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Faith-Based Organizations as Learning Intermediaries in Pandemic Governance

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Abstract

This study examined the role of learning-oriented educational governance in crisis response through a qualitative case study of the Muhammadiyah Disaster Management Centre (MDMC) during the COVID-19 pandemic in Indonesia. Drawing on community participation theory, collaborative governance, and public sector innovation frameworks, the study explored how participation, collaboration, and innovation functioned as interconnected educational processes. Data were collected through semi-structured interviews, document analysis, and non-participant observation, and analyzed using thematic analysis. The findings indicate that MDMC's crisis response extended beyond humanitarian action and operated as an educational governance mechanism that strengthened community learning, institutional coordination, and adaptive innovation. Participatory educational engagement enhanced public health literacy and social trust, while collaborative governance facilitated inter-organizational learning across sectors. Innovation emerged as a learning-driven process that institutionalised knowledge into sustainable crisis-response practices. This study proposes an integrative participation model that highlights education as a central mechanism in managing complex societal crises. The findings contribute to educational governance literature by demonstrating the capacity of faith-based organisations to act as learning intermediaries that enhance community resilience and policy legitimacy during emergencies

Introduction

The COVID-19 pandemic has exposed significant challenges in governance systems worldwide, particularly in managing public education, community engagement, and institutional coordination during crises (Tambo et al., 2021; Anttiroikov, 2021; Kuhlmann et al., 2021). Beyond its health implications, the pandemic disrupted learning systems, social interactions, and mechanisms of public communication, highlighting the central role of education in crisis response (Alizadeh et al., 2023; Bozkurt et al., 2020; Longmuir, 2023). In many contexts, the effectiveness of policy interventions depended not only on regulatory enforcement but also on the capacity to educate communities, build trust, and facilitate collective learning. These conditions underscore the importance of educational governance as a framework for understanding how knowledge, participation, and collaboration shape societal resilience in times of uncertainty (Ul Hassan et al., 2025).

In Indonesia, the governance of the COVID-19 response was marked by institutional fragmentation, policy inconsistencies, and fluctuating public trust (Pereirav & Hardyansah, 2024; Rosemary et al., 2022; Ayuningtyas et al., 2022). Previous studies have noted that centralised policy measures were often insufficient to ensure compliance and behavioural change at the community level (Agustino 2020; Djalante, Lassa, Setiamarga, Sudjatma

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Aruminingsih, et al. 2020). As a result, non-state actors, including civil society and faith-based organisations, played an increasingly significant role in complementing government efforts. These organizations functioned as intermediaries that translated policy directives and scientific knowledge into accessible educational messages tailored to local contexts. This dynamic positioned education not merely as a support mechanism but as a core component of crisis governance (Liou, 2015).

Community participation has long been recognised as a critical element of effective educational and social interventions (George et al., 2015; Brunton et al., 2017; Emynorane et al., 2026). Participation, when understood as a learning process, enables individuals and communities to develop shared understanding, agency, and problem-solving capacity (Kanji and Greenwood 2001). During public health crises, participatory education supports the dissemination of accurate information, encourages reflective learning, and fosters collective responsibility. The World Health Organisation (WHO 2021) emphasises that community-based education is essential for sustaining preventive behaviours and countering misinformation. Accordingly, participation should be conceptualised as an educational practice embedded within governance structures rather than a peripheral activity.

Alongside participation, collaborative governance has emerged as a key mechanism for managing complex and uncertain policy environments (Chen et al., 2026; Wahyudi & Faturrochman, 2026; Iskandar et al., 2026). Collaborative arrangements facilitate coordination among government agencies, educational institutions, healthcare providers, and civil society organisations, enabling shared learning and adaptive decision-making (Ansell and Gash 2008). In crisis contexts, collaboration supports the integration of diverse forms of expertise and enhances institutional capacity to respond to rapidly changing conditions. Recent scholarship highlights that collaborative governance is most effective when it fosters continuous learning rather than rigid compliance (Lee and Kwon 2021). This perspective aligns with the growing emphasis on learning-oriented governance in education and public policy.

Innovation further strengthens crisis response when it is driven by learning and reflection rather than technological novelty alone. The OECD Observatory of Public Sector Innovation (OECD 2022) conceptualizes innovation as an adaptive and anticipatory process that enables institutions to respond to disruption while preparing for future challenges. In educational contexts, innovation involves the development of new coordination models, learning platforms, and communication strategies that expand access to knowledge. When combined with participatory and collaborative practices, innovation can institutionalise learning outcomes into sustainable governance mechanisms.

Within this context, this study examines the Muhammadiyah Disaster Management Centre (MDMC) as a case of learning-oriented educational governance during the COVID-19 pandemic in Indonesia. As a faith-based organisation with extensive educational, health, and social networks, MDMC played a strategic role in disseminating public health education and coordinating multi-sectoral responses. This study aims to analyse how participation, collaboration, and innovation functioned as interconnected educational processes within MDMC's crisis response. By proposing an integrative participation model, this research contributes to educational governance literature and offers insights into how education-driven approaches can enhance community resilience and policy legitimacy during societal crises.

Methods

This study employed a qualitative case study design to examine learning-oriented educational governance in crisis response, focusing on the Muhammadiyah Disaster Management Centre

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(MDMC) during the COVID-19 pandemic in Indonesia. A qualitative approach was selected to capture the complexity of participatory processes, institutional collaboration, and innovation as educational practices embedded within governance structures (Creswell and Creswell 2022). The case study design allowed for an in-depth exploration of how education, learning, and coordination were operationalised within a real-life organisational context (Yin 2009). This approach is particularly suitable for examining processes and meanings that cannot be adequately measured through quantitative indicators alone (Ataro 2020). By situating MDMC as a bounded case, the study sought to generate contextualised and transferable insights into educational governance during crises.

MDMC was selected as the case study based on its strategic position within Muhammadiyah's nationwide organisational network and its extensive involvement in public education, health communication, and community engagement during the pandemic (Ichsan 2021). As the official disaster management body of Muhammadiyah, MDMC coordinated educational outreach, volunteer mobilization, and inter-institutional collaboration across multiple sectors. Its activities spanned formal and informal educational spaces, including schools, universities, healthcare facilities, and community organizations. This breadth of engagement provided a rich empirical setting for analysing participatory and collaborative learning processes. The selection of MDMC was therefore theoretically and empirically justified.

Data collection was conducted using multiple qualitative techniques to ensure depth and methodological rigor (Pawlak 2022). Semi-structured interviews were carried out with key informants, including MDMC leaders, members of the Muhammadiyah COVID-19 Command Centre (MCCC), educators, healthcare practitioners, and organisational staff involved in decision-making and implementation (Gill and Baillie 2018). The interview questions focused on experiences of participation, coordination, educational communication, and innovation during the pandemic. In addition, document analysis was undertaken to examine organizational guidelines, policy circulars, reports, educational materials, and relevant government regulations (Petticrew and Roberts 2006). These data sources provided complementary perspectives on both formal strategies and everyday practices.

To enrich the analysis, non-participant observations were also conducted to capture organizational interactions and educational activities as they occurred in practice (Rutledge and Hogg 2020). Observations focused on coordination meetings, educational outreach initiatives, and communication processes among stakeholders. Field notes were systematically recorded to document patterns of interaction, learning exchanges, and adaptive decision-making (Smulowitz 2017). Observational data enabled the researcher to identify dynamics that were not always explicitly articulated in interviews or documents. The integration of interviews, documents, and observations strengthened the empirical foundation of the study (Hakim and Fauzi 2021).

Data analysis followed a thematic analysis approach to identify recurring patterns and interpret their meanings within the broader educational governance framework (DeJonckheere and Vaughn 2019). The analytical process began with data familiarization through repeated reading of transcripts, field notes, and documents. Initial codes were generated inductively and subsequently organized into broader themes related to participatory education, collaborative governance, and innovation as learning processes (Cheron, Salvagni, and Colomby 2022). To enhance analytical coherence, the interpretation was informed by community participation theory (Kanji and Greenwood 2001), collaborative governance theory (Ansell and Gash 2008), and the OECD public sector innovation framework (OECD 2022; Ramalingam and Prabhu

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2020). These theoretical lenses supported a systematic and theory-informed analysis without constraining the emergence of empirical insights.

To ensure the trustworthiness of the findings, several strategies were employed (Noble and Heale 2019). Data triangulation was applied by comparing evidence across interviews, documents, and observations. Prolonged engagement with the research context enhanced the credibility of interpretations, while reflective memo writing supported analytical transparency (Arsal, Setyowati, and Hardati 2023). Although the study does not aim for statistical generalisation, the rich description of context and processes enables analytical transferability to similar educational and crisis-governance settings. Ethical considerations were addressed by ensuring informed consent, confidentiality, and responsible data handling throughout the research process (Rutledge and Hogg 2020).

Results and Discussion

The findings of this study demonstrate that MDMC's COVID-19 response constituted a form of learning-oriented educational governance, in which participation, collaboration, and innovation functioned as interdependent mechanisms of crisis learning. These dimensions interacted dynamically, enabling MDMC to translate policy directives, scientific knowledge, and religious values into coherent educational practices at the community level, a process that aligns with the concept of educational governance as a framework for societal resilience in uncertain times (Djalante, Lassa, Setiamarga, Sudjatma Aruminingsih, et al. 2020; OECD 2022). This section elaborates on these findings and situates them within the study's theoretical and methodological framework.

Participatory Educational Engagement and Community Learning

The thematic analysis of the interviews, organizational documents, and field observations can show that the concept of participation in the COVID-19 response of MDMC was thought of as a long-term educational process instead of an instrument of mobilization. Respondents over and over again characterized the pandemic as a crisis of understanding as well as a crisis of infection, which we also framed as an issue of strategic orientation in the organization. This initial discovery was reconsidered by one of the senior MDMC coordinators in a way that explains the logic of pedagogy that was behind the response.

> "We realised early that this was not only a medical crisis but a crisis of understanding. If people did not understand how the virus spreads, they would not change behaviour. So our first task was education."

According to the statement, there is a paradigm change in the way crisis governance is internally understood in the organization. The conceptualization of behavioural compliance was that it cannot be separated with cognitive and moral understanding. It is therefore the participation that became the process in which knowledge was nurtured, construed and installed in the daily processes. Instead of defining communities as passive targets of humanitarian interventions, MDMC placed them in the status of learners in a shared process of sense-making.

This educational orientation of participation is also more clear when health information is considered with the perspective of translating it into culturally resonant narratives. The interviews with the members of the Muhammadiyah COVID-19 Command Centre also indicate that the volunteers were actively motivated not to use merely technical explanations. Scientific language was reworded with the help of the well-established moral and religious allusions which connected preventive actions with Islamic value of life maintenance and social accountability. One of the educators participating in the preparation of outreach materials explained this strategy reflectively.

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> "Many people trusted religious leaders more than government announcements. So we collaborated with scholars to ensure that health protocols were supported by religious reasoning."

This observation has been confirmed by documentary evidence. Circulars within the organization specifically promoted the incorporation of theological justification and the directions on public health. The records of coordination meetings suggest even further that religious scholars were involved in observational note taking before educational messages can be spread widely. Their correspondence to the interview testament, official instructions, and practice indicate that religious framing was an operational epistemic mediation, whereby scientific advice was imported into social domains that were already bounded by moral authority and community trust.

Opposite to the operation of participation as a message dissemination, the participation was also conducted in the form of organized listening. Much of the interviewing feedback echoes this theme regarding the need to listen to the community anxieties and misinformation at the local level. Volunteers located in the regions gave accounts of constant rumours about the safety of vaccines and the fears of long-term health effects. This dialogical process was clearly expressed by one of the volunteers.

> "We did not just send information. We listened to what people were worried about. Sometimes there were rumours about vaccines causing infertility. We brought these concerns back to the central team and adjusted our materials."

This story discloses the reflexive aspect of the educational activity of MDMC. Communal responses were used to make changes to the later editions of pamphlets, sermon instructions, and online material. The comparative study of documents of various stages of the pandemic reveals that the phenomenon of growing interest in particular myths that had become part of the local discourse. Observations during coordination meetings in the field included instances where volunteers discussed their field experiences and discussed together how to react. The partaking thus acted as active learning circle where institutional strategy was shaped by community voices.

These give and take interactions led to trust. Another theme that was mentioned by informants was confusion created by conflicting messages to the public in the early pandemic months. In this fragmented governance environment, MDMC had an established educational and social presence that offered a form of stability to the relationship. This dynamic was considered by a healthcare practitioner as follows.

> "When guidance came from MDMC, people saw it as coming from within their own community. That made a difference."

Conceptualization of internal legitimacy plays central role in explaining the effectiveness of the educational outreach interventions. Observations that have been made empirically during the community engagements show that people were able to engage in discourse as opposed to passively conforming. Inquiries were made, clarifications sought and explanatory exchanges carried out. The authority of the messenger, which was based on a common institutional identity and ethical reliability, had a strong impact on the perception and understanding of scientific content. In turn, participation served both as a cognitive learning process and a process of the development of the trust relationships.

The temporal progression showed that informants described the noticeable changes in the articulation of the understanding of the community members on the preventive measures. Teachers described situations when people began to explain to their neighbors about the use of

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masks and vaccination, using a discourse that incorporated both biomedical and ethical considerations. Although this qualitative study does not provide any measurable behavioural measures, the fact that interview data is converged with the documentary evidence and records of observations indicates that the initial scepticism was shifted to a more sophisticated insight. Based on this, the members of the community were becoming less represented as passive objects of persuasion but as active entities who can reproduce and retain knowledge in their social networks.

The findings indicate that participatory educational interaction practiced in the MDMC crisis response involved unceasing negotiation of meaning, power and accountability. Scientific knowledge was prismed by culturally situated systems of moralism, and organisational strategies were open to change according to lived experience. In this respect, education governance was implemented through dialogical praxis and reflexive adjustment, as opposed to top-down teaching. Engagement therefore became the mediator of how the signal of the collective health gained cultural legitimacy through which the communities developed the interpretative ability needed to ensure collective resilience in the face of deep uncertainty.

Collaborative Governance as Institutional Learning

And in the event that participatory engagement should be regarded the pedagogical pillar of the MDMC crisis response, collaborative governance provided the structural milieu against which such learning would be planned, perfected, and sustained. Interpretative analysis of interviews, organisational records, field notes reveals that co-ordination was not just a matter of operational coordination but it was essentially an institutional learning process where the heterogeneous stakeholders bargained expertise, shared uncertainty and collectively adapt to the changing situations.

Interviews expose that teamwork escalated with the level and the intricacy of the pandemic. Informants described the first two months together with similar consistency portraying it as the period of uncertainty, disrupted authority, and rapidly changing information. In this environment, MDMC was not operating alone. One of the members of the Muhammadiyah COVID19 Command Centre commented,

> "At the beginning, everyone was trying to understand what was happening. We realised we could not rely only on our internal network. We needed doctors, epidemiologists, university researchers, and coordination with local government."

Such acknowledgement displays an epistemic humility that guided the organisational collaborative position. Rather than claiming independent institutional autonomy, the MDMC placed itself in a larger ecosystem of expertise. Interpretation of interview transcript showed several common terms of consultation, collaborative discussion, and mutual understanding of scientific updates. Therefore, teamwork served as an organisational knowledge capacity building mechanism and not just a pooling of logistical resources.

This interpretation is additionally supported by factual analysis of documentaries. According to the meeting minutes and internal reports, it has regular liaisons with hospitals, Muhammadiyah-affiliated universities, and health offices of the region. Such relations were not only formal collaborations but the ongoing spheres of exchange. The importance of such encounters was emphasized by one member of the organisational staff.

> "In our coordination meetings, we did not just divide tasks. We discussed data, compared interpretations, and sometimes revised our approach after hearing different perspectives."

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This exposition previews the deliberative aspect of co-operation. The process of making decisions did not take the form of command but instead of command, it involved discussion and reflections. Online coordination meetings were observed to include lengthy discussion on the trends of infections, community reactions, and the ethical implications of specific policy suggestions. The collaborative space then served as a learning platform through which institutional assumptions were examined and where necessary, readjusted.

In the organisational structure at Muhammadiyah, collaboration within the organisation also helped in the process of institutional learning. The response to the pandemic required the cooperation of school, medical entities, social work departments, and emergency management groups. According to interviewees, there were initial challenges based on sectoral silos and dissimilar operational societies. One of the top administrators considered this dynamic.

> "Before the pandemic, our units worked in parallel. Education focused on schools, health focused on hospitals, and disaster management focused on emergencies. COVID forced us to think together."

This move to integrative coordination was beyond procedural change. Observations in the field show that over time cross unit meetings were transformed into reflections where school, clinic, and community outreach experiences were shared openly. Teachers said that hospital workers shared information about the clinical reality, and school administrators provided information about remote education issues. These interactions helped to expand the general understanding of the appearance of the crisis in various social settings. Therefore, teamwork resulted in a multidimensional awareness that cannot be achieved by isolated units.

Collaboration learning orientation emerged the most during policy adjustments. Several informants described events where initial plans have been reconsidered after taking into account the feedback of partners. As an example, initial outreach campaigns were based on urban centres that had the highest infections rates. However, coordinators in the regions posted on a rising vulnerability among rural populations who did not have proper healthcare infrastructure. One of the regional coordinators narrated:

> "When we heard from our partners in smaller districts, we realised our resources were too concentrated in the city. We had to redistribute support and adapt our communication to different contexts."

The adaptation was not a top-down process but it was a result of horizontal exchange. It is recorded that later changes in resource allocation plans and development of specific educational resources appropriate to rural environments were made. The collaborative structure also enabled the organisation to discover areas where it was blind and adjust to them.

The trust in the institutional partners also developed along with these learning processes. According to informants, some local authorities had been initially hesitant as they had not been sure of the role of a faith-based organisation in coordinating local public health. In the long run, these reservations were overcome through a prolonged discussion and continuous interaction. A medical care provider who collaborated on a joint program noticed:

> "At first there was some distance. But when they saw that we were sharing data transparently and aligning with official guidelines, cooperation became smoother."

The development suggests that the co-operation affected each other in terms of legitimacy. Openness and a mutual desire to act on evidence-based advice strengthened relationship ties between the Muhammadiyah Development and Medical Committee (MDMC) and state actors.

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The data taken through observation shows that later coordination meetings had a more permeable flow of information and had a less strong focus on institutional boundaries.

There is an accruing body of evidence that collaborative governance in the response to the COVID-19 by the MDMC was an institutional learning architecture. It promoted the combination of scientific skills, local knowledge and organisational values into consistent action. The collaborative network also encouraged deliberation, reflexivity and adaptive coordination, as opposed to acting as a strict hierarchy. The learning was not just done at the community level but also at the individual and inter-institutional levels, thus redefining the role concept and the performance of duties.

Authority or regulation did not define governance but through an ongoing engagement, a common meaning of the emerging evidence and a common review of strategies a governance was enacted. Teamwork provided a framework where the ambiguity would be absorbed and converted into a coordinated action. As depicted in this case, institutional learning occurs when organisations do not see partnership as something enforced on them but rather as an ongoing process of sharing knowledge and reflective adaptation.

Innovation as a Learning-Driven Response to Crisis

In a situation where the idea of community learning and collaboration was based on participation, institutional learning can be viewed as the institutionalisation of the acquired learning processes, which explains the innovation of the COVID-19 response of the MDMC. As thematic analysis proves, innovation was not envisioned as an abstract purpose or an attempt to achieve technological newness; instead, it has been transformed over time by the work of the organisation to make sense of uncertainty, mobilise scattered knowledge and adapt flexibly to the changing reality on the ground.

Interviewees of the Muhammadiyah COVID Community Centre show that the very creation of the command centre was a novel response that was created due to necessity. According to informants, the initial stage of the pandemic was described as chaotic, and there was a high flow of information but no specific organisational consolidation. This is a senior coordinator who took a look back at this formative experience.

> "At first, we were responding through separate units. Hospitals were doing their work, schools were making their own decisions, disaster teams were active. But we realised we needed one centre to integrate everything."

This understanding was a breakthrough. The formation of the command centre did not simply make power centralised, but it was a platform of integrating the educational outreach, health services, volunteer and data monitoring in one structure. The analysis of documents proves the fact that there were formal guidelines that were provided in order to establish reporting lines, communication channels, and decision-making procedures. According to the observations made during coordination meetings, the command centre was not a command centre of a hierarchical nature, but rather a deliberative centre where the information of the different sectors was brought together, and collectively analyzed.

Innovation was also seen in the virtual space, especially with the limitation of physical meets breaking traditional modes of outreach. Interviews show that the growth of digital communication was not a pre-planned process but it was an adaptive need. This transition was characterized by an educator in an open way.

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> "We were used to face to face seminars and mosque gatherings. Suddenly everything stopped. We had to learn quickly how to use webinars, social media, and online platforms to continue education."

Such a shift necessitated new skills on behalf of volunteers and employees. The online training sessions show that the participants have tried working with digital instruments, discussed the ways to engage the audience, and contemplated the efficiency of different formats. Instead of considering digitalisation as a technical upgrading, informants put it in a learning curve that transformed the organisational culture. Educational content was reformatted to be visually clear, sermon instructions were changed to be delivered virtually and volunteer coordination was becoming dependent on messaging apps and common data platforms.

Notably, innovation was not limited to technology but also realised in the form of data analysis being incorporated into the decision making process. Some of the interviewees emphasized the growing use of infection statistics, reports on hospital capacity, and regional trends monitoring. An example of a healthcare practitioner with a role in data coordination described it.

> "We began to track case numbers more systematically. When data showed rising infections in certain areas, we prioritised those regions for education and resource support."

Reviewing of documents indicates that there has been a rise in the level of sophistication in the presentation of data over time. First reports were done in a descriptive form, but as time progressed, comparative charts and region specific analysis were added. This development is an indication of the ability to interpret information and bend strategy with an increased institutional capacity. Innovation was then a process of institutionalising learning into organised practice.

The innovation is reflexive when it comes to the process of revision in which previous initiatives were changed. The informants admitted that not every strategy was equally effective. One of the regional coordinators told.

> "In some areas, our online webinars had low participation because internet access was limited. We had to rethink and use smaller offline sessions with strict health protocols."

This confession shows that innovation did not mean technological maximalism, but pragmatic reviewing and adaptation to the circumstances. Follow up meetings conducted as observational notes indicate a balance between safety, accessibility and community engagement was discussed. The willingness to change and sometimes renegotiate the original strategies indicates an organisational culture that is learning oriented as opposed to maintaining an image.

Innovative practices were also influenced by religious and moral factors. Informants explained how religious stories were included into digital campaigns to preserve the cultural resonance. One of the members of the communication team clarified.

> "Even when we moved online, we did not abandon our values. We made short videos connecting vaccination with responsibility to protect others. That combination made the message stronger."

The continuity and the institutional identity was ensured by the integration of innovation. The technological and organizational change was also incorporated into the already existing moral organisms. Correlations among interview information, digital records storage, and discussions of meetings evidenced that the concept of innovation was based on the educational purpose of the organisation.

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Innovation is the crystallization of participatory and collaborative learning in the varied sources of data. Redesigning of messaging was informed by community feedback. Cross-sector co-ordination helped in data interpretation. The computerization of the education extended the boundaries of education. Every new practice is based on the considerations of the previous experience and the discussion of the heterogeneous actors. Therefore, the process of refinement is more best characterized as an ongoing process of innovation rather than an event.

The results show that the responses of MDMC were both proactive and reactive. Informants also added that they tried to write down lessons learned, and to come up with preparedness measures in case of another crisis. One of the officials caught up with such progressive orientation.

"We do not want to return to the situation where we were unprepared. The pandemic taught us that education, coordination, and data must already be integrated before the next emergency."

It has been verified by internal documents that post-crisis assessments had been carried out and that definite digital and coordination systems had been upheld after the infections were at their highest. As a result, innovation was not limited to crisis management in the short term but rather it helped in organisational change in the long run.

Here, innovation cannot be limited to the introduction of new tools or structures, it represents the institutionalization of the learning acquired by means of participation and collaboration. MDMC processed uncertainty into the structured response through iterative adaptation, reflective deliberation, and through the incorporation of different types of knowledge. Innovation has thus formed the organisational realisation of the model of learning-based governance that can overcome the complexity and maintain the cultural legitimacy.

The Integrative Participation Model: A Synthesis of Findings

Table 1 summarises the Integrative Participation Model derived from this study's empirical findings. The model illustrates how participatory education, collaborative governance, and adaptive innovation function as interconnected learning mechanisms within a coherent educational governance framework during crises.

Table 1. Integrative Participation Model of Educational Governance in Crisis Response

Dimension	Core Focus	Educational Function	Empirical Evidence from MDMC	Theoretical Reference
Participatory Educational Engagement	Community participation as a learning process	Enhances health literacy, behavioural change, and community resilience through contextualised education	Health education campaigns, religious guidance, and community-based dissemination of COVID-19 info	Kanji & Greenwood (2001); WHO (2021)
Collaborative Governance	Cross-sector coordination & shared decision-making	Facilitates institutional learning through knowledge exchange &	Collaboration with government, hospitals, universities, civil society, and	Ansell & Gash (2008); Djalante et al. (2020)

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		collective problem-solving	internal Muhammadiyah units	
Adaptive & Anticipatory Innovation	Learning-driven organizational adaptation	Institutionalizes learning outcomes into sustainable crisis-response practices	Establishment of MCCC; use of digital platforms for education & coordination	OECD (2017); Lee & Kwon (2021)
Educational Governance (Integrative Core)	Alignment of participation, collaboration, and innovation	Coordinates learning processes across community and institutional levels	MDMC as an intermediary educational governance actor bridging policy, science, and community practice	Agustino (2020); OECD (2017)

As illustrated, educational governance operates as an integrative core that aligns community learning, institutional collaboration, and innovation into a synergistic crisis-response system. This model emerged from the thematic analysis of qualitative data interviews, documents, and observations triangulated to ensure methodological rigour and trustworthiness (Noble and Heale 2019).

Implications for Educational Governance and Crisis Learning

The Integrative Participation Model advances educational governance literature by demonstrating that effective crisis response relies on orchestrating learning across societal levels. Faith-based organisations such as Muhammadiyah can serve as learning intermediaries that strengthen governance through education, collaboration, and innovation (Ichsan 2021). These findings offer a transferable framework for enhancing educational resilience and community learning in future public health emergencies, particularly in contexts where state capacity is limited or public trust is fragile (Agustino 2020; Djalante, Lassa, Setiamarga, Sudjatma, et al. 2020).

Conclusion

This study concludes that MDMC's COVID-19 response represents a form of learning-oriented educational governance, in which participation, collaboration, and innovation operate as interconnected educational processes. Rather than functioning solely as a humanitarian or managerial intervention, MDMC's approach institutionalised community learning, inter-organisational knowledge exchange, and adaptive innovation as core elements of crisis response. Through participatory educational engagement, MDMC strengthened public health literacy and social trust, while collaborative governance facilitated institutional learning across sectors. These findings underscore the importance of positioning education as a central mechanism in managing complex societal crises.

The integrative participation model proposed in this study contributes to educational governance literature by demonstrating how non-state actors, particularly faith-based organisations, can function as effective learning intermediaries during emergencies. The model offers a transferable framework for strengthening community resilience and policy legitimacy through education-driven participation and collaboration. Future research may further examine the applicability of this model in different cultural and institutional contexts,

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as well as explore its relevance beyond public health crises to other forms of social and educational disruption.

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