefits such as the Employment Provident Fund (EPF), Social Security Organisation (SOCSO), paid leave, allowances, medical treatment coverage, and annual salary increments differ depending on the financial capacity and operational budget of each NGO. Long-term sustainability requires strategic planning to retain staff and enhance motivation. According to Sinambela (2023), human resource and internal communication are significant challenges in managing rehabilitation centres.

The fifth subtheme relates to *workload imbalance and its impact on personal well-being*. The range of responsibilities frequently extends beyond official working hours, thereby disrupting staff work-life balance. Staff are required to demonstrate considerable emotional resilience when managing behavioural issues presented by trainees. A mismatch between trainee numbers and the limited availability of educators and administrators, particularly in NGO-run centres, results in excessive workloads and a decline in the quality of education.

Manager (PP3)

"The workload is definitely high. Sometimes it's very intense, sometimes less so. One key issue before I joined was the high turnover rate burnout, perhaps since one person was expected to manage too many things and handle all trainee-related problems. Staff management must be adequate to prevent burnout."

The sixth and final subtheme highlights *constraints in staff training and professional development*. As Haridi et al. (2017) point out, although religious instructors may possess sufficient theological knowledge, they still require competencies in human management. In psychosocial rehabilitation centres, Amorim & Otani (2015) observe that insufficient training among healthcare professionals disrupts effective delivery of care. This study reveals that the training budgets in certain centres are notably minimal; for instance, one centre, allocated merely RM500 annually for both training and medical claims, reflecting a significant underinvestment in staff development. The absence of internal training opportunities further impedes the enhancement of staff competency in *al-Riqab* rehabilitation centres.

Religious Educational Programmes, Rehabilitation, and Trainee Support System

The theme of education, rehabilitation, and trainee support encompasses six subthemes: (1) the management of trainee admission into *al-Riqab* rehabilitation centres, (2) inconsistency in the teaching and learning process by religious instructors, (3) deficiency in formal assessment and evaluation systems, (4) lack of coherence in educational modules, (5) diverse trainee backgrounds and (6) cognitive impairments observed among trainees.

The first subtheme concerns the management of trainee admission. Trainees are admitted through two primary methods: court orders and voluntary enrollment. The majority of admissions to MAIS-managed centres occur via court referrals, with a portion of enrollment involve voluntary participation. The findings reveal that trainee admissions are inconsistent and may take place at various times throughout the year, as illustrated by the following informants:

Administrator (PP1)

"Our constraint is that we operate 365 days a year without closure... Admissions and discharges happen continuously."

Manager (PP3)

"Our challenge here is the unpredictable arrival of new trainees."

This inconsistency leads to academic discontinuities as trainees admitted mid-semester frequently miss preceding lessons, thereby hindering their ability to achieve established learning objectives. Zakaria & Norul 'Azmi (2023), elucidate that a Yearly Teaching Plan (RPT) is developed based on the Daily Teaching Plan (RPH), comprising of objectives, instructional methods, and evaluation strategies. The following instructors further elaborate on this challenge, highlighting its impact on the educational process:

Instructor (PP3)

"If a trainee is sentenced for three months and other joins later in week three, we're already mid-syllabus. According to our RPT, we can't repeat earlier content. It would consume too much time."

Instructor (PP1)

"They come in and suddenly they're at topic three, having missed topics one and two."

The second subtheme highlights inconsistency in teaching and learning processes. Each scheduled teaching sessions lasts two hours per class, with instructors respectively allocated a maximum of 16 hours per month. The rehabilitation centre is responsible for managing these schedules. In instances where an instructor is unavailable, class substitution is coordinated informally among instructors, without formal administrative supervision thereby indicating a need for a more structured monitoring system. In addition, extracurricular activities often interfere with scheduled classes:

Instructor (PP1)

"Classes are halted when centre programmes overlap. When that happens, our RPT objectives can't be met."

Instructor (PP1)

"The timetable is packed trainees have cooking and sewing classes too. There's simply no time to reschedule."

These challenges indicate that instructors are struggling to cover the curriculum within the designated timeframe, particularly when alternative activities compete for trainee time.

The third subtheme involves weak assessment and evaluation systems. An instructor from PP6 notes challenges in evaluating LGBT trainees, attributing these difficulties to the absence of a structured testing framework. Moreover, management has introduced advanced modules without adequately assessing trainees' preparedness, resulting in a disconnect between the complexity of the module and the trainees' level of comprehension. Researcher observation exhibits that when modules are upgraded without corresponding assessments, trainees may encounter difficulties in understanding and adapting to the material, thus undermining programme objectives.

According to Edgerton (2020), standards-based education, which integrates teaching, curriculum, evaluation, and instructor training, facilitates the measurement and improvement of student performance. However, logistical constraints in centres such as PP3, including the need for pregnant trainees to attend weekly medical appointments, hinder the consistent administration of formal assessments.

The fourth subtheme addresses inconsistencies within educational modules. MAIS-managed centres employ two primary instructional modules:

- *Modul Istitabah* (spiritual purification) for restoring theological faith (*aqidah*) among apostates or those affected by deviant teachings, and
- *Modul Transformasi Ehsan (MTE)* for moral and social rehabilitation.

Manager (PP5)

"We use Istitabah and MTE modules covering both counselling and social services. Our approach targets social and theological issues in tandem."

Instructor (PP4)

"We generally use Istitabah. It teaches the proper way to repent. It has its own SOP and a comprehensive textbook as a basic guideline."

In contrast, NGO-managed centres primarily apply the book titled *Indahnya Hidup Bersyariat*, authored by Dato' Hj. Ustaz Ismail Kamus, as indicated below:

Instructor (PP3)

"That book is prescribed by MAIS. Most instructors use it, though other books are allowed. Personally, I rely heavily on it."

Manager (PP6):

"We have Indahnya Hidup Bersyariat our first book."

Instructor (PP2)

"We repeat Indahnya Hidup Bersyariat often."

Some instructors utilize KAFA materials developed by JAIS while others create their own teaching modules:

Instructor (PP3)

"I teach Sifat 20 and have created my own module, breaking the topic into segments."

The fifth subtheme addresses the diversity in trainee backgrounds. Trainees come from a wide range of educational and religious backgrounds, presenting challenges in religious lessons that require careful navigation by the instructor of the trainees' varying perspectives and level of understanding.

Manager (PP5)

"Some can't read. Some lack religious education. Others are well-versed."

This variation in baseline knowledge affects their ability to grasp core theological concepts such as *Sifat 20*. Trainees with minor social issues tend to adapt more readily compared to those battling addiction or other complex challenges. Some well-educated individuals ended up in *al-Riqab* centres due to social crises; however, their background may lead others to underestimate the extent of support they require.

The sixth and final subtheme focusses on cognitive challenges experienced by trainees, particularly those struggling with drug addiction. Such individuals frequently exhibit pronounced cognitive impairments or delays.

Instructor (PP4)

“Most trainees are addicts. Their cognitive function is slow. Even simple questions are hard for them. They forget what they learned the next day.”

Such cognitive limitations demand for structured, flexible, and adaptive teaching approaches. Instructors are required to adjust their teaching strategies to facilitate effective learning outcomes. Edgerton (2020) emphasizes that standards-based education which integrates curriculum design, instruction, assessment, and educator training provides a framework for monitoring and enhancing learner performance.

Conclusion

Based on the research findings, it can be concluded that rehabilitation centres particularly operated by NGOs encounter several critical management challenges. These include the complexity of registration processes involving multiple authorities or unresolved technical issues such as unclear land status, which impede centre registration. Many centres remain without operational approval, further complicating their functioning. Operational difficulties are exacerbated by the absence of formal written standard operating procedures (SOPs) in some centres, which leads to inconsistent and inefficient management practices. Furthermore, inadequate facilities in NGO-run centres adversely affect both the comfort of the residents and the effectiveness of rehabilitation programmes. These findings highlight the necessity for improved management practices, streamlined and coordinated registration processes, the establishment of consistent operational procedures, and the provision of sufficient infrastructure to support sustainable and effective rehabilitation services.

In addressing the financial and human resource challenges within *al-Riqab* rehabilitation centres, several critical issues have emerged. The prevailing economic climate characterized by increasing living costs and inflation undermines the financial sustainability of rehabilitation centres, particularly those managed by NGOs, thereby highlighting the need for more resilient and comprehensive financial strategies. Moreover, the heavy reliance on zakat funding also presents risks, particularly in the context of declining trainee enrolment. Additionally, managing cases involving pregnant trainees necessitates the implementation of a well-structured staff rotation and provision of transportation for routine health check-ups to minimise productivity losses.

The recruitment and appointment of part-time religious instructors across all centres may adversely impact the quality of both educational and rehabilitation services. Additionally, discrepancies in employee benefits and compensation between centres managed by MAIS and those by NGOs further underscore persistent challenges in human resource management. Moreover, sustaining staff motivation particularly in socially driven, around-the-clock roles requires continuous institutional support, a strong culture of teamwork, and collaborative efforts to uphold morale and mitigate workplace stress. The demanding and irregular workload, coupled with limited opportunities for training in human resource management, calls for comprehensive and consistent improvements in centre operations and management practices.

Finally, the study identifies several pivotal issues in the management of trainee religious educational programme, rehabilitation, and support services. These challenges encompass inconsistent trainee admission procedures, inadequate monitoring in class scheduling, insufficient learning assessment mechanisms, gaps within the curriculum content and the diverse backgrounds of trainees that hinder effective learning, and cognitive challenges particularly among trainees with histories of substance abuse further complicate the delivery of education. These findings indicate the need for improved management strategies, standardised admission protocols, consistent class scheduling, stronger assessment systems, and customised religious educational modules designed to address the varied backgrounds and cognitive needs of the trainees.

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