



Bridge between Faith and Neutrality: MDMC's Humanitarian Diplomacy in the Era of Global Funding Crisis

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Abstract

Article History:

Received: June 30, 2026

Revised: August 03, 2026

Accepted: August 08, 2026

Published: August 08, 2026

Keywords:

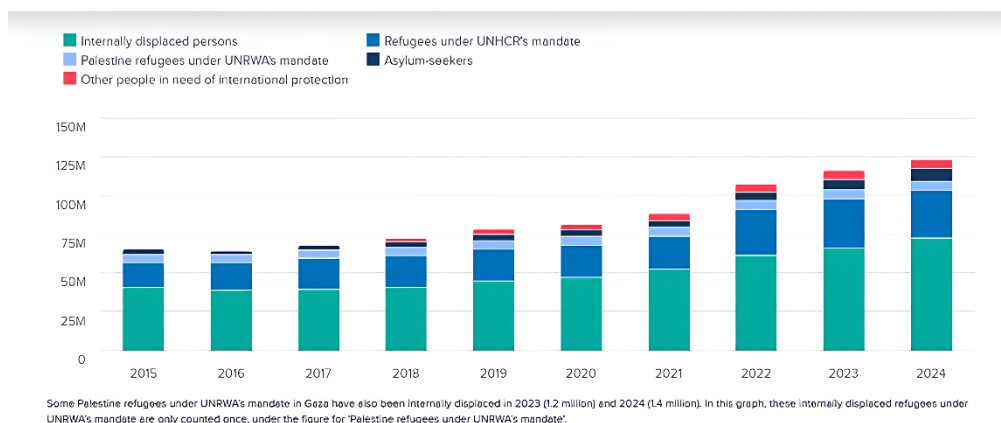
Enacted Neutrality, Faith-Based Organizations, Global Funding Crisis, Humanitarian Diplomacy, MDMC.

Amid escalating global humanitarian crises and severe financial deficits facing multilateral institutions, Faith-Based Organizations (FBOs) have emerged as crucial actors in bridging the international aid gap. This study analyzes the humanitarian diplomacy strategies employed by the Muhammadiyah Disaster Management Center (MDMC) across two complex conflict zones: Gaza and Myanmar. Utilizing Robert K. Yin's (2018) qualitative multi-case study design alongside data analysis procedures from Miles, Huberman, and Saldaña (2014), this research investigates how MDMC navigates the inherent tension between internal religious identity and external professional demands. Drawing upon Petersen's (2012) typology of transnational Islamic organizations, the findings reveal that MDMC executes a dynamic tactical synthesis of proselytization motives (embedded values) and professional field practices (enacted neutrality). Specifically, MDMC operationalizes the theological concept of rahmatan lil-'alamin into universal protocols through World Health Organization Emergency Medical Team (EMT) certification. Furthermore, MDMC leverages strategic partnerships with local champions to overcome bureaucratic impediments and logistical access constraints in highly sensitive regions. By synergizing Muhammadiyah's financially autonomous internal network with global external partnerships, MDMC effectively mitigates vulnerabilities in international funding. Ultimately, this study concludes that this autonomous diplomacy model not only guarantees sustainable, objective aid delivery amid widespread international budget cuts, but also significantly reinforces Indonesia's non-state humanitarian diplomacy posture on the global stage.

INTRODUCTION

A humanitarian crisis can generally be understood as a situation in which a community or a substantial group of individuals within a region faces a grave threat to their safety and survival (Özerdem, 2025). The emergence of humanitarian crises is driven by several interrelated factors, including political (local or global), environmental (natural disasters and climate change), economic (poverty), and social elements (discrimination, displacement, etc.). These conditions are further exacerbated by inadequate local resources to address the issues, necessitating external intervention. Furthermore, global humanitarian crises continue to escalate year after year.

Figure 1: Global Displacement Trends 2015–2024 (UNHCR)



Source: UNHCR (2025), "People forcibly displaced worldwide | 2015 – 2024" (<https://www.unhcr.org/us/publications/global-trends-2024>)

Based on data released by UNHCR, the graph above illustrates a nearly twofold increase in global displacement over the past decade, rising from 65 million in 2015 to 123 million in 2024. These figures exclusively represent individuals under the UNHCR mandate, specifically refugees and asylum seekers. Conversely, other victims of humanitarian crises, such as those affected by natural disasters, famine, and extreme poverty, are not included in these statistics. For instance, the UN estimates that by 2025, approximately 305 million people will require humanitarian assistance, with 190 million facing life-threatening conditions. However, the UN and its affiliated agencies remain unable to address all needs due to a critical funding crisis driven by member states' contribution arrears (Al Jazeera, 2025).

As of December 15, 2025, only 148 Member States (77%) have fulfilled their assessed contributions in full. The United States, the largest contributor, also faces significant arrears totaling USD 1.5 billion (representing 181% of its 2025 assessed contribution, including outstanding balances). The second-largest arrears are attributed

to Venezuela, amounting to USD 38 million (1,652% of its 2025 assessment, including arrears spanning more than two consecutive years), followed by Mexico at USD 20 million (51% of its 2025 assessment) (ISHR, 2025). These circumstances will directly jeopardize humanitarian programs, including emergency relief initiatives, peacekeeping operations, and human rights support, potentially leading to operational delays or significant budgetary reductions. In theory, this funding deficit signals a structural breakdown in state-managed humanitarian relief. When major donor states suspend their contributions, the UN encounters acute financial shortfalls, creating an 'aid vacuum' in conflict zones. As a result, the mantle of humanitarian diplomacy is shifting from state actors to non-governmental organizations, particularly FBOs, which step in to fill the void.

As occurred in Gaza in 2024, major donor nations, specifically the United States and Germany, suspended their financial support for the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), a pivotal UN body providing education, healthcare, and social services to millions of Palestinians. This suspension followed Israeli intelligence allegations suggesting that at least twelve UNRWA staff members were implicated in the Hamas attacks against Israel on October 7, 2023. Thus, millions of Gazans who were solely reliant on UNRWA services faced the imminent threat of starvation and the spread of infectious diseases (BBC, 2024). This operational paralysis in Gaza clearly demonstrates how political vulnerabilities within multilateral mechanisms can suddenly cut off life-saving aid.

To mitigate these vulnerabilities, non-state actors have proven pivotal in securing and sustaining humanitarian access. In the context of increasingly complex humanitarian crises, faith-based organizations (FBOs) and Local Faith Actors (LFAs) have emerged as indispensable first and last responders (Ferris, 2005; Wilkinson et al., 2022). Leveraging their socio-religious networks, FBOs can engage directly with local communities often persisting on the frontlines to administer aid despite the withdrawal of international NGOs amid security risks, these entities serve as indispensable lifelines. Furthermore, venerated religious leaders possess distinct leverage to negotiate humanitarian passage across conflict lines, reaching vulnerable communities otherwise inaccessible to UN agencies or secular bodies (Husein, Kurniawan, & Kurniawati, 2024; Wilkinson et al., 2022). FBOs fill these critical aid gaps not only by delivering material relief but also by facilitating spiritual coping mechanisms and community solidarity, which are essential for long-term recovery (Ager & Ager, 2011; Petersen, 2012a).

Muhammadiyah's operational track record, particularly through the Muhammadiyah Disaster Management Center (MDMC), offers a compelling example of faith-based humanitarian diplomacy in practice. Beyond its role as a domestic welfare provider, MDMC leverages its socio-religious legitimacy and soft power to conduct non-state humanitarian diplomacy in politically sensitive conflict zones, such as Palestine (Gaza), Myanmar, and the Philippines.

In high-risk environments where Western agencies often face political hurdles, MDMC's initiatives, including medical care, food distribution, and psychosocial support, serve as practical avenues for humanitarian engagement. These international operations illustrate how a Global South faith-based actor can leverage local trust to gain access to conflict zones and deliver principled aid in active crises.

Theoretical discussions on faith-based organizations (FBOs) often highlight the need to balance religious missions with professional standards. Petersen (2012a) places international Islamic NGOs on a spectrum, ranging from propagation-focused (*dakwahist*) groups to those adopting professional, secular practices. In the latter, core Islamic values are preserved, but field operations are carried out neutrally.

In the Indonesian context, scholars are increasingly examining Muhammadiyah's global footprint through the Muhammadiyah Disaster Management Center (MDMC). For instance, studies have documented MDMC's adaptation strategies in conflict zones like Myanmar Adam & Surwandono (2025) and Husein et al. (2024) mapped its diplomacy using standard operational dimensions. These studies reinforce the broader argument regarding the significance of Indonesian civil society in global aid, a topic that remains underrepresented in literature (Latief & Nashir, 2020).

However, these studies leave an important analytical gap. By focusing predominantly on single-case narratives or descriptive operational accounts, existing literature has yet to systematically engage Petersen's framework, specifically regarding how Faith-Based Organizations (FBOs) navigate the tension between their internal *dakwahist* identity and secular-professional standards across diverse conflict zones. Although MDMC operates on humanitarian principles, its distinct identity as an Islamic movement introduces a dimension of non-state diplomacy and enacted neutrality that has yet to be critically examined through a comparative lens.

To address this theoretical gap, this study analyzes how transnational Islamic FBOs balance their inherent socio-religious values with the demands of professional neutrality amidst global funding and operational crises. Using MDMC's humanitarian interventions in Gaza and Myanmar as comparative empirical cases, this research conceptualizes how faith-based actors adapt operationally to navigate complex geopolitical and regulatory landscapes.

METHODOLOGY

This study employs Yin's (2018) qualitative multi-case study design to analyze the humanitarian diplomacy of the Muhammadiyah Disaster Management Center (MDMC). A 'two-case' design was selected because comparing two substantially different contexts strengthens the study's validity and prevents findings from being merely coincidental or unique to a single location. Guided by the initial theoretical proposition that MDMC's enacted neutrality serves as a strategic bridge to secure global access without severing its Islamic socio-religious roots, both cases (Gaza and Myanmar) were purposively selected to analyze how the organization maintains

operational continuity under vastly different geopolitical dynamics, regulatory hurdles, and accessibility crises.

Two primary cases were purposefully selected based on a comparative:

1. Gaza Crisis (Post-2023): The humanitarian crisis in Gaza has deteriorated precipitously following the suspension of UNRWA funding, threatening two million civilians with starvation (BBC, 2024; Margesson & Zanotti, 2024). This dire situation is further compounded by a geopolitical blockade that impedes the influx of emergency relief and strictly restricts international media access (Committee to Protect Journalists, 2024).
2. Myanmar Crisis (Post-2021): Myanmar is grappling with an acute funding crisis, with its Humanitarian Needs and Response Plan funded at a mere 17.5% (ACAPS, 2025), triggering a USD 60 million cut in food assistance (UN OCHA, 2025). Furthermore, the country faces the world's most severe operational access constraints (scoring 10.0) due to escalating conflict and bureaucratic blockades (United Nations World Food Programme, 2025).

Contrasting these two distinct crisis terrains allows this study to trace how MDMC operationalizes "enacted neutrality" and maintains operational continuity under vastly different political and funding pressures.

Data sources are categorized into primary and secondary data. Primary data was gathered directly from MDMC officials and staff via semi-structured interviews. Secondary data was sourced from official reports, Muhammadiyah policies, and media coverage of its humanitarian missions (Fiantika et al., 2022). Furthermore, the study incorporates academic literature on the Muhammadiyah movement and humanitarian diplomacy as empirical and theoretical foundations

To manage the extensive qualitative data, exceeding 10 pages of interview transcripts per informant, this study employs a deductive thematic coding technique based on the framework of Miles, Huberman, & Saldana (2014). Transcripts and other data sources were systematically filtered and categorized into several main themes: crisis characteristics, logistical challenges, secular-professional identity, partnership patterns, the role of intermediary actors, operational neutrality strategies, and primary diplomatic objectives. Relevant information addressing the research questions and theoretical concepts was extracted into an analytical matrix, while non-essential background context was omitted.

RESULT AND DISCUSSION

1. MDMC's History

The Muhammadiyah Disaster Management Center (MDMC) has a long-standing history within Muhammadiyah's humanitarian missions, dating back to the early 20th century. During this period, the first generation of Muhammadiyah introduced several innovative institutions established by its founder, KH. Ahmad Dahlan. These

breakthroughs included three councils: Tabligh for proselytization (*dakwah*), Taman Pustaka for literacy, and PKO (*Penolong Kesengsaraan Oemoem*) for social services (Afandi, 2023). These councils were specifically designed to address the prevailing socio-communal conditions of that era."

The MDMC is rooted in the PKO, led by Kiai Sudja. Its inaugural humanitarian mission involved responding to the 1919 Mount Kelud eruption, which claimed thousands of lives. In the 1950s, Muhammadiyah was also active in providing financial, political, and moral support to Palestine (A. M. Rizal, personal communication, 2025). In navigating the complexities of transnational humanitarian engagement, Muhammadiyah generally employs a 'people-to-people diplomacy' mechanism. Instead of state-centric interventions that could trigger geopolitical friction, this approach relies heavily on back-channeling and mandatory collaboration with local partners (A. M. Rizal, personal communication, 2025). Furthermore, this non-coercive civil society mechanism is strengthened by interfaith dialogue and strategic grassroots partnerships (Latief & Nashir, 2020). Later, the 2004 Aceh Tsunami served as a wake-up call for Muhammadiyah to establish a specialized agency for disaster management (A. M. Rizal, personal communication, 2025). Before the official formation of the MDMC, the Council for General Health Affairs (MPKU) managed crises under Dr. Sudibyo Markus, including a mission to Gaza in 2009 (A. M. Rizal, personal communication, 2025; Azhar, 2021).

In 2022, the Disaster Management Institute (LPB) was renamed the Disaster Resilience Institute (LRB), while maintaining its international designation as the Muhammadiyah Disaster Management Center (MDMC). Established by the Central Board of Muhammadiyah, it was officially formalized following the 46th Muktamar in 2010 to coordinate the organization's resources for disaster response. The MDMC encompasses four primary stages: mitigation and preparedness, emergency response, recovery, and rehabilitation.

The institution adopts international humanitarian codes of conduct and the Humanitarian Charter, aligning with the Hyogo Framework for Action. For FBOs like MDMC, adopting secular global standards serves as a crucial strategic instrument rather than mere administrative compliance. By aligning with universal frameworks, MDMC effectively bridges its Islamic socio-religious roots with the secular international humanitarian system. This strategic alignment secures international legitimacy, enabling the organization to integrate into global coordination mechanisms—such as UN OCHA and WHO networks—and facilitating operational access in sensitive geopolitical areas without triggering host government sensitivities (A. M. Rizal, personal communication, 2025).

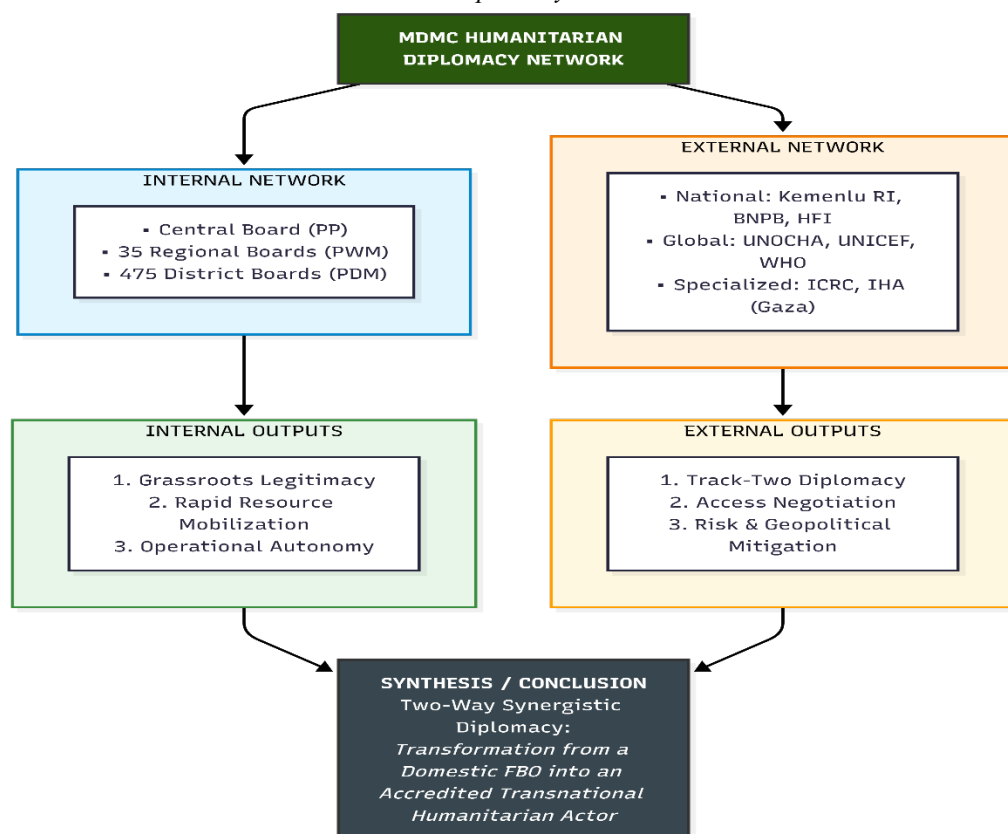
The evolution from PKO to MDMC reflects Muhammadiyah's journey in integrating Islamic values with international humanitarian standards. This approach grants MDMC robust legitimacy and facilitates access in executing global humanitarian

missions. MDMC has established itself as an effective non-governmental actor in both conflict and disaster zones, without compromising its religious identity.

2. Internal and External Networks

The MDMC's internal network is inherently linked to the hierarchical structure of Muhammadiyah, ensuring coordination from central to regional and district levels. At the Central level (PP Muhammadiyah), the MDMC is responsible for managing both national and international coordination. The MDMC's external networks comprise national and international partners that strengthen its humanitarian diplomacy access.

Figure 2. *The Conceptual Framework of MDMC's Two-Way Synergistic Humanitarian Diplomacy.*



Source: *Author's conceptualization based on field data and institutional documents (2024).*

As illustrated in Figure 2, MDMC operates through a dual-network mechanism. The Internal Network leverages Muhammadiyah's structural hierarchy from Central Board (PP) to 35 Regional Boards across Indonesia, each maintaining Local Disaster Management. At the district level (Pimpinan Daerah Muhammadiyah), 475 District Boards across various cities and regencies also operate Local Disaster Management (Fikar, 2024). In the context of disaster management, this structure facilitates rapid mobilization and responsive action during disasters. However, the External Network

relies on strategic alliances with state actors (Ministry of Foreign Affairs of the Republic of Indonesia or Kemlu RI) and global bodies (UNOCHA, WHO, ICRC) to provide track-two diplomacy, access negotiation in restricted zones, and political risk mitigation. Together, these internal and external outputs act synergistically to transform MDMC from a domestic faith-based organization (FBO) into an accredited transnational humanitarian actor.

Figure 2 also demonstrates the synergistic output generated by its internal and external dimensions. Internally, the decentralized structure provides MDMC with non-state operational autonomy and immediate resource mobilization capability. However, as shown in the right branch of Figure 1, domestic strength alone is insufficient in high-risk international conflicts like Gaza and Myanmar. External partnerships with the Ministry of Foreign Affairs of the Republic of Indonesia, UNOCHA, and ICRC serve as critical enablers, granting legal clearance, protection, and diplomatic conduits. A synthesis of these two domains demonstrates that MDMC's humanitarian diplomacy hinges on a 'two-way synergy': the internal network provides domestic strength and legitimacy, whereas the external network ensures sustainable, professional, and accountable programming that aligns with global standards and regulatory frameworks.

Table 1. Operational Status and Diplomatic Functions of MDMC's External Humanitarian Networks

No	Organization / Partner Name	Official Status of MDMC	Diplomatic & Operational Functions
1	<i>Ministry of Foreign Affairs of the Republic of Indonesia</i>	Operational Partner / State Conduit	Provides legal access, diplomatic protection, and official state transport corridors to enter international conflict zones.
2	National Disaster Management Authority (BNPB/ <i>Badan Nasional Penanggulangan Bencana</i>)	National Operational Partner	Strengthens domestic legitimacy and national disaster coordination while facilitating overseas logistical clearances.
3	HFI (<i>Humanitarian Forum Indonesia</i>)	Member / National Network	Builds consensus among interfaith humanitarian agencies at the national level (interfaith synergy).
4	WHO (<i>World Health Organization</i>)	Verified EMT Type 1 Fixed & Registered Participant (GOARN)	Grants international medical accreditation, enabling MDMC medical teams to deploy officially in global emergency zones without regulatory barriers.
5	UNOCHA & UNICEF	Operational Partner	Unlocks field navigation and operational coordination in UN-managed complex humanitarian crises.
6	IHA (<i>Indonesian Humanitarian Alliance</i>)	Core Member / Coalition Partner	Serves as a joint consortium to penetrate blockaded areas (such as Gaza) through collective action and geopolitical risk sharing.

7	UNESCO	Registered Civil Society Partner	Enhances Muhammadiyah's international legitimacy and diplomatic footprint in the global socio-humanitarian sector.
8	ICRC (<i>International Committee of the Red Cross</i>)	Collaborative Training Partner	Strengthens technical capacity and credibility in international humanitarian law (specifically dead body management in conflict zones)

Source: Compiled from a primary interview (A. M. Rizal, personal communication, 2025) and secondary online sources (Ninda, 2023); news portals)

Table 1 demonstrates that MDMC's external network is not homogeneous, but rather serves specific diplomatic and operational functions depending on the nature of its partners. Collaboration with state authorities (Ministry of Foreign Affairs of the Republic of Indonesia and National Disaster Management Authority) guarantees legal compliance and facilitates international mobility. Meanwhile, collaboration with faith-based and civil organizations (such as HFI and UNESCO) strengthens value synergy and reputational legitimacy. At the global level, involvement in international consortia and bodies (IHA, UNOCHA, UNICEF, and ICRC) facilitates field navigation in blockaded conflict zones while enhancing technical capacity. Coupled with global medical recognition from the WHO (EMT Type 1), these differentiated functions cumulatively establish MDMC as an effective, adaptive, and professional faith-based humanitarian actor in executing its international mission

3. Embedded Values, Enacted Neutrality: MDMC's Humanitarian Practice Abroad

The primary driver of the Muhammadiyah Disaster Management Center (MDMC) in executing its humanitarian missions is the value of *rahmatan lil-'alamin* (a blessing for all creation), a principle that establishes universal compassion as the foundation for interacting with the world. This principle is established in Muhammadiyah's Progressive Islam Manifesto (*Risalah Islam Berkemajuan*, adopted at the 48th Muhammadiyah Congress in Surakarta, 2022), which mandates rendering aid to others as *fardhu kifayah* (a collective obligation). In practice, this value manifests as inclusive social services, regardless of identity backgrounds, reflecting the character of *wasathiyah* (moderation and balance). This practice was clearly demonstrated by MDMC Kudus volunteers managing the funerary rites for non-Muslim deceased during the COVID-19 pandemic, trauma healing initiatives in Gaza, and humanitarian assistance for the Rohingya community. In practice, *rahmatan lil-'alamin* serves not only as a primary catalyst but also provides strong social legitimacy, enabling MDMC to bridge aid gaps amidst the ongoing global funding crisis.

Conceptually, faith-based humanitarian organizations fundamentally differ from secular NGOs because they are 'motivated by their faith and they have a constituency which is broader than humanitarian concerns' (Ferris, 2005). Although driven by theological values, MDMC applies these embedded values discreetly in the field. These principles are not expressed through explicit religious symbols or identities; instead, they

are translated into enacted neutrality, a professional humanitarian approach aligned with global standards such as the IFRC code of conduct, WHO EMT certification, and humanitarian protocols. This approach utilizes effective modern methods while remaining anchored in religious values, preventing it from slipping into a secularism that detaches itself from the moral dimension

In the global humanitarian arena, however, this religious identity can render FBOs financially vulnerable. Stringent post-9/11 counter-terrorism regulations have triggered significant funding cuts for Islamic NGOs and FBOs. This vulnerability arises because international donors fear legal liabilities and reputational damage from potential accusations of supporting or facilitating terrorist organizations (Howell, 2006; Pantuliano, Mackintosh, Elhawary, & Metcalfe, 2011; Petersen, 2012b)

Unlike many international FBOs that collapsed due to these funding cuts, MDMC navigated the crisis through a dual strategy. On one hand, its 'embedded values' serve as a powerful internal financial engine. Rather than relying solely on direct public donations, this engine is anchored in Muhammadiyah's vast, self-sustaining network spanning from micro-level community initiatives to macro-level commercial ventures including hospitals, hotels, thousands of schools, orphanages, tourism enterprises and universities both domestically and abroad. This highly independent economic foundation allows MDMC projects to gain direct structural and technical support from its own healthcare and higher education networks, which recruit medical volunteers directly from Muhammadiyah-affiliated hospitals and universities. Furthermore, this institutional ecosystem is bolstered by independent fundraising, zakat (almsgiving), and sadaqa (charity) managed by LAZISMU, which mobilizes voluntary grassroots resources based on public trust in the organization's integrity (Latief & Nashir, 2020). As a result, this robust financial and institutional self-reliance prevents operational paralysis when foreign funding declines.

On the other hand, enacted neutrality serves as an external shield that secures international trust. By projecting a professional and neutral humanitarian image, MDMC evades the suspicions of counter-terrorism regulations that often paralyze other Islamic FBOs. In an interview, Muhammad Abdul Malik Rizal, MDMC's Vice Secretary for Partnerships and International Affairs, emphasized that the organization does not prioritize religious identity in field operations. MDMC operates through local partners, such as the PCIM and local agencies, while ensuring that branding and security protocols in fragile states are carefully managed to avoid political sensitivities (A. M. Rizal, personal communication, 2025).

MDMC's operational adaptation in the international arena is also driven by differing interpretations of the term 'humanitarian.' Rizal also explains that in Indonesia, 'humanitarianism' often overlaps with social services; assisting the poor or marginalized even outside of crisis contexts is considered humanitarian work. This contrasts with international standards, where humanitarian action is specifically focused on crisis

contexts, namely, fragile and complex situations involving disasters, conflicts, or structural vulnerabilities.

As a result, in its international operations, the MDMC positions itself within the global humanitarian ecosystem through engagement with the OCHA network, collaboration with UNICEF, and adherence to WHO protocols, including its role as a verified Emergency Medical Team (EMT) and member of the Global Outbreak Alert and Response Network (GOARN) (A. M. Rizal, personal communication, 2025). This involvement is more than an expansion of reach; it constitutes essential procedural legitimacy for a faith-based organization (FBO) in fragile contexts. Through this integration, the MDMC adopts international standards of objectivity, ensuring its religious identity serves as humanitarian capital rather than an operational barrier. By complying with global frameworks like EMT and GOARN, the MDMC proves that *rahmatan lil-'alamin* values can be articulated in a professional, universal language, solidifying its role as a strategic partner in complex humanitarian crises.

Literature on local humanitarian leadership asserts that local actors should ideally lead humanitarian action. Engaging with local religious actors offers opportunities for access and social influence, yet entails risks concerning capacity, impartiality, proselytism, and the representation of vulnerable groups. Thus, MDMC's strategy reflects an effort to maintain local acceptance while minimizing politicization and identity exclusivity in international humanitarian work

According to the four typologies of Muslim NGOs proposed by Petersen (2012): *da'watist*, *jihadist*, *solidarity-based*, and *secularized*; the MDMC's operational strategy essentially represents an adaptive, context-driven combination of two typologies. Philosophically and internally, the MDMC exhibits *da'watist* characteristics, viewing humanitarian work as intrinsically linked to spiritual values and establishing the principle of *rahmatan lil-'alamin* as its primary driving force. However, when responding to crises in the international arena, the MDMC tactically shifts to a *secularized* approach. In this context, the organization integrates into the mainstream global aid system, operates universally across identities, and consciously avoids raising an 'Islamic flag' in the field. Rather than acting as an overt agenda, religion functions as an ethical motivation that provides underlying values to its operations. This contextual combination enables the MDMC to bridge its faith-based identity with the demands of global humanitarian professionalism, ensuring its missions remain acceptable in various sensitive crisis regions.

4. Secularized Practice in Global Conflicts: A Comparative Analysis of MDMC's Humanitarian Action in Gaza and Myanmar

The MDMC's humanitarian interventions can be examined through a comparative analysis of two highly complex crisis regions: Gaza and Myanmar. In the aftermath of the 2023 crisis, Gaza remains under blockade to this day. Although addressing the Gaza crisis requires substantial financial resources, many humanitarian organizations experienced significant funding shortages during this period. Meanwhile,

Myanmar is grappling with its own profound challenges, ranging from the socio-political conflict following the military coup to the ongoing humanitarian crisis affecting the Rohingya ethnic group.

Operating within these two conflict-ridden regions, the MDMC practically divests itself of the religious attributes that constitute its organizational driving spirit, choosing instead to prioritize strict professionalism in the field. Table 1 below presents a summary of this analytical comparison, mapping the shared patterns and adaptation strategies employed by the MDMC to translate the principle of *enacted neutrality* across both conflict zones:

Table 2. A Comparative Overview of MDMC's Humanitarian Diplomacy Strategies in Gaza and Myanmar

Analytical Indicators	Gaza (The UNRWA Crisis)- Post 2023	Myanmar (The Rohingya Crisis & Earthquakes)-Post 2021
Crisis Characteristics	Widespread infrastructural devastation, acute humanitarian crises, severe financial deficits within humanitarian agencies, operational volatility, and regulatory threats	Multidimensional crises (encompassing conflict, natural disasters, and economic collapse), systematic persecution and ethnic-based marginalization (the Rohingya), mass displacement crises coupled with extreme protection risks, and pervasive lawlessness within refugee camps.
Logistical Challenges	Scarcity of critical goods, access and regulatory barriers, systemic and staff strain, overwhelming workloads, and funding crises	Infrastructure devastation due to conflict and disasters, physical blockades and communication blackouts, bureaucratic hurdles (administrative delays and travel permits), security threats to humanitarian workers, and a reliance on local responders.
Manifestation of Secular-Professional FBO Identity	The implementation of global standards (securing the WHO Emergency Medical Team (EMT) Type 1 Fixed certification) and prioritizing professionalism over religious attributes (establishing a field identity strictly as medical professionals)	Adherence to universal humanitarian principles and the strategic framing of aid in the Rakhine (Rohingya) conflict, encompassing the deployment of medical professionals (doctors and nurses), the establishment of primary schools, and broader peacebuilding initiatives
Partnership Patterns through Alliance or cooperation	Indonesian Humanitarian Alliance / IHA, Egyptian Red Crescent, and UNRWA.	Indonesian Humanitarian Alliance for Myanmar (Aliansi kemanusiaan Indonesia untuk Myanmar/AKIM), State-Foreign NGO Synergies (such as <i>Médecins Sans Frontières</i> / MSF), Local Organizational Alliances (Phoenix Association), the Min Lan Youth Team (a local Muslim youth association), and the Myanmar Red Cross.
Optimization of	Witness-Shahid Center for Citizen Rights and Social Development and PCIM	<i>Phoenix Association</i>

Intermediary Actors (Local Champions)		
Operational Neutrality Strategy (Enacted Neutrality)	The application of international medical standards (WHO) via the Emergency Medical Team (EMT); transparent coordination with global authorities and international agencies (such as the Gazze Destek Derneği [GDD] in Egypt); and the promotion of a peacebuilding approach through strategic collaboration with a local Palestinian NGO (the Witness-Shahid Center)	Objective, needs-based responses to natural disasters targeting vulnerable populations in emergency settlements across Nay Pyi Taw (NPT), Sagaing, and Mandalay; the provision of universal and non-discriminatory aid; the localization of aid delivery; and the execution of humanitarian diplomacy through official state channels
Ultimate Objective of Humanitarian Diplomacy	Advocating for the independence of the Palestinian people, raising global awareness, and consolidating its position as a global-standard non-state actor to promote the image of progressive, moderate Islam through humanitarian diplomacy that contributes directly to global peace and development	Sustainable and inclusive (non-discriminatory) community recovery for both Muslim and Buddhist populations in Rakhine, alongside the universal fulfillment of humanitarian rights

Based on Table 2, a consistent pattern emerges in the MDMC's humanitarian actions across Gaza and Myanmar. In these contexts, the MDMC clearly delineates its theological motivations (*embedded values*) from its operational practices, which necessitate strict professionalism in the field (*enacted neutrality*). Religious mandates and identities are not abandoned, as they serve as the underlying ethical drivers for the MDMC's humanitarian efforts. However, when navigating critical field conditions, these religious attributes are translated into a universal, internationally recognized technical language. In Gaza, this humanitarian mission is operationalized through compliance with stringent global protocols, specifically the WHO EMT certification. Meanwhile, in Myanmar, religious ethics are manifested through the objective fulfillment of the victims' needs in Sagaing and Mandalay. This pattern demonstrates that field professionalism—which prioritizes international standards and objective humanitarian needs—is essentially a practical implementation of religious values that effectively mitigates operational friction in conflict zones.

The preceding comparison also reveals that access constraints and bureaucratic impediments in crisis zones can be successfully navigated through strategic collaboration with networks of local champions. In Gaza, amidst the funding crisis experienced by multilateral institutions like UNRWA, which forced the agency to curtail its service capacity due to the suspension of donor funds, the MDMC intervened to mitigate these aid shortfalls by operating through the IHA and local partners such as

Witness-Shahid. A parallel approach was adopted in Myanmar, where the MDMC leveraged AKIM and local networks to ensure the precise delivery of aid despite stringent military surveillance. Through its engagement with these diverse stakeholders, the MDMC positions itself not merely as a passive donor, but as an adaptive facilitator of humanitarian networks.

The humanitarian interventions in Gaza and Myanmar demonstrate that faith and religious values do not impede the MDMC from adapting to the principles of neutrality and the stringent regulations inherent in conflict zones. On the contrary, the MDMC has proven highly effective in bridging the divide between faith and neutrality. As a faith-based organization, Islamic values remain its primary motivation, even as its field operations are executed in a highly professional and neutral manner that consciously avoids the overt display of religious attributes. This pragmatic approach is strategically adopted to safeguard human lives amidst complex humanitarian missions.

Furthermore, amid a global funding crisis, this adaptive and autonomous model of humanitarian diplomacy proves particularly crucial. It offers alternative funding streams and independent aid distribution channels, ensuring that humanitarian assistance continues to be delivered objectively and according to empirical needs, even as mainstream global humanitarian agencies scale back their programs due to financial deficits. Therefore, the MDMC's strategic maneuvers not only facilitate the delivery of aid in critically constrained regions but also significantly bolster Indonesia's diplomatic posture, particularly the standing of its faith-based organizations within the international arena.

CONCLUSION

This study addresses the central research question of how Faith-Based Organizations (FBOs) like MDMC align their religious identity with international professional standards amid a global funding crisis. Our findings demonstrate that MDMC does not abandon its Islamic values; rather, it translates these theological motivations (*embedded values*) into neutral, professional field actions (*enacted neutrality*). MDMC successfully utilizes Muhammadiyah's extensive network of philanthropic enterprises (*amal usaha*) as a self-sustaining internal financial engine to mitigate international funding vulnerabilities. Concurrently, international certifications (such as WHO EMT classification) and strategic collaborations with local champions serve as an external shield to secure humanitarian access and foster trust within sensitive conflict zones like Gaza and Myanmar.

This study offers a significant analytical contribution by addressing a critical literature gap regarding how Global South FBOs tactically synthesize proselytization elements (*dakwahist*) with professional secular practices (*secularized*) within empirical, multi-case settings—an area previously underdeveloped in comparative research.

Nevertheless, several critical limitations govern the generalizability of these findings. This autonomous humanitarian diplomacy model relies heavily on Muhammadiyah's unique organizational architecture in Indonesia, underpinned by a massive, self-reliant economic infrastructure (including hospitals, universities, and the LAZISMU zakat management system). Consequently, the efficacy of this strategy may not be directly generalizable or seamlessly replicable by other FBOs lacking a comparable domestic resource ecosystem, or when applied to geopolitical crises featuring distinct regulatory frameworks.

STRATEGIC RECOMMENDATIONS FOR MDMC'S FUTURE POLICY

Based on the empirical findings of this study, several strategic and constructive recommendations are offered to enhance the future humanitarian diplomacy posture of the Muhammadiyah Disaster Management Center (MDMC):

1. Institutionalizing "Enacted Neutrality" into Formal Training

This strategic approach needs to be institutionalized into the official curriculum for MDMC international volunteer training. The organization should formulate a written Standard Operating Procedure (SOP) regarding "Conflict-Sensitive and Politically Aware Approach" to prepare future deployments for the complex political dynamics of international crisis zones.

2. Institutionalizing the 'Local Champion' Framework for Long-Term Sustainability

Rather than treating localized partnerships as *ad-hoc* crisis workarounds, MDMC should design long-term, systemic capacity-building programs explicitly tailored for these local intermediaries. Standardizing these partnerships through long-term operational guidelines ensures that aid localization leads to genuine community resilience and self-reliance long after MDMC's primary mission concludes.

3. Advocating the "Faith and Neutrality" Model in Global Humanitarian Fora

Recommendation for MDMC: MDMC is strongly advised to aggressively disseminate its dual-framework of *embedded values* and *enacted neutrality* within international humanitarian fora, such as UNOCHA high-level meetings or global NGO consortia. By advancing this proven paradigm, MDMC can position itself as a credible, moderate global partner, thereby unlocking alternative funding streams from international donor states seeking accountable non-state actors in volatile regions.

4. Scaling Up Medical Credentials to WHO EMT Type 2

Recommendation for MDMC: To anticipate increasingly destructive conflicts where local medical infrastructures are entirely decimated, MDMC should upgrade its operational capabilities to achieve WHO EMT Type 2 (Inpatient Surgical Team) certification. Acquiring mobile inpatient and surgical capacities will secure greater operational independence, allowing MDMC to deliver life-

saving interventions autonomously in fields where local facilities have collapsed.

5. Formulating an Autonomous Multi-Track Resource Mobilization Strategy
Recommendation for MDMC: To secure long-term operational viability across multiple international crisis zones, MDMC needs to develop an international fundraising arm. This unit should be dedicated to securing global humanitarian grants from non-religious and secular philanthropic networks, ensuring financial sustainability while remaining fiercely autonomous and protective of its internal theological principles.

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