



The MCCC Volunteers' Legacy of Approaches for Combating COVID-19

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Abstract

As one of the Penta Helix elements in crisis management, Muhammadiyah conducted humanitarian efforts throughout the pandemic, notably in East Kalimantan, through the Muhammadiyah COVID-19 Command Center (MCCC). As a collective humanitarian memory of East Kalimantan during the height of the COVID-19 pandemic, this study attempts to present an overview of all the volunteer activities conducted by MCCC in Balikpapan and Samarinda during the pandemic. Descriptive analysis and qualitative technique are utilized in this study. To gather primary data, two informants from Balikpapan and four informants from Samarinda were interviewed. Secondary data came from reporting documents from the Muhammadiyah Disaster Management Center (MDMC) in East Kalimantan, which were located through a Google search for pertinent terms. The following are the study's findings: (1) In Balikpapan and Samarinda, MCCC volunteers took part in emergency response and disaster risk mitigation operations. (2) They give medical

aid, apply disinfectants, and conduct out programs related to food security. (3) They go a long way to help others. They are all living examples of that since they have all survived COVID. During the peak of the COVID-19 pandemic, one individual was hospitalized, others were forced to self-isolate, and there were no reports in the media about any philanthropic activities. In conclusion, as volunteers are at high danger during the COVID-19 pandemic, their goodness cannot be questioned.

Keywords: Altruism, Disaster Management, Fighting COVID-19, Volunteerism

Abstrak

Sebagai salah satu unsur *pentahelix* dalam manajemen krisis, Muhammadiyah melakukan upaya kemanusiaan di masa pandemi, khususnya di Kalimantan Timur, melalui Muhammadiyah COVID-19 Command Center (MCCC). Sebagai *legacy* atau warisan kemanusiaan kolektif Kalimantan Timur di masa puncak pandemi COVID-19, penelitian ini berupaya menyajikan gambaran seluruh kegiatan relawan yang dilakukan MCCC di Balikpapan dan Samarinda selama pandemi. Analisis deskriptif dan teknik kualitatif digunakan dalam penelitian ini. Untuk mengumpulkan data primer, dilakukan wawancara terhadap dua informan dari Balikpapan dan empat informan dari Samarinda. Data sekunder berasal dari dokumen pelaporan Pusat Penanggulangan Bencana Muhammadiyah (MDMC) Kalimantan Timur yang diperoleh melalui pencarian *Google* untuk mencari istilah-istilah terkait. Temuan penelitian ini adalah sebagai berikut: (1) Di Balikpapan dan Samarinda, relawan MCCC mengambil bagian dalam operasi tanggap darurat dan mitigasi risiko bencana. (2) Memberikan pertolongan medis, memberikan disinfektan, dan melaksanakan program yang berkaitan dengan ketahanan pangan. (3) Mereka berusaha keras untuk membantu orang lain. Mereka semua adalah contoh nyata karena mereka semua selamat dari COVID. Pada masa puncak pandemi COVID-19, satu orang dirawat di rumah sakit, yang lainnya terpaksa melakukan isolasi mandiri, dan tidak ada pemberitaan di media mengenai kegiatan filantropi apa pun. Kesimpulannya, karena para relawan berada dalam bahaya besar selama pandemi COVID-19, sifat altruisme mereka tidak perlu dipertanyakan lagi.

Kata Kunci: *Altruisme, Kesukarelaan, Melawan COVID-19, Penanggulangan Bencana*

A. Introduction

Although Presidential Decree Number 17 of 2023 terminated the state of emergency and disaster on 21 June 2023, the COVID-19 pandemic has impacted all human life, including Indonesia. Therefore, when faced with a similar problem in the future, it becomes crucial to recount it as part of the legacy for future generations.

In early March 2020, the World Health Organization (WHO) declared COVID-19 as pandemic after it was discovered in Wuhan, China, in December 2019 (Aditama, 2022; Hodder, 2020; Katrakazas et al., 2020; Kobiruzzaman, 2021; Putri, 2020). It means that since the beginning of 2020, Indonesia, along with many other countries, has been impacted by the COVID-19 pandemic, an unprecedented global tragedy. Every Indonesian citizen has felt the catastrophic effects of this outbreak, from Sumatra to Papua. COVID-19 has upended Indonesia's social, political, educational, and economic structures on many fronts (Bangun & Widana, 2021; Hanifa & Fisabilillah, 2021; Herliandry et al., 2020; Nasution et al., 2020; Ndasung, 2021; Prasetyo et al., 2023; Rosita, 2020; Sadiyah, 2021; Septiarini et al., 2021; Wahyunengseh & Hastjarjo, 2021; Wulandari & Agustika, 2020). Significant threats to public health are occurring worldwide.

COVID-19 is categorized as a non-natural catastrophe because it is a pandemic. Non-natural disasters are defined as events or events that include pandemics, disease outbreaks, technical failures, and failed modernization. So, as one type of disaster, the COVID-19 pandemic must be overcome. Who is authorized and responsible? According to Article 3 and Article 5 of Law No. 24 of 2007, the government is accountable for all disasters that occur (Fadillah et al., 2020), cite the National Board for Disaster Management as the organization the central government and local governments use. Upon the completion of their tasks, a task force was established.

In line with other nations, Indonesia had to adjust to combat this invisible threat when the virus first appeared. In response, the Indonesian authorities declared the COVID-19 outbreak in Presidential Decree Number 12 of 2020, which stated that a national disaster had occurred on 14 March 2020. Indonesia's people, medical community, and government are working together to comprehend, combat, and educate the public about the pandemic's impacts. However, there have been some complicated rules and challenges to overcome. In other words, the government's response to the COVID-19 pandemic's spread is still sluggish (Yulianti et al., 2020). The last ten years have seen a process of democratic collapse in Indonesia, which is reflected in the country's fragmented policies and initial disregard for the COVID-19 danger in Southeast Asia (Mietzner, 2020). But the Indonesian people still have adaptability, solidarity, and resilience in the face of this calamity with crucial cooperation, using scientific advancements, and vaccinations (Joyosemito & Nasir, 2021; Tamara, 2021) are ways to survive the pandemic.

One of the social resources in people's lives is religion. It is thought that religion's capacity to inspire social action and enlist the support of its adherents can enhance the efficacy of attempts to address issues in the pandemic era. Particularly in times of crisis like the COVID-19 pandemic, religion may offer services and have vital community resources, such as support and social networks.

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Faith-based organizations and the government can work together if they take thorough, responsible, and practical policy measures to match. They participate in the governance stage of catastrophe risk. This demonstrates the critical role that faith-based groups play in lowering the likelihood of a pandemic calamity. Additionally, faith-based groups were able to motivate the community to actively participate in crisis management during the pandemic through various means, including organizational strategies, theological concepts, and leadership.

Since its establishment, Muhammadiyah, one of the leading Islamic organizations in Indonesia, has played a significant role in helping the country's government and people find solutions to several issues, including the COVID-19 pandemic (Falahuddin, 2020; Humaidi et al., 2022; Ichsan, 2020, 2022; M. Junaedi et al., 2021; Margono et al., 2020; Muis, 2021; Prianto et al., 2023; Qodarsasi et al., 2021; Qodir et al., 2022; Sadikin, 2021; Saputro et al., 2022). It was generally stated that Muhammadiyah established the Muhammadiyah COVID-19 Command Center (MCCC) through the declaration of Central Leadership of Muhammadiyah (PP Muhammadiyah) number 2825/KEP/I.0/D/2020 (F. Junaedi et al., 2023). The MCCC coordinates the implementation of COVID-19 programs and actions across Indonesia's 32 provinces, as shown in Figure 1. Muhammadiyah also canceled the Congress agenda (Muktamar) in 2020 as a form of Muhammadiyah's concern for saving human lives, which its independent organization likewise adheres to (Choliq et al., 2022). In addition to its direct involvement in health initiatives, Muhammadiyah has been instrumental in promoting public awareness about health protocols, providing medical assistance, and supporting local governments in the distribution of aid. This proactive approach highlights the organization's commitment not only to addressing the immediate health crisis but also to ensuring the long-term well-being of the communities it serves. Through its vast network of educational institutions, healthcare facilities, and community outreach programs, Muhammadiyah has mobilized resources, coordinated volunteer efforts, and strengthened public health responses nationwide. Furthermore, Muhammadiyah's ability to collaborate with various stakeholders, including government agencies, non-governmental organizations, and the private sector, has proven essential in facilitating effective responses to the pandemic and reinforcing the country's resilience in a global health emergency.

Muhammadiyah is a faith-based organization that has chosen to follow the road of social humanitarian preaching as prescribed by its original mission. This dedication underpins all of the aid that Muhammadiyah provides. There is the element of "shared responsibility," in which the community takes charge of its destiny; thus, according to the United Nations Inter-Agency Secretariat of the International Strategy for Disaster Reduction [UNISDR] (2005), it reduces dependency on the government (Wakiaga, 2021). Muhammadiyah formed several pandemic-handling work teams, including the MCCC, the Muhammadiyah Disaster Management Center (MDMC), and the Muhammadiyah charity (LazisMu), to increase community resilience to disasters.

The following contributions of Muhammadiyah during the pandemic(Suyadi et al., 2020), to name a few:

1. Health services: Muhammadiyah is home to several hospitals and clinics crucial to caring for COVID-19 patients. They also run field health units in isolated locations to assist communities that are hard for conventional medical facilities to reach.
2. Donations and support: Muhammadiyah has organized fundraisers and aided pandemic-affected communities. They have provided food, masks, and medical supplies to needy families.
3. Public education: Muhammadiyah is in charge of educating the public about COVID-19. They spread pertinent and reliable information regarding self-isolation, pandemic management, and preventive measures.
4. Production of Personal Protective Equipment (PPE): Several Muhammadiyah branches produce PPE, including face masks and protective clothes, to address the scarcity of protective gear for medical professionals and the general public.
5. Religion’s role: Muhammadiyah is crucial in giving society moral and religious guidance during the pandemic. They offer moral guidance on social cohesion, safety, and hygiene.
6. Distance education: Muhammadiyah also tried to promote online and remote learning throughout the pandemic. They offer support and resources to pupils who must learn from home.

From the background described above, we know that Muhammadiyah’s humanitarian activities in Indonesia during the COVID-19 pandemic were mobilized through the MCCC, not least in East Kalimantan. The legacy activities of MCCC Balikpapan and Samarinda volunteers in 2021 in dealing with the COVID-19 disaster are the focus of this study as a communal remembrance of volunteerism in East Kalimantan, particularly in Balikpapan and Samarinda.

Figure 1: MCCC Network in 32 Provinces in Indonesia



(Source: <https://covid19.muhammadiyah.id/tentang-kami/jaringan-mccc-wilayah/>)

B. Methods

This study employs a qualitative methodology that combines case studies for operationalization and descriptive analysis (Rashid et al., 2019). The case plays a vital part in the research process using the case-based method (Takahashi & Araujo, 2020). Because of a comprehensive approach to study, descriptive qualitative methodology with case studies concentrates on a profound comprehension of particular events.

When combined with case studies, descriptive qualitative research is an effective tool for examining complex issues and presenting a comprehensive picture of a phenomenon in a genuine social setting (Prihatsanti et al., 2018). It provides in-depth narratives about the struggles and lives of people and communities, enabling academics to go beyond data and statistics.

Balikpapan and Samarinda were chosen as study sites because the Regional Leaders of Muhammadiyah East Kalimantan (PWM Kaltim) recognized them at the 109th Milad Muhammadiyah moment as the largest vaccine provider and volunteers for the most COVID-19 patients. Primary data was taken from interviews with four informants in Samarinda and two in Balikpapan using the unstructured and structured interview, as shown in Table 1.

Table 1: MCCC's volunteers as informants

Initial Name	Sex	Location	Position
M M	Male	Samarinda	East Kalimantan's MCCC Leader
S	Male	Samarinda	MDMC's Leader of Samarinda
A F	Male	Samarinda	Fundraising Coordinator for MCCC Samarinda
F R	Male	Samarinda	Health Coordinator for MCCC Samarinda
L H	Male	Balikpapan	Leader of MCCC in Balikpapan
R	Male	Balikpapan	MCCC's Secretary of Balikpapan

The interview at Samarinda was divided into direct and indirect questions. The first direct interview was with the MDMC's leader in Samarinda. Then, the interview continued with the fundraising coordinator and the health coordinator via WhatsApp, which was then forwarded indirectly to the chairman of the MCCC in East Kalimantan regarding the data on the administration of vaccines in East Kalimantan. After the MCCC's leader gives a piece of information directly, the information is passed on to the MCCC's secretary, both directly and indirectly, from Balikpapan.

Experts in memory research stress the significance of media in creating collective memory, saying that "technology memory constantly mediates and generates culture and individual memories." Gavilanes, Mollgaard, Tsvetkova, and Yasseri (2017) contend that journalists function as collective memory brokers (Loisa et al., 2020). So, secondary data was taken from the MDMC Kaltim reporting documents and media coverage by writing keywords on the Google search engine, as shown in Table 2.

Table 2: Media coverage of MCCC's activities at East Kalimantan

Name of MCCC	Name of Media
Kalimantan Timur	https://selasar.co/ https://suaramuhammadiyah.com/ https://lintasmahakam.com/ https://rri.co.id/ https://menara62.com/ https://diksi.co/
Samarinda	https://www.mediamu.id/ https://www.linimasa.co/ https://kaltimtoday.co/
Balikpapan	https://kabarmuh.com/ https://covid19.muhammadiyah.id/
Kutai Timur	https://kabarmuh.com/ https://viralkaltim.com/ https://pro.kutaitimurkab.go.id/
Kutai Kartanegara	https://kabarmuh.com/
Paser	https://kabarmuh.com/

C. Results and Discussion

Based on The National Science and Technology Council (2005) a disaster can be defined as a sudden occurrence that causes catastrophic loss of life and/or physical destruction (Mason et al., 2019). The COVID-19 pandemic is an unprecedented global crisis (Kim et al., 2021). Everyone must admit that no country is ready to face the COVID-19 disaster because of the limited scientific knowledge about this virus. Almost all major countries, including Indonesia, have encountered difficulties in dealing with this pandemic (Maulana, 2021).

According to <https://disaster.geo.ugm.ac.id/>, disaster management is an activity carried out in the context of prevention, mitigation, preparedness, emergency response, and recovery efforts related to disaster events. Disaster management is carried out to reduce losses, risks, and the post-disaster recovery process. Disaster management consists of two stages: ex-ante (before the disaster) and ex-post (after the disaster). Ex-ante consists of mitigation, prevention, and preparedness. The last stage is in the form of emergency response, rehabilitation, and reconstruction. As stated in Chapter I, Article 1, Paragraph 5 of Law No. 24 of 2007, disaster management is a series of efforts encompassing policies on development with disaster risk, disaster prevention, emergency response, and rehabilitation.

The government still needs the help of all parties, even though the concentration of disaster management, budget, human resources, and policies during this pandemic is focused on COVID-19. Amid the COVID-19 pandemic, civil organizations, such as the MCCC across Indonesia, contributed differently to the pandemic response. Their services include social work, food assistance, medical

care, counseling, and psychiatric support, among other things. Examples of contributions that MCCC and related organizations can make are as follows:

1. Education and counseling: MCCC can educate people about COVID-19, immunization, and preventive measures through various mediums, such as social media, web seminars, or webinars. By providing accurate and trustworthy information, the MCCC can assist in educating nearby populations about the pandemic.
2. Medical support: MCCC can work with nearby hospitals and healthcare facilities to offer medical aid in the form of masks, personal protective equipment (PPE), and other health supplies. For mild COVID-19 patients, MCCC can help by offering temporary isolation facilities or transportation assistance.
3. Food support: MCCC can arrange food aid programs for households affected financially by the pandemic. MCCC can help deliver ready-to-eat meals, basic food packages, or assistance for vulnerable populations, including children and the elderly.
4. Psychological assistance: MCCC offers telephone or online counseling services for anyone experiencing depression or loneliness during the pandemic. MCCC can also facilitate online support groups to help individuals overcome the psychological effects of the pandemic.
5. Sanitation & cleanliness: In public spaces, schools, or marketplaces, the MCCC can participate in hygiene and sanitation initiatives by supplying hand washing supplies and public restrooms. The MCCC can also help with disinfectant spraying in public locations that people frequent.
6. Money donated: To help with the initiatives above, MCCC might launch a fundraising drive and provide money to hospitals, social welfare foundations, or other groups that might benefit from support during the pandemic. It is crucial to remember that the MCCC's and other organizations' contributions must follow current regulations and work with local health authorities. In addition, preserving the volunteers' and members' health and safety is critical while relief operations are being carried out.

East Kalimantan Province became the fifth-highest province in Indonesia, with several additional cases of COVID-19. The addition of these cases has an impact on the area of readiness and ability, in this case, health facilities in the form of a COVID-19 Referral Hospital for people who require medical treatment (Gumilar et al., 2021). Although the pandemic is global, its responses have been local (Madan et al., 2021), depending on the local context—government, socio-economics, and cultural factors. How did Muhammadiyah in East Kalimantan use it? The MCCC has volunteers in Balikpapan and Samarinda who work on disaster risk prevention and emergency response since the omicron variant pandemic will persist until February 2022, such as:

1. Disaster Risk Reduction
 - The MCCC in all districts in East Kalimantan was formed in March 2020. In at-risk reduction, both Balikpapan and Samarinda do:
 - a. Spraying disinfectants in public facilities such as schools and mosques

- b. Free lunch packages for ojek online drivers, street vendors, angkot drivers, and parking guards
 - c. With LazisMu Kaltim (food packages, or sembako), provide food barns to assist the community in meeting their environmental needs.
 - d. Mask distribution is a way of supporting one of the government's strategies for handling the coronavirus.
2. Emergency Responses
- At the peak of the pandemic in 2021, MCCC's volunteers will work harder with:
- a. COVID-19 isomans (self-isolation) are given fruits and ready-to-eat food.
 - b. Lend oxygen cylinders and distribute oxygen when it runs out, provide personal protective equipment, and provide medical equipment for isoman (self-isolation).
 - c. Giving of drugs according to symptoms and distribution of vitamins
 - d. Antigen swab test with trained volunteers.
 - e. Carried out the COVID vaccination program with other parties, including the Public Health Office, BKKBN, USAID, the Police Office, and TNI, with various doses as shown in Table 3.

Table 3: Vaccine Center of MCCC East Kalimantan

Vaccine Center	Dose 1	Dose 2
UMKT	150	150
UMKT-MCCC Kaltim	2000	2000
Paser	4000	4000
Kutai Kartanegara	300	300
Kutai Timur	1500	1500
Aisyiyah-UMKT	3000	3000
Mentari Covid-19-PDM Samarinda	5000	5000
Balikpapan	16500	16500
Berau	4000	4000
Kutai Barat	1000	1000
Bontang	300	300
PPU	2500	2500

All MCCC's volunteers take significant risks for others. This is shown by all of them having become covid alumni. One is hospitalized, namely Mr. A F, because of his high level of emergencies, while others are self-isolating by keeping up the consumption of East Kalimantan-style medication and herbs. But they continue to help the sufferers of COVID-19 after they recover. They increase their endurance supplements and nutritional intake at least 2 times a day according to their wishes. All activities they have done at the peak of the COVID-19 pandemic (July till September) in 2021 are called altruism because life is at stake. A prosocial action aimed at enhancing the well-being of others without any understanding of an

imbalance or retaliation from the person being helped might be understood as altruism itself (Rubiantari & Hazim, 2023).

Unfortunately, the altruism activities are not covered by the media. Social media have a tremendous positive impact on the emergency phase in the country (Kobiruzzaman, 2021), it means the media has the power to influence the significance and prevalence of a particular public agenda topic, such as the public awareness of the risks and impact of COVID-19 (Kunguma et al., 2021). According to Mr. R, they are concentrating more on field operations because, due to COVID-19 exposure, more people are receiving assistance but fewer volunteers.

D. Conclusion

Muhammadiyah volunteers' participation in the COVID-19 pandemic indicates Indonesian society's strong sense of social responsibility and reciprocal collaboration. They are unsung heroes who give freely and tirelessly of themselves to support society in overcoming this catastrophe. Muhammadiyah volunteers have collaborated and coordinated with the government, other non-governmental groups, and the general public to lessen the effects of the pandemic and serve as an example for all of us when we encounter similar difficulties in the future.

Everyone understands that amid this pandemic, each individual must seriously consider becoming a volunteer. Why? Because all volunteers take significant risks during the COVID-19 pandemic, lives are at stake. They must have the sensitivity to help others; it comes from internal motivation, and they must have the desire to be rewarded for it hereafter by God. This study concluded that the altruism of the volunteers was unquestionable.

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