



Research article

The roles of Islamic Faith-Based Organizations on countermeasures against the COVID-19 pandemic in Indonesia

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ABSTRACT

This study aimed to examine the strengths of Indonesia's two largest Islamic Faith-Based Organizations (FBOs) and the challenges experienced while performing activities on countermeasures against COVID-19 in Indonesia. In-depth interviews, focused group discussions, and document analysis were used to collect data. The participants (informants) were administrators of a special Islamic FBOs unit that handles COVID-19 programs at central and regional levels and the beneficiaries of Islamic FBOs COVID-19 programs, selected using expert sampling. As part of data collection, an interview guideline was set to explore the participants' strengths and challenges in performing various programs for overcoming the pandemic. The data was analyzed using the thematic content analysis. The results showed that Islamic FBOs had special units that performed various countermeasures against COVID-19, including primary prevention like delivering health education and psychological consultation, and secondary prevention, mainly treating the pandemic, managing its prevailing conditions, and minimizing its economic impact, and supporting its vaccine. Moreover, the large members and participants, organizational structures involving grassroots levels, and financial support from the organizations' reputable philanthropic agencies were their strengths in performing those activities. However, coordination in the organization from central board to branch level was considerably challenging, especially where the coordination path was long. The insufficient information technology facilities also made the process difficult online. Therefore, profound religious FBOs served indispensable contributions and potencies in directing the community and minimizing the impact of the pandemic and other disasters in terms of health and social-economic welfare.

1. Introduction

Nearly two years after the COVID-19 pandemic became the center of attention worldwide, the number of cases continues to increase. For instance, the confirmed global cases reached 256 million, with more than 5.1 million lives lost by November 2021 [1]. Indonesia was among the most COVID-19-impacted countries, with more than four million cases and 143 thousand plus deaths [2]. Consequently, it was ranked to have the highest COVID-19 cases in Southeast Asia [3].

Many highest priority strategies have been put in place to engage non-governmental organizations (NGOs). One of them aims to slow down and stop transmission, prevent outbreaks, and delay the spread of the pandemic [4]. The organizations can support public health interventions and ensure participation and accountability towards at-risk and affected populations and communities while focusing on behaviors and actions

[5]. Moreover, they are useful in several aspects of community life, including social development (facilitating the human development index), sustainable development (boosting local economic diversity and self-reliance), and partnering with business/industry in the promotion of sustainable consumption [6]. Additionally, they are vitally important in health services delivery, including medical, social care, material and financial support, as well as education, information, training, and health advocacy [7].

Faith-Based Organizations (FBOs), as the forerunners of NGOs [8], are vital in the development sector [9]. Religious leaders significantly help provide health information and are more trusted [10, 11]. For example, when they share COVID-19 ideas related to reducing fear and stigma that emerge from the pandemic, they stand better chances of being trusted than other sources [12]. Furthermore, religiously sponsored medical care institutions and spiritual support for host resistance

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and resilience are significant in COVID-19 responses [13], since their leaders help improve competence, autonomy, and belonging of vulnerable communities during the pandemic [14].

During the COVID-19 pandemic in Indonesia, FBOs, including Islamic ones, played a pivotal role in preventing the spread of the disease. The virus spreads easily in the large events and mass gatherings characteristic of religious rituals, including the meetings to perform prayers on Fridays and the five daily sessions. Consequently, Islamic organizations should manage their followers to perform prayers at home to avoid crowds and promote physical distancing. Unfortunately, there were assumptions related to religious rituals and beliefs suggesting that fear of something other than God, including COVID-19, was a deviation from the faith, which led people to abstain from implementing preventive measures during the pandemic [15].

Additionally, there was promising development in the COVID-19 vaccine to end the pandemic, however, one Indonesian study found that only 65% of respondents were willing to accept it, while 27% and 7% doubted and objected to it, respectively [16]. The refusal was steered by various reasons, including uncertainty about the vaccine's safety and effectiveness, fear of side effects, distrust about immunizations, and religious beliefs [16]. Furthermore, the increasing foreign disinformation related to the COVID-19 vaccine significantly affected the declining coverage [8], reinforcing the important role of FBOs in educating the public to increasingly accept immunization at the community levels.

Many studies have been conducted to investigate the relation between the COVID-19 pandemic and religious organizations, and one carried out in New Zealand found that spiritual leaders and communities experienced four challenges during the restriction and lockdown period, mainly worship practices and maintaining physical distancing during religious practices [17]. Indonesian research also showed that Islamic organizations helped mitigate the disease by providing medical, theological, and educational services [18]. Moreover, another study in Africa showed that FBOs played a pivotal role in adapting and responding to health emergencies by providing care, particularly in rural settings [19]. Although different studies were established on identifying the role of FBOs in the prevention and control of the pandemic, those that focused on scrutinizing roles, opportunities, and challenges faced by the organizations in counter measuring the disease remain few. Therefore, this study aimed at exploring the strength and challenges of Indonesia's largest Islamic FBO's, namely Nahdlatul Ulama and Muhammadiyah in conducting activities on the countermeasures against COVID-19 in Indonesia.

Nahdlatul Ulama and Muhammadiyah are Islamic organizations established before Indonesia's independence in 1945 [20], and have social and health services affiliates across the various Indonesian regions. Furthermore, the latter manages 4,623, 2,604, 1,172, and 1,143 of Kindergarten, Elementary, Junior High, and High Schools, respectively, as well as 172 Higher Education Institutions and 107 hospitals throughout Indonesia [21]. On the other hand, Nahdlatul Ulama has 25 million followers [22], making these two organizations' total number of followers enormous and widespread throughout the country. Hence, this study aimed to provide an in-depth overview of the strengths and challenges faced by the two bodies in carrying out their programs and activities to overcome COVID-19. The results provide evidence for improving programs and strategies in responding to the pandemic by FBOs or the government. Nonetheless, Indonesia is the world's most populous Muslim majority, making a study related to the role of its Islamic FBOs necessary [23].

2. Materials and methods

This study employed a qualitative case study approach focusing on exploring roles of the two largest Islamic Organizations in Indonesia, namely Muhammadiyah and Nahdlatul Ulama, during the pandemic. Furthermore, the same technique was used to generate a deeper understanding of the issue in the real-life context [24], and data were collected during the COVID-19 pandemic between May 2020 and December 2021.

The participants (informants) in this study were selected using an expert sampling technique, a type of purposive sampling method that does selection based on knowledge and experience to provide valuable insights related to the study objectives [25]. During the pandemic, the two organizations formed two special units responsible for coordinating all efforts for dealing with the disease. In addition, they have a sub-structure that reaches the grassroots levels, proving that the special units for COVID-19 are also at the national, provincial, city, and sub-district hierarchies. Consequently, to explore the various COVID-19 prevention programs from the two organizations, the most appropriate informant to be interviewed was the heads of the special units at the central and regional levels from various areas in Indonesia involving west, central, and east parts. Additionally, because the two bodies also collaborate with the government in handling the pandemic, triangulation of data sources was conducted by interviewing one of the Director of Health Promotion and Community Empowerment staff at Indonesia's Ministry of Health. The Director was appropriately selected because his docket is in charge of forging partnerships with various government and non-governmental organizations in performing several health programs. Furthermore, other informants also came from the charity business managers of the two organizations since both have many such businesses used to support efforts to overcome COVID-19. Finally, other participants were community members who benefited from the disease's response activities by the two FBOs. Source triangulation was then carried out to test the validity of the information obtained (see Table 1) [26].

In-depth interviews and focus group discussions were conducted with research informants using semi-structured interview guidelines through

Table 1. General characteristics of research participants.

Gender	Age (years)	Position	Area of Residence	Educational Background
Male	37	NUCC Central Board Chairperson	Jakarta	Medical Doctor
Female	28	NUCC Central Board Secretary	Jakarta	Masters in Epidemiology
Male	45	MCCC Central Board Vice-Chairperson	East Java	Medical Specialist
Male	32	MCCC Region Chairperson	Sulawesi	Senior High School
Female	54	MCCC Region Chairperson	West Java	Medical Specialist
Female	46	MCCC Region Vice-Chairperson	Jakarta	Master's in Education
Male	63	MCCC Region Secretary	Banten	Masters in Management
Male	51	Ministry of Health Staff	Jakarta	Master's in Public Health
Male	50	Village Head in Bogor Regency	West Java	Bachelor in Social Science
Male	45	Non-profit hospital medical staff	East Java	Medical specialist
Male	49	Dean of Public Health Faculty of Private University	Central Java	Ph.D. in Epidemiology
Male	69	Islamic Boarding School staff	Jakarta	Master's in Education
Female	25	Islamic Boarding School Staff	West Java	Bachelors in Education
Male	23	Islamic Boarding School Staff	West Java	Bachelors in Education
Male	35	Islamic Boarding School Staff	West Java	Bachelors in Education
Male	34	Islamic Boarding School Staff	West Java	Bachelors in Education

Notes: NUCC: Nahdlatul Ulama COVID-19 Care Task Force, MCCC: Muhammadiyah COVID-19 Command Center.

online video conferences, in which four informants, including the chairperson of Muhammadiyah Covid-19 Command Center (MCCC), the chairperson, and secretary of Nahdlatul Ulama Covid-19 Care (NUCC) and the staff of Health Promotion Directorate of Ministry of Health of Indonesia were interviewed. Contrastingly, focus group discussions (FGD) were carried out in two sessions for different categories, where the first was conducted with four Islamic Organization staff members handling the pandemic's responses programs, while the second one involved eight staff members of schools, universities, and hospitals that received benefits from the Islamic FBOs COVID-19 program.

The interview process took about 90 min, with its guidelines aiming to explore various themes, including organizational strength and challenges the bodies face while performing activities and the various strategies for overcoming COVID-19. An organizational strength is a resource or capacity a body has to achieve its objectives, while challenges are any unfavorable situation that may constrain in achieving its goals [27]. Later, the Islamic FBOs were helped to identify their activities on primary and secondary prevention and managing other conditions [28], and document analyses were conducted by examining published documents related to their programs and activities against COVID-19 countermeasures the two organizations owned. Furthermore, data triangulation was run to increase the validity of the study results by obtaining information with various techniques, including in-depth interviews, focus group discussions, and document analysis [26]. These came from various sources, both the organization staff members and beneficiaries, including the government, school, university, and hospital. Informants were provided with information regarding the research procedure before data collection, and those who agreed to participate in the study signed a consent form, and anonymity and confidentiality were ensured during the entire study process. Moreover, the study's ethical clearance was obtained from the Ethics Committee of Health Research of the University of Muhammadiyah, Prof. Dr. Hamka Number 03/20/07/0516.

After the interview, recorded results were written into a matrix, and data analyses were performed using thematic content analysis techniques, a method used to identify, analyze, and report data patterns using Microsoft Word software (Microsoft, Redmond WA, 2010) [29]. Additionally, the study employed manifest content analysis to examine the visible and apparent contents within the text [30]. The scholars had previously determined the research theme following the study instruments that covered topics previously mentioned, namely, the organizational potencies and challenges on programs in COVID-19 countermeasures. Finally, the inductive approach generated the thematic data [31], whereas the scholars cross-checked the themes and codes.

3. Results

Activities related to COVID-19 response were conducted by particular units within the organizations that were intentionally formed to cope with the pandemic. The Central Board of Muhammadiyah formed the MCCC under the management of MDMC (Muhammadiyah Disaster Management Control) on March 6, 2020, while Nahdlatul Ulama formed the NUCC in mid-March. Such units directed and performed the various efforts made by all organizational instruments in COVID-19 countermeasures. Consequently, we explored the activities/programs performed by the organizations in response to the pandemic and were divided into three big topics; 1) primary and, 2) secondary preventions, and 3) managing other conditions.

3.1. Primary prevention activities

In the context of primary prevention against COVID-19, we identified some activities performed by FBOs, such as educating and guiding the public particularly their followers regarding the disease transmission through online and offline channels. The organizations created practical guidance for their followers regarding daily worship activities during the COVID-19 pandemic. For instance, during the initial phase of the

pandemic in Indonesia, the Central Board of Muhammadiyah and the Nahdlatul Ulama issued a protocol and instructions on the pandemic's countermeasures. The former issued a notice on March 14, 2020, whereas the NU issued instructions on March 25, 2020, and the two edicts persuaded members to carry out physical distancing, namely by not holding meetings or associations that gather a significant number of people, including congregational Quranic recitations and prayers, seminars, and other activities. Furthermore, the instructions contained the consolation of educational institutions under the organization's auspices for schools and Islamic boarding institutions. Besides, the followers were convinced to worship at their respective homes.

Giving instructions to their members that emphasized that worship activities should minimize physical contact and crowds was a substantial effort to guide the organization's followers to pray from home during the pandemic. The leader of the Islamic FBOs stated that every Muslim needs to keep himself and his environment safe and should not fall into perdition, and congregational worship such as recitation, Friday prayers, and Eid prayers are recommended to be conducted at home and not in the congregation if they are in the area with high transmission of COVID-19.

"The transmission of the Coronavirus is not only an obstacle, but also makes it a prohibition to attend Friday prayers, meaning that the Muslim community in the red zone is not only not required to pray on Fridays, but it is not recommended to conduct congregational prayers in large numbers, and are also not allowed to perform these two activities. Instead, they perform the Zuhur/congregational prayers at their home." (Bahtsul Masail Institute of the Executive Board of Nahdlatul Ulama Fatwa on March 19, 2020)

Furthermore, in 2020, more than 40 guidelines were created. As an example of the educational material by the Islamic FBOs, Figure 1 shows the prayer guide infographics during the pandemic made by MCCC, whereas Figure 2 shows infographics on the Eid prayer guide by NUCC. The guidelines and the materials provided by the Islamic FBOs particular unit in handling COVID-19 were useful, as verified by one of the school administrators who received this education stated that the process was very critical in increasing knowledge, especially in preventing pandemic's spread.

"Several times, we have participated in the webinars and coaching programs. Alhamdulillah it equipped us with the knowledge that made us attain insight in overcoming COVID-19, especially the health protocol" (Islamic Boarding School Staff, Male, 35)

The study also found that one of the critical messages spread by Islamic organizations is the importance of preventing COVID-19 as a form of saving lives and not as a form of fear of creatures. The leaders of religious organizations emphasized this statement considering the development of the thought in society that there is no need to be afraid of COVID-19 and religious people only need to fear their God and merely surrender to his destiny.

"Indeed, this epidemic is deadly, and its prevention is prioritized to save lives. As such, preventing transmission and being careful is optimizing efforts, not fear and paranoia, and keeping lives is an even part of the Religious Shari'a. (Muhammadiyah Central Board Chairman Pers Statement on August 18, 2020)"

Many followers of the two organizations allow them to have reasonably broad communication targets with clear segments, which is a plus for the Islamic FBOs. Moreover, members and participants of the organizations who tend to comply with the appeal issued by the leaders are also one of the strengths in coping with COVID-19. In the process of preventing pandemic's spread, the community is critical, especially for the implementation of physical distancing, mask-wearing, and exercising self-isolation at home. Therefore, adherence to the appeals sounded by the organization's leadership in promoting preventive behavior to minimize the transmission of COVID-19 becomes essential.

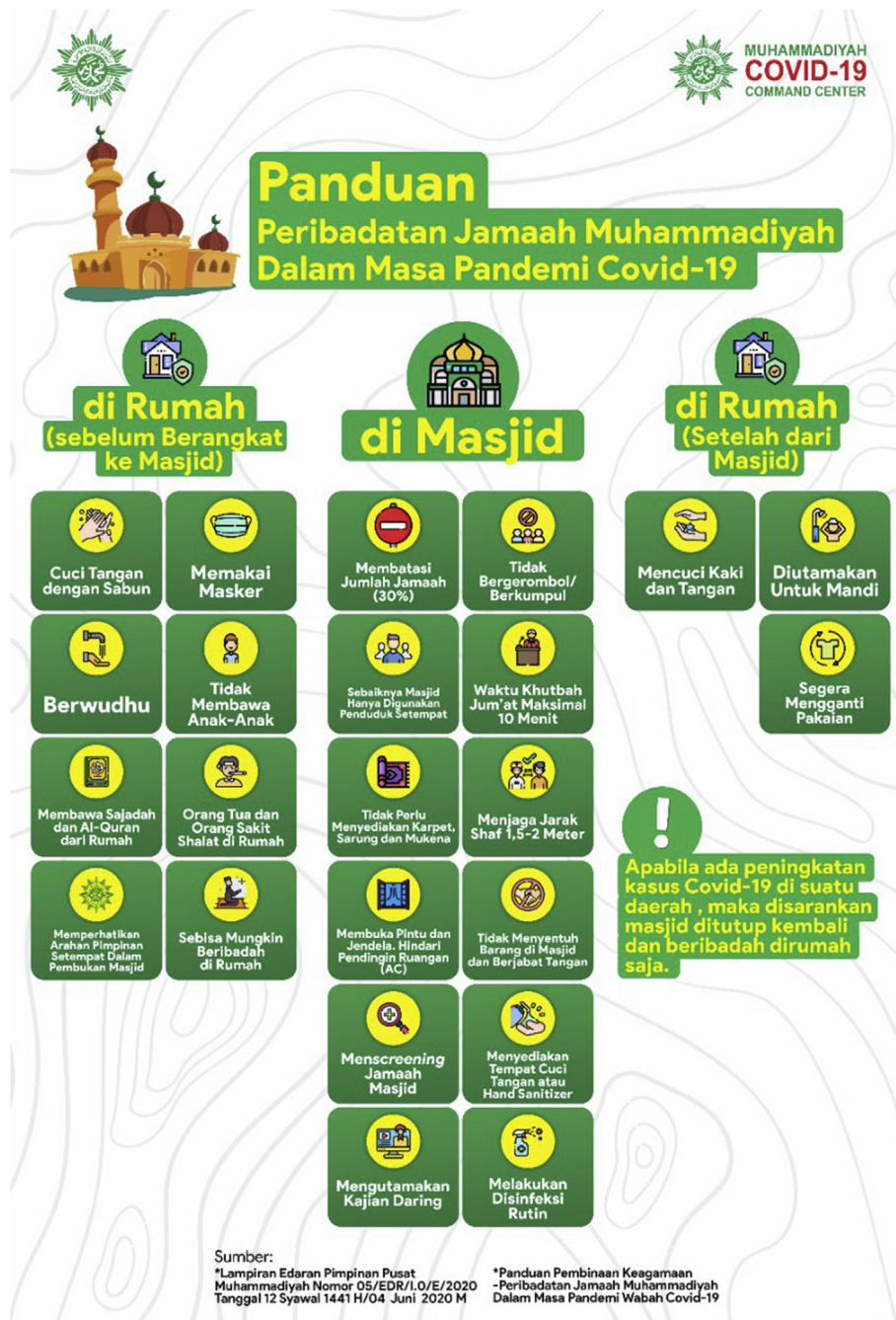


Figure 1. An infographic on prayer guides during a pandemic- created by MCCC.

“Muhammadiyah is extraordinary like before, for example, in Central Java. Although there were many differences in opinion and debates when it became an instruction from the Central Board of Muhammadiyah, they were still obedient” (MCCC Jakarta Region Vice Chairperson, Female, 46)

“There is an instruction letter from the Nahdlatul Ulama Central Management to implement the protocol that has been made by the NU Care COVID-19 Task Force team; hence the system is structured, and the protocol can be implemented by mosques, Islamic boarding schools, offices, and NU congregations” (NUCC Central Board Chairperson, Male, 37)

The organizations also hold regular online discussions through their social media live and video conference app to address how to prevent transmission of the virus and minimize the impact of the disease, such as economic losses, family endurance issues, vaccination, and disease

stigmas. The organizations have mature social media whose followers or fans are considerably many, implying that channel communication might reach a large audience.

Moreover, the organizations provide phone consultations for psychological and social counseling by psychologists, Islamic scholars, and health experts accessed indiscriminately by Muslims and non-Muslims. Interestingly, their report stated that such provisions were useful, and more than two thousand people had used these consultation services. Moreover, both bodies developed mobile phone application functions to detect the risk of transmission of COVID-19 and provide sufficient educational materials on its prevention and control.

“We also have a hotline center we activated at the central and regional levels for the fast handling of community complaints or questions about COVID-19” (NUCC Central Board Secretary, Female, 29)



Figure 2. An infographic on how to maintain the cleanliness of worship places made by NUCC.

Recently, different forms of COVID-19-related education and information delivery have been carried out online to minimize direct contacts, which is a risk factor in transmitting the disease. This is because, unlike other disasters that were only based on the geographical location and generally affected a limited area, the target group for COVID-19 was broader geographically, and higher numbers were affected, including the pandemic's control team and everyone. Additionally, the areas affected exceeded the usual ones, and the coverage spread throughout Indonesia, calling for everyone to protect himself from being infected.

"The most serious challenge is non-public disasters, where every area can be affected. Moreover, this pandemic is evenly distributed in all regions, making implementation-related activities our top priority. We, including those who organize our task force, are prone to disasters too." (NUCC Central Board Chairperson, Male, 37)

However, with the conditions mentioned earlier, the COVID-19 response teams need to find strategies to educate groups that do not allow online education but still minimize direct physical contact with the community. Consequently, the FBOs have direct offline communication through mobile vehicles called the Cars of COVID-19 care (COC), which provide several services such as health campaigns, hand sanitizers/disinfectants, face masks, portable gallons for handwashing, and health education posters. The report stated that the COC cars reached a thousand locations and proved adequate for people with middle-low incomes and limited access to mass media.

"For COVID-19 educational activities, we also have a Car of COVID-19 Care intended for distributing education services to the public, enabling us to go around educating the public, especially in the red zones. Consequently, all this time, society, especially those who are at the middle-low level, could be maximally educated" (NUCC Central Board Secretary, Female, 29)

Moreover, the organization recruited a thousand volunteers at different COVID-19 stations scattered in 300 districts/cities, all trained and disbursed to stations that distribute liquid soap, masks, and hand sanitizers and provide health education. Therefore, the organization's followers are not only objects in the health education process, but the training program allows them to become agents who disseminate

information regarding COVID-19 and vaccination to their relatives. Furthermore, the organizational structure reaches the grassroots, allowing them to directly implement various prevention and control measures for COVID-19 at the community level. The data stated that Muhammadiyah had 3,221 and 8,107 branch (*Pimpinan Cabang*) and sub-branch managers (*Pimpinan Ranting*), respectively, spread at the District and Village/sub-village levels. Furthermore, Nahdlatul Ulama has 4,630 branch managers scattered all over Indonesia [32, 33], and this large number of branches could also support the COVID-19 countermeasures. There were also special units at each level of the organization for the pandemic's preventive measures that helped accelerate the disease's prevention programs among communities, and the national health authority also acknowledged these massive and granular strategies.

"Religious Social Organizations in Indonesia have a vital and calculated role in assisting the Indonesian Ministry of Health's activities and programs. Such programs created and compiled by the Ministry of Health (MoH) of the Republic of Indonesia will not be carried out and reached out in the field, especially at the grassroots solely by MoH, but the presence and existence of religious, social organizations can help socialize, implement and monitor them" (Ministry of Health of Indonesia Staff, Male, 51)

However, even though they have a sub-organization that reaches the grassroots levels, the body still faces coordination challenges related to programs and activities. Since these two FBOs have a large organizational span that reaches the grassroots, making it challenging for them to coordinate from the central board to the branch level, mainly where the coordination path is long. Moreover, counter measuring COVID-19 does not merely involve health affairs but also relates to other fields such as education, economics, religion, and various fields, leading to the involvement of many stakeholders that makes it difficult for the organization to coordinate the programs and activities even if the sub-organizations were not active.

"Of course, we always have stakeholder-related challenges, and the more stakeholders there are, the more that must be coordinated. As such, the bureaucracy becomes long from the center to the branches, and also creates communication challenges. Therefore, decisions at the central level must be implemented down to the lower level." (MCCC Central Board Vice-Chairperson, Male, 45)

Another challenge is the difficulty of direct face-to-face coordination since everyone needs to do physical distancing. Given these conditions, coordination was carried out online using various applications, but some parties were unfamiliar with its implementation, and insufficient infrastructural availability of information technology facilities made online coordination.

"There are challenges related to coordination, especially now that we cannot meet in person, necessitating the need to take advantage of online communication. Still, people are not necessarily accustomed to using online communication application facilities such as the Zoom app; presenting more challenges, mainly in this matter" (MCCC Central Board Vice-Chairperson, Male, 45)

Moreover, although various efforts have been made to educate the public regarding COVID-19 prevention, respondents revealed that there are still challenges in public education, one of which is related to the exposure of misinformation related to the pandemic. For example, some misleading information stated that disinfectants were directly sprayed onto the body, leading to the assumption is that it would be safe to make physical contact without personal protection after being sprayed. Furthermore, stigmas such as the transmission of COVID-19 from victims' bodies to healthy people resulted in the rejection of the funeral and posed a great challenge to the disease's response team, which immediately created educational media to fight misinformation, hoaxes, and erroneous ideas spread in the community.

“The problem is related to the disinfectant booth, particularly that there is a growing idea that when one enters the disinfectant booth, he becomes clean, eliminating the need for social distancing anymore. However, even though the disinfectant cleanses the outside, the virus may still remain in the body.” (MCCC Central Board Vice-Chairperson, Male, 45)

Sadly, the existence of such misinformation and hoaxes causes the public to distrust COVID-19 measures, thereby instigating the community not to comply with the pandemic's set prevention protocol. Moreover, the never-ending pandemic, in turn, led to the community's loss of patience in implementing preventive behaviors.

“The East are easily bored, and we just apply the rules normatively. For example, they used masks on trips, but when they are with close friends, they become uncomfortable when having a dialogue and removed the masks. We still find it like that” (MCCC Jakarta Region Vice Chairperson, Female, 46)

The number of COVID-19 cases in Indonesia until the end of 2021 continued increasing, whereas the desire to ignore the pandemic's prevention protocols had to do with economic needs. For example, several educational institutions affiliated with Islamic FBOs pushed for a policy from the Islamic Board's central management to issue policies related to face-to-face learning due to encouragement from parents of students who wanted to transfer their children to other schools if learning was still carried out online.

The condition is worsened because the authorities' findings and guidelines regarding the prevention, transmission, and treatment of COVID-19 are still developing, primarily because it is still a novel disease. An example of an unclear guideline is related to the decision when a patient is declared cured of COVID-19 and gets infected afterward or the management of corpse exposed to the pandemic, all of which make it hard for Islamic FBOs to make decisions and convey them to lower-level units.

“The developments in the COVID-19-related information and procedures change so fast that it becomes an obstacle where adjustments occur before we succeed in conveying it to the lowest level since Indonesia is a large country” (MCCC Central Board Vice-Chairperson, Male, 45)

3.2. Secondary prevention activities

The two organizations have their charity hospitals that provide treatment for COVID-19 cases. For instance, the data showed that Muhammadiyah had provided the services in their 84 hospitals by December 30, 2020, and **Figure 3** shows the distribution of the pandemic's Referral Hospitals owned by Muhammadiyah - 'Aisiyah across Indonesia that serves thousands of confirmed case patients. However, during the initial period of the emergence of the COVID-19, informants stated that health workers in their hospital encountered a limited number of personal protective equipment (PPE) and hand sanitizers in Islamic FBOs-owned hospitals and almost in all health services (hospitals and public health centers).

In addition, the two organizations also have hundreds of Islamic boarding schools, orphanages, and nursing homes, all of which steer disease control. Therefore, they optimize their healthcare to support COVID-19 treatment and use their charity business for the same purposes. For instance, during a peak transmission of the pandemic in Indonesia, when healthcare is operated beyond its capacity, the organizations change several school rooms to isolation rooms for non-symptomatic COVID-19 patients.

“There are approximately twenty-five Nahdatul Ulama hospitals that we are preparing to become COVID-19 referral hospitals. Moreover, we have about nine facilities that are ready to become the main referrals, while the rest only handle outpatient COVID-19” (NUCC Central Board Secretary, Female, 29)

After the government loosened some COVID-19 preventive measures to increase some outdoor activities, the Islamic FBOs took a role in increasing the capability and capacity of the public to prevent disease transmission. For example, they provide the public with disease prevention materials such as facemasks, disinfectants, hand sanitizers, liquid soaps, and portable washstands. Furthermore, they distributed vitamins to people to boost the body's immune system, increasing the public's capability to prevent COVID-19's transmission. Meanwhile, the NUCC also had a program to manage their Islamic boarding school students who returned to their hometowns and intended to minimize the risk of spreading the pandemic. The two organizations also performed



Figure 3. Geographical Distribution of the 84 COVID-19 Referral Hospitals owned by Muhammadiyah - 'Aisyah Organization (Data per 2020).

disinfectant spraying in various locations, including worship places, schools, universities, Islamic boarding schools, offices, and general public places. These efforts were not carried out solely by the FBO but by collaborating with local authorities.

“We are collaborating with disaster management agencies at the provincial and city levels to conduct more routine education than before, spraying the disinfectant regularly with the civil service police and educating the public about the use of masks. This is in line with the governor's decision that requires discipline to wear masks” (MCCC Banten Region Secretary, Male, 63)

3.3. Managing other conditions of COVID-19

Another program or activity to countermeasure COVID-19 was minimizing its economic impact. Since it affected various sectors and imparted economic impacts on several groups, particularly the informal sectors, the MCCC provided several economic assistances such as distributing essential food packages, serving prepared food, and giving mobile phone credits to students in universities owned by Muhammadiyah. Meanwhile, NUCC organized various activities such as distributing prepared and staple foods and Eid packages.

Moreover, *Lembaga Amil Zakat Infak dan Sadaqah*/Philanthropic Board (the Lazis Muhammadiyah/LazisMu and Lazis Nahdlatul Ulama/LazisNU) cooperate with MCCC and NUCC in raising funds used in overcoming COVID-19. For instance, a report from LazisMu stated that as of December 31, 2020, they had collected about 308 billion rupiahs (equal to 21,871,629.06 US Dollars) with 28,570,831 beneficiaries as part of the pandemic's handling program. Furthermore, another report from the NUCC showed various donation programs for overcoming the disease, with about 113 billion rupiahs (equal to 7,628,774.58 US Dollars) collected in total. These funds facilitated the FBOs' activities related to the pandemic's outbreak and other disasters, but the fact that COVID-19 affected almost all areas made it difficult for various regions to support others in mitigating the pandemic. In addition, almost all affected areas had different conditions, which hindered the non-affected groups or areas from helping others.

“Where there is a disaster, there is a potential for our crowdfunding to build and fund programs. In the beginning, when this outbreak was considered a national non-physical disaster, it entered LazisNU's role as our crowdfunding agent to pay for several activities we had drafted. Later, they made crowdfunding through their access” (NUCC Central Board Chairperson, Male, 37)

Since the COVID-19 vaccination was introduced in Indonesia, the two organizations have been steadily supporting its implementation to end the pandemic. For instance, the Muhammadiyah Central Board stated that the body supports the implementation of vaccination as part of efforts to handle the disease in Indonesia, after all the vaccine's safety, effectiveness, and halal rules are met according to the National Agency of Drug and Food Control of Indonesia and the Indonesia Ulema Council standards. Moreover, through their various health infrastructures, such as hospitals and health workers who work in them, the two organizations have supported immunization efforts. For instance, Muhammadiyah, in its report, wrote that they had carried out vaccination programs in seven provinces in Indonesia with a total of more than 4,000 recipients. However, in its implementation, they found technical obstacles such as people who are unfamiliar with the technology of registering vaccine participants, making them prefer on-site registration, which causes crowds at the locations, which should be avoided because it is one of the factors risks of spreading COVID-19. Furthermore, in implementing vaccination, the two organizations also provide inclusive services for all community groups regardless of ethnicity, religion, race, and political choice.

“Muhammadiyah continues to actively mobilize all Muhammadiyah and Aisyiyah hospitals throughout Indonesia to succeed in vaccination and

overcome the Covid-19 pandemic, and continues to be committed to helping people from all groups without discrimination.” (MCCC Central Board Chairperson, Male)

4. Discussion

The World Development Report globally called for the more significant roles of nongovernmental organizations (NGOs), particularly faith-based and religious organizations, to improve service quality and fill existing gaps in the healthcare services [34], because the FBOs, hospitals, and clinics are often the most respected and trusted health care providers in communities of all sizes [35]. Moreover, one study showed that religious groups were significant players in healthcare delivery, particularly in hard-to-reach and rural areas in which the government is not adequately served [34]. In Sierra Leone, Muslim and Christian leaders led the development of United Nations Children's Emergency Fund (UNICEF) campaigns that increased immunization rates in children to 75% from 86%. To this end, the general medical community recognizes the magnitude of services offered by faith-based groups and partners with or supports them to provide long-standing improvements in health [34]. In the context of COVID-19, the Centres for Disease Prevention and Control of the United States explained that community and faith-based organizations, in cooperation with business, healthcare, and educational institutions, significantly minimized the spread of the pandemic particularly among high-risk populations [36].

Faith is generally a dominant force in the daily lives of individuals and communities worldwide. In the Indonesian context, religion is an inseparable element in people's lives [37]; hence the country adopts a monotheistic concept as the nation's philosophy while still allowing the religious freedom of the six officially recognized religions (Catholicism, Protestantism, Hinduism, Buddhism, Confucianism/Kong Hu Cu, and Islam) [38]. Therefore, religious leaders, particularly Islamic scholars, crucially influence the community to prevent public misbehaviour during the COVID-19 pandemic. The study conducted by the Indonesian Survey Institute in 2018 showed that religious leaders became the most influential professionals among Indonesian people (51.7%) compared to seven other leading personnel [39]. Moreover, a previous study also stated that spiritual leaders possessed a more practical ability to communicate authoritatively to their congregation in conveying messages than state officials [40]. A rational statement from the leadership of Islamic organizations related to the prevention of COVID-19 is vital in straightening people's understanding in responding to the pandemic, mainly because of the great influence the clergy have. Nonetheless, the results of an Indonesian study revealed that there is still a fatalistic view in responding to a pandemic where people prefer to surrender to God's will without the need to make sure efforts [41].

Indonesia has geographical barriers that make many areas not adequately served by the government. Muhammadiyah and NU showed such areas and demonstrated significant roles in the difficult-to-reach communities since they both have an organizational structure reaching grassroots levels. Moreover, they have several autonomous organizations supporting them to reach their objectives by performing programs and activities with specific targets [42], and they both have a long history, dating back to before the independence of the Republic of Indonesia.

Nahdlatul Ulama was founded in 1926 amid the Islamic boarding school culture, closely related to 'traditional Islam' [43], and it makes Ulama (Islamic clerics) the supreme power and supporter to develop its organization [44], considering that the latter are figures who have a strong influence over students at Islamic Boarding Schools (Islamic traditional boarding schools), and could also reach and influence people in rural areas [45]. They also claim that currently, they have around 60 members spread across all regions in Indonesia [46], proving their influence further. At the same time, Muhammadiyah was founded in 1912 and has three primary identities, namely *tajdid* (reform), *da'wa amr ma'rūuf* (promoting good), and *nahi Munkar* (preventing evil). Moreover, its principal value is *al-Mā'ūn* spirit (helping by something clear, using

the tool or facilities to make reaching something possible), which is equally a powerful slogan [47]. The body manifests its movement into three developmental areas: education, health services, hospitals, and social services spread across all areas in Indonesia, and has initiated social services to alleviate humanitarian problems since the pre-Independence era, greatly benefiting the underprivileged groups, regardless of their religion, ethnicity, and race [48].

Both organizations have autonomous bodies for youths, women, students, educators, and others who independently support their tasks but have their main Islamic-based body as their big umbrella. For example, Muhammadiyah has autonomous groups for women (*Aisyiyah*), students, Muhammadiyah College Students, Youths, and Young Women, all of which helped escalate the achievement of goals of Muhammadiyah by performing various activities on different target groups [49]. However, the study results showed that the stakeholders had difficulties coordinating with lower branches, and the insufficient infrastructural availability of information technology facilities posed further difficulties. Furthermore, the digital divide, i.e., the uneven access to digital content and connection because of lack of access to the technology, creates unique challenges in using the technologies during the pandemic [50].

The two organizations demonstrated a good understanding of the local context, delivered better quality services, mobilized energy and resources, contributed to consensus building, and connected local communities with better authorities, especially in areas with many followers. A study in Wuhan, China, showed that community-based approaches were effective and efficient COVID-19 initiatives, especially when directed through culturally tailored strategies and mobilizing community influencers and local government systems to address lockdown issues in China [51]. Moreover, special COVID-19 response units (MCCC and NUCC) in various Indonesian regions spread to the grassroots levels are beneficial in gathering volunteers, especially in some geographically disadvantaged areas. Another study in Vietnam also stated that community organizations at the grassroots helped quickly mobilize existing resources, particularly in areas where human health resources are under severe constraints [52].

Muhammadiyah, through LazisMu/Philanthropic Board, acts as an alternative power against the State that has failed to empower society in several critical developmental fields [47]. During the COVID-19 pandemic, it is undeniable that well-wishers supported and provided resources and funds to cities and community-based organizations [53]. For instance, LazisMu collaborated with Muhammadiyah Disaster Management Center that managed MCCC in coping with disaster prevention and mitigation, including the pandemic, and the latter took the social responsibility to continue promoting social change for welfare and equity. Still, empowerment programs initiated under the management of LazisMu are subject to criticism, if not resistance towards the government's absences in realizing community welfare [47]. Literature showed that faith-based organizations might contribute resources, including distinctive assets, and competencies to improve people's welfare [54].

Additionally, MCCC and NUCC have helped make the community aware of the appropriate prevention measures because they have promoted activities to educate the public through various communication media regarding how to prevent the spread of the COVID-19 pandemic. Unfortunately, there is a rise in the misinformation in Indonesia related to the prevention of the pandemic amid the preventive measures [55]. The WHO called the condition infodemic, such as developing some accurate and inaccurate information which makes it hard for people to find trustworthy sources, thereby later practicing the wrong protocol to protect themselves and others from the disease [56]. A previous study in Bangladesh showed that misinformation beliefs such as conspiracies and general misinformation negatively influenced individual COVID-19 responses [57]. Furthermore, a similar study in England also showed that conspiracy beliefs were related to less likely respondents to accept future diagnostic tests or vaccination against the pandemic [58].

In the face of the emerging religious crisis as a negative impact of COVID-19, a study stated that Islamic FBOs in Indonesia, including

Muhammadiyah and NU, succeeded in dealing with the religious crisis during the pandemic. When facing a religious crisis during the covid outbreak, Islamic organizations delivered religious messages of activity news, news opinions, opinions, and regulations [59]. Moreover, they are redefining spiritual activities by adjusting the conditions of society with modern health considerations, including diverting religious activities previously physical to online, synergizing informational messages in *fatwas*, an official statement or order from an Islamic religious leader, and administrative regulations with persuasive messages, and implementing them to formalize them as activities that could be reported as informative messages [59], all of which occurred in the territory of religious diversity. Furthermore, two Islamic FBOs utilize online media during pandemics, such as routinely delivering religious messages in various activities via video conferences and social media.

The role of socio-religious organizations in COVID-19 countermeasures continued to develop as data collection for this study took place so that several possible activities that may not have been portrayed in the present study were explored. However, this study was among the first to explore the strength and challenges of Islamic FBOs in dealing with the pandemic profoundly and systematically, and might appropriately provide an insight to the organizations and the government in partnering to explore the strengths of NGOs and minimize the challenges faced to improve government and NGOs performances in handling COVID-19. Still, there is a need for quantitative and qualitative studies on the impact of the Islamic organizations' various roles in overcoming the pandemic and the effectiveness analysis of programs performed by such bodies in response to the disease.

5. Conclusion

Since COVID-19 is transmitted from person to person, it makes everyone a victim and a potential solution to break the chain of the disease spread. Therefore, each party, along with the government has a role in managing the epidemic by exerting various efforts, such as physical distancing, personal hygiene, and various other public health-related efforts to break the transmission chain. Islamic FBOs have many members, organizational structures that reach the grassroots, and high numbers of owned charitable businesses, consequently serving as a potent for other organizations in supporting their programs in performing primary and secondary prevention and minimizing the impact of the COVID-19 activities. Since coordination is a challenge, increasing the process between the government and socio-religious organizations in mobilizing resources and program synergy is expected to accelerate efforts to prevent further disease transmission [60].

Declarations

Author contribution statement

Mochamad Iqbal Nurmansyah, Emma Rachmawati, Yuyun Umniyatun: Conceived and designed the experiments; Performed the experiments; Analyzed and interpreted the data; Contributed reagents, materials, analysis tools or data; Wrote the paper.

Muhib Rosyidi: Conceived and designed the experiments.

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Data availability statement

Data will be made available on request.

Declaration of interests statement

The authors declare no conflict of interest.

Additional information

No additional information is available for this paper.

References

- [1] World Health Organization, WHO Coronavirus (COVID-19) Dashboard, 2021. <https://covid19.who.int/>. (Accessed 19 November 2021).
- [2] COVID-19 Response Acceleration Task Force, Data Sebaran (Data Distribution), 2021. <https://covid19.go.id/>. (Accessed 17 May 2021).
- [3] Dezan Shira, et al., The Coronavirus in Asia and ASEAN – Live Updates by Country, ASEAN Brief, 2021. <https://www.aseanbriefing.com/news/coronavirus-asia-asean-live-updates-by-country/>. (Accessed 13 December 2021).
- [4] World Health Organization, Responding to Community Spread of COVID-19: Interim Guidance, March 7, 2020. <https://apps.who.int/iris/handle/10665/331421>. (Accessed 7 May 2020).
- [5] IFRC, UNICEF, WHO, RCCE ACTION PLAN GUIDANCE COVID-19: Preparedness & Response, World Health Organization, Geneva, 2020. [https://www.who.int/publications-detail/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance).
- [6] S.T. Young, K.K. Dhandu, Role of governments and nongovernmental organizations, in: *Sustain. Essentials Bus.*, SAGE publications, Inc., London, 2017, pp. 214–242.
- [7] M. Piotrowicz, D. Cianciara, The role of non-governmental organizations in the social and the health system, *Przeegl. Epidemiol.* 67 (2013) 69–74.
- [8] G. Clarke, Faith matters: faith-based Organisations, civil society, and international development, *J. Int. Dev.* 18 (2006) 835–848.
- [9] M. Clarke, V.A. Ware, Understanding faith-based organizations: how FBOs are contrasted with NGOs in international development literature, *Prog. Dev. Stud.* 15 (2015) 37–48.
- [10] M. Rivera-Hernandez, The role of religious leaders in health promotion for older Mexicans with diabetes, *J. Relig. Health* 54 (2014) 303–315.
- [11] J. Blevins, COVID—19, Religion and the Importance of Effective Leadership, *Religion and Global Society*, London Sch. Econ. Polit. Sci. Blog., 2020. <https://blogs.lse.ac.uk/religionglobalsociety/2020/04/covid-19-religion-and-the-importance-of-effective-leadership/>. (Accessed 29 December 2020).
- [12] World Health Organization, Practical Considerations, and Recommendations for Religious Leaders and faith-based Communities in the Context of COVID-19, World Health Organization, Geneva, 2020. <https://www.who.int/publications/i/item/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19>.
- [13] J. Levin, The faith community, and the SARS-CoV-2 outbreak: Part of the problem or part of the solution? *J. Relig. Health.* (2020) 1–14. June.
- [14] E. Hathaway, Assisting faith-based organizations increase sense of belonging during the covid-19 pandemic, *J. Pastor. Care Counsel.* 74 (2020) 226–228.
- [15] D. Muhtada, Religion and COVID-19 Mitigation, *Jakarta Post*, 2020. <https://www.thejakartapost.com/academia/2020/03/26/religion-and-covid-19-mitigation.html>. (Accessed 27 March 2020).
- [16] Kementerian Kesehatan, ITAGI, UNICEF, WHO, COVID-19 Vaccine Acceptance Survey in Indonesia, Jakarta, 2020. <https://covid19.go.id/p/hasil-kajian/covid-19-vaccine-acceptance-survey-indonesia>.
- [17] T. Oxholm, C. Rivera, K. Schirman, W.J. Hoeverd, New Zealand religious community responses to COVID-19 while under level 4 lockdown, *J. Relig. Health.* November (2020).
- [18] Z. Nuryana Suyadi, N.A.F. Fauzi, The fiqh of disaster: the mitigation of Covid-19 in the perspective of Islamic education-neuroscience, *Int. J. Disaster Risk Reduc.* 51 (2020).
- [19] P.N. Vilakati, S. Villa, R. Alagna, B. Khumalo, S. Tshuma, V. Quaresima, N.R. Nieman, D.M. Cirillo, M.C. Raviglione, The neglected role of Faith-based Organizations in preventing and controlling COVID-19 in Africa, *Trans. R. Soc. Trop. Med. Hyg.* 114 (2020) 784–786.
- [20] F. Somariah, W. Sintha, Muhammadiyah- Nahdlatul Ulama (nu): monumental cultural creativity heritage of the world religion, *Epistemé J. Pengemb. Ilmu Keislaman.* 13 (2018) 173–193.
- [21] A. Fanani, Ahmad Dahlan's perspective about the model of modern integration Islamic education, *Nadwa J. Pendidik. Islam.* 13 (2019) 95–120.
- [22] Britannica, The Editors of Encyclopaedia. "Abdurrahman Wahid". *Encyclopedia Britannica.* <https://www.britannica.com/biography/Abdurrahman-Wahid>. (Accessed 10 February 2022).
- [23] Badan Pusat Statistik Indonesia, Proyeksi Penduduk Indonesia Indonesia Population Projection 2010-2035, 2013.
- [24] S. Crowe, K. Cresswell, A. Robertson, G. Huby, A. Avery, A. Sheikh, The case study approach, *BMC Med. Res. Methodol.* 11 (2011) 1–9.
- [25] B.B. Frey, *The SAGE Encyclopedia of Educational Research, Measurement, and Evaluation*, 2018.
- [26] N. Carter, D. Bryant-Lukosius, A. Dencso, J. Blythe, A.J. Neville, The use of triangulation in qualitative research, *Oncol. Nurs. Forum* (2014).
- [27] A.J. Rowe, *Strategic Management : a Methodological Approach*, Addison-Wesley, New York, 1994.
- [28] K. Farsalinos, K. Poulas, D. Kouretas, A. Vantarakis, M. Leotsinidis, D. Kouvelas, A.O. Docea, R. Kostoff, G.T. Gerotziapas, M.N. Antoniou, R. Polosa, A. Barbouni, V. Yiakoumaki, T. V Giannouchos, P.G. Bagos, G. Lazopoulos, B.N. Izotov, V.A. Tutelyan, M. Aschner, T. Hartung, H.M. Wallace, F. Carvalho, J.L. Domingo, A. Tsatsakis, Improved strategies to counter the COVID-19 pandemic: lockdowns vs. primary and community healthcare, *Toxicol. Reports* 8 (2021) 1–9.
- [29] V. Braun, V. Clarke, Using thematic analysis in psychology, *Qual. Res. Psychol.* 3 (2006) 77–101.
- [30] U.H. Graneheim, B. Lundman, Qualitative content analysis in nursing research: concepts, procedures, and measures to achieve trustworthiness, *Nurse Educ. Today* 24 (2004) 105–112.
- [31] S. Elo, H. Kyngäs, The qualitative content analysis process, *J. Adv. Nurs.* 62 (2008) 107–115.
- [32] Lembaga Pengembangan Cabang dan Ranting PP Muhammadiyah, Sejarah Lembaga Pengembangan Cabang dan Ranting. <http://lpcr.muhammadiyah.or.id/content-3-sdet-sejarah.html>, 1997. (Accessed 7 May 2020).
- [33] Saepuloh, Mengenal Lebih Dekat NU: Struktur Organisasi, Lembaga Dan Badan Otonom (Bag. 3), 2019. <https://jatman.or.id/mengenal-lebih-dekat-nu-struktur-organisasi-lembaga-dan-badan-otonom-bag-3/>. (Accessed 7 May 2020).
- [34] M. Widmer, A.P. Betran, M. Meriardi, J. Requejo, T. Karpf, The role of faith-based organizations in maternal and newborn health care in Africa, *Int. J. Gynecol. Obstet.* 114 (2011) 218–222.
- [35] World Health Organization, Multi-Country Study of Medicine Supply and Distribution Activities of Faith-Based Organizations in Sub-saharan African Countries, Geneva, 2006. <https://apps.who.int/iris/handle/10665/69347>.
- [36] Center for Diseases Control and Prevention, Interim guidance for community and faith leaders, *Cent. Dis. Control Prev.* (2020). <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/guidance-community-faith-organizations.html>. (Accessed 7 May 2020).
- [37] E. Rochmawati, R. Wiechula, K. Cameron, Centrality of spirituality/religion in the culture of palliative care service in Indonesia: an ethnographic study, *Nurs. Health Sci.* 20 (2018) 231–237.
- [38] L. Pedersen, Religious pluralism in Indonesia, *Asia Pacific J. Anthropol.* 1 (2016) 69–93.
- [39] B. Suyanto, Ulama, Politik, dan Kekuasaan, 2018. <https://kumparan.com/bagong-suyanto/ulama-politik-dan-kekuasaan-1542941389351846116>. (Accessed 7 May 2020).
- [40] M. Regus, Regulating religion in a time of COVID-19 pandemic in Indonesia: context, dynamics, and implication, *Int. J. Sociol. Soc. Policy.* (2021). January.
- [41] A.S. Ruhana, H. Burhani, Pengetahuan, Sikap Dan Tindakan Umat Beragama Menghadapi Covid-19, *Puslitbang Bimas Agama Dan Layanan Keagamaan, Badan Litbang dan Diklat Kementerian Agama RI*, 2020.
- [42] H. Nashir, Muhammadiyah a Reform Movement, Muhammadiyah University Press, Surakarta, 2015.
- [43] F. Ismail, The Nahdlatul Ulama: its early history and contribution to the establishment of Indonesian state, *J. Indones. Islam.* 5 (2011) 247–282.
- [44] F.F. Saenong, Chapter 6 Nahdlatul Ulama (NU): A Grassroots Movement Advocating Moderate Islam, in: Brill, Leiden, The Netherlands, 2021, pp. 129–150.
- [45] C. Geertz, The Javanese Kijaji: the changing role of a cultural broker, *Comp. Stud. Soc. Hist.* 2 (1960) 228–249.
- [46] A. Arifianto, Practicing what it preaches? Understanding the contradictions between pluralist theology and religious intolerance within Indonesia's Nahdlatul Ulama, *Al-Jami'ah J. Islam. Stud.* 55 (2017) 241–264.
- [47] Z. Baidhawiy, Lazizmu and remaking the Muhammadiyah's new way of philanthropy, *Al-Jami'ah J. Islam. Stud.* 53 (2015) 387–412.
- [48] H. Latief, H. Nashir, Local dynamics and global engagements of the Islamic modernist movement in contemporary Indonesia: the case of Muhammadiyah (2000–2020), *J. Curr. Southeast Asian Aff.* 39 (2020) 290–309.
- [49] E. Rachmawati, Islamic-based organization in Indonesia: role of Muhammadiyah in health improvement, in: *Proc. 1st Int. Conf. Soc. Determ. Heal. (ICSDH 2018)*, SCITEPRESS – Science and Technology Publications, 2019, pp. 44–51.
- [50] W. He, Z. Justin, W. Li Zhang, Information technology solutions, challenges, and suggestions for tackling the COVID-19 pandemic, *Int. J. Inf. Manag.* 57 (2021) 102287.
- [51] J. Zhu, Y. Cai, Engaging the communities in Wuhan, China during the COVID-19 outbreak, *Glob. Heal. Res. Policy* 5 (2020) 3–6.
- [52] H.T. Le, H.T. Mai, H.Q. Pham, C.T. Nguyen, G.T. Vu, D.T. Phung, S.H. Nghiem, B.X. Tran, C.A. Latkin, C.S.H. Ho, R.C.M. Ho, Feasibility of intersectoral collaboration in epidemic preparedness and response at grassroots levels in the threat of COVID-19 pandemic in Vietnam, *Front. Public Health* 8 (2020) 1–7.
- [53] P. Fuentenebro, Will philanthropy save us all? Rethinking urban philanthropy in a time of crisis, *Geoforum* 117 (2020) 304–307.
- [54] The World Bank, Faith-based and Religious Organizations, 2015. <https://www.worldbank.org/en/about/partners/brief/faith-based-organizations>. (Accessed 29 December 2020).
- [55] N.M. Nasir, B. Baequni, M.I. Nurmansyah, Misinformation related to COVID-19 in Indonesia, *J. Adm. Kesehat. Indones.* 8 (2020) 51–61.
- [56] World Health Organization, Coronavirus Disease 2019 (COVID-19) Situation Report – 95, 2020.
- [57] Z. Barua, S. Barua, S. Aktar, N. Kabir, M. Li, Effects of misinformation on COVID-19 individual responses and recommendations for the resilience of disastrous consequences of misinformation, *Prog. Disaster Sci.* 8 (2020) 100119.
- [58] D. Freeman, F. Waite, L. Rosebrock, A. Petit, C. Causier, A. East, L. Jenner, A.L. Teale, L. Carr, S. Mulhall, E. Bold, S. Lambe, Coronavirus conspiracy beliefs, mistrust, and compliance with government guidelines in England, *Psychol. Med.* (2020) 1–13.
- [59] D. Suherdiana, A. Ridwan, U. Fatoni, Indonesian Islamic FBO message in facing religious crisis, retrieved from Sunan Gunung Djati state Islam, Univ. Bandung. (2020).
- [60] R. Djalante, J. Lassa, D. Setiarmarga, A. Sudjatma, M. Indrawan, B. Haryanto, C. Mahfud, M.S. Sinapoy, S. Djalante, I. Rafliana, L.A. Gunawan, G.A.K. Surtiari, H. Warsilah, Review and analysis of current responses to COVID-19 in Indonesia: period of January to March 2020, *Prog. Disaster Sci.* 6 (2020).