

THE INTERFAITH NETWORK

Muhammadiyah's experience connecting Faith-Based Organizations to Improve Maternal and Newborn Care and Advocacy

INTRODUCTION

While the vast majority of Indonesia's 250 million people are Muslim, Indonesia is well-known as a country with diverse ethnicities, religions, and races. ^[1] Faith-based organizations (FBOs) enjoy a high level of trust in Indonesian society. Large Islamic organizations such as Muhammadiyah and Nuhdlatul Ulama (NU) have extensive reach due to their large membership ^[2] and networks which range from village through to national level. In addition, FBOs such as Muhammadiyah have extensive networks of health care facilities and support the government in providing health care for the public. In 2011, eight percent of health care was provided by FBOs. ^[3] Furthermore, the 2012 DHS found that 46 percent of births occurred in a private health facility. ^[4]

For these reasons, a large FBO such as Muhammadiyah was a natural partner for implementation of USAID's Expanding Maternal and Neonatal Survival (EMAS) program. Launched in 2011, EMAS aims to accelerate reductions in maternal and newborn mortality across six provinces of Indonesia with the largest burden of maternal and newborn mortality. EMAS works to improve the quality of care within health facilities as well as strengthen the referral system and accountability around maternal and neonatal emergencies. EMAS is a partnership of five organizations—Jhpiego (lead partner), Lembaga Kesehatan Budi Kemuliaan (LKBK), Muhammadiyah, Save the Children, and RTI International.

Established in 1912, Muhammadiyah is one of the largest and most respected Islamic organizations in Indonesia. Muhammadiyah focuses on the development of human welfare through its network of schools, universities, health facilities, orphanages, and microfinance institutions. Muhammadiyah and its women's organization Aisyiyah have the credibility and the reach to influence individual, household, district, provincial and national level decision making related to delivery of and access to maternal and newborn health (MNH) services. In addition, Muhammadiyah is committed to pluralism and has been able to extend this influence beyond its own organization to other FBOs active in Indonesia's health landscape.

HIGHLIGHTS

July 2013: MOU signed for maternal and newborn survival commitment and interfaith mentoring partnership in Yogyakarta .

November 2014: National level MOU for faith-based organizations (PELKESI, PERDHAKE, NU-Muslimat and Muhammadiyah) signed regarding commitment to maternal and newborn survival.

November 2014: Maternal and Neonatal Survival Movement Declaration signed by over 25 organizations.

Muhammadiyah has developed a pool of interfaith clinical mentors.



MUHAMMADIYAH'S ROLE IN EMAS

Muhammadiyah works across the three objectives of EMAS: improved quality of emergency MNH services; increased efficiency and effectiveness of referral systems; and strengthened accountability within government, the community and the health system for supportive policies and resource management.

With its network of 457 private hospitals, clinics, and maternity clinics across Indonesia,^[5] Muhammadiyah was well positioned to impact the quality of services in private hospitals, as well as promote change in referral process in a sustainable manner. Following initial mentoring from Budi Kemuliaan in 2012, Muhammadiyah developed a pool of clinical mentors and finalized a mentoring strategy for their network.^[8] These clinical mentors have mentored influential Muhammadiyah hospitals in other areas to improve MNEC. They have also expanded mentoring to other faith based organizations and facilities, as outlined below.

Muhammadiyah has also led development of Civic Forums (*Forum Masyarakat Madani*, or FMM). Comprised of a variety of civil society organizations^[6](CSOs) and community representatives, Civic Forums link government, facilities and civil society; expand public participation in MNH; and serve as a monitoring body for the quality of MNH services. Civic Forums link to communities through "mother and child health motivators" (*motivator kesehatan ibu dan anak*, or MKIA)—individual volunteers who work to address specific issues in their communities related to maternal and newborn survival.^[7] Civic Forums focus on generating and using information to advocate for action on maternal and newborn deaths, and they have been established at sub-district/village and district levels to increase action and advocacy on relevant issues. For example, Civic Forums advocate for: audits of maternal deaths at the district level; increased budget allocation for MNH at district and provincial levels; and policy issues, such helping to resolve known issues with Universal Health Insurance (JKN). Muhammadiyah also convenes an annual civic forum meeting at the national level for participants to share best practices, voice common concerns and develop recommendations to improve maternal and newborn health. (See EMAS brief on Civic Forums for further detail).

Civic Forums and MKIA also help to create an enabling environment to support the referral system at village, subdistrict and district levels. MKIA help pregnant women and their families understand danger signs of pregnancy/childbirth, plus access health facilities and social health insurance. Civic Forums and MKIA have worked to map and support village ambulances to transfer emergency referrals, as well as address common barriers to the use of social health insurance. Civic Forums also help to monitor the quality of referral networks. The district-based referral network MOUs (*Perjanjian Kerjasama*, or PK) developed through EMAS involve private facilities, including Muhammadiyah and interfaith hospitals. (See EMAS report on Referral Strengthening for further detail).

HOW HAS MUHAMMADIYAH ENGAGED OTHER FAITH BASED ORGANIZATIONS IN MATERNAL AND NEWBORN HEALTH?

As an Islamic civil society movement which respects pluralism, Muhammadiyah has very long history in interfaith communications and co-operation at local, national as well as international levels.^[9] For example, in 1970, Muhammadiyah was one of the founders of an interfaith forum on public health called the *Forum Komunikasi Pengembangan Kesehatan Masyarakat Indonesia* (FKPKMI). The FKPKMI comprises Muslimat NU,^[10] *Persatuan Dharma Karya Kesehatan Indonesia* (PERDHAKI, or Catholic Hospital Association)^[11] and *Persekutuan Pelayanan Kristen Untuk Kesehatan di Indonesia* (PELKESI, or Indonesian Christian Association for Health Services).^[12] Muhammadiyah used its strong networks and credibility to pave the way for interfaith facilities to utilize mentoring to improve quality of maternal and newborn emergency care. As the key FBOs have their respective networks and facilities in different parts of Indonesia, Muhammadiyah

On 31 July 2013, a cooperation agreement (MOU) was signed between:

- *Yayasan Kristen Untuk Kesehatan Umum* (YAKKUM, or Christian Foundation for Public Health),
- *Badan Pengus Harian Rumah Sakit Pembina Kesehatan Umum Yogyakarta* (Management Board RS PKU Muhammadiyah Yogyakarta); and
- *Yayasan Panti Raphi* (Panti Raphi Foundation), a Catholic Hospital in Yogyakarta.

This formalized the interfaith organizations' commitment to prioritize maternal and newborn survival, as well as the partnership between the faith-based hospitals to strengthen the quality of health services through mentoring, plus increase advocacy. This MOU was the first of its kind in Indonesia, and possibly internationally. It was signed by the organizations' provincial representatives and owners of the faith-based hospitals, and covered four hospitals in Yogyakarta: RS Bethesda; RS Bethesda-Lempuyangwangi (both Christian); RS Panti Rapih (Catholic); and RS (PKU) Muhammadiyah Yogyakarta. The MOU signing was witnessed by high level representatives from each organization to allow it to spread to

Box 1: Cooperation agreement between YAKKUM, Muhammadiyah and RS Pantih Rapih, Yogyakarta, 31 July 2013

The parties jointly declared that:

1. The high rate of maternal and newborns mortality as part of the health problems shows weaknesses in the health care system in Indonesia.
2. The high rate of maternal mortality and neonatal mortality in Indonesia is a universal human phenomenon that needs to be addressed because it is contrary to the values of humanity.
3. In order to improve the effectiveness and efficiency of the effort to eradicate the humanitarian problems mentioned above, cooperation among the various parties is needed, including between religious-based health institutions.

Therefore, the Parties hereby agree to enter into a partnership with the following conditions:

Article 1. Strengthening Maternal and Neonatal Health Services

The Parties agree to jointly develop synergies and quality in providing health services for maternal and newborn babies in particular, and various efforts to improve health services in general.

Article 2. Advocacy Policy

2.1 The parties agree to conduct public policy advocacy at various levels within the scope in the area of Special Region of Yogyakarta.

2.2 The parties agree to deliver the maximum contribution in accordance with the capacity of resources and technology owned by each institution.

Article 3. Community Support Mechanism

3.1 The parties agree to develop public support mechanisms for society endorsement in an effort to sustainably develop service activities and public policy advocacy.

3.2 The parties agree to establish a joint committee to support the attainment of the objectives of this cooperation.

Following the successful signing of the MoU in Yogyakarta, Muhammadiyah continued to work to engender the same commitment to MNH more broadly within high levels of key FBOs at the national level. Muhammadiyah initiated a committee involving representatives from PERDHAKI, PELKESI, and Muslimat NU. With input from these FBOs, Muhammadiyah drafted a national level MOU (based on Yogyakarta MOU) as well as a related interfaith declaration known as the "Maternal and Neonatal Survival Movement". Muhammadiyah also sought input on the interfaith MOU and declaration from the *Gerakan Kesehatan Ibu dan*

Box 2: National Movement for Maternal and Child Health (GKIA).

Founded in 2010, GKIA is a unique and powerful coalition of more than 40 civil society and other organizations involved in maternal, newborn and child health (MNCH).^[15] GKIA seeks to synergize the efforts of the government, parliament, child health experts, the private sector, NGOs and mass media, in a shared commitment to improve maternal and child health.^[16]
(www.gkia.org)

On 25 November 2014, an MOU between PERDHAKI, Muhammadiyah (MPKU PP), PELKESI, and Muslimat NU was signed, formalizing a strong inter-faith commitment to saving lives of mothers and newborns. The wording of the MOU mirrored that of the Yogyakarta agreement (Box 1 above). The national-level MOU was also endorsed by the Minister of Health. In addition to the MOU, more than 25 Indonesian organizations signed the associated "Declaration on Maternal and

Box 3: Maternal and Neonatal Survival Movement Declaration, 25 November 2014.

1. Calls on all parties, including the public, health professionals, and government officials to jointly consider efforts to save mothers and newborn, as a noble, humanitarian effort.
2. Determined to further unify measures and activities to make all efforts to save women giving birth and newborns as a national movement that is supported by all elements of society and government.
3. Together develop a control and monitoring system so that various forms of national health insurance programs that are associated with saving maternal and newborns can be carried out as well as possible to provide maximum efficiency and effectiveness.
4. Holistically look at the issues of saving mothers and newborn babies, which is connected to social, economic, cultural issues and society at large such as life cycle, poverty, and the level of public education as well as a variety of other supporting social infrastructure.
5. Called for no more parties that make reproductive processes and services in saving maternal and newborns a business for financial profit.
6. Encourage all primary, secondary and tertiary health care facilities to continue to improve the capacity of health workers and well planned referral systems in order to impact on improving the quality of emergency medical service, so they can be more professional and satisfactory.
7. Develop the system of communication, information and education for:
8. Public awareness to prevent the risks of death which includes preventing premature marriage either according to age, social and/or economic readiness.
9. Raising awareness of pregnant mothers and families, all health facilities at various levels and the public at large in order to optimize the movement of saving mothers and newborns, which will be beneficial to improve human resource capacity in Indonesia.

Neonatal Survival Movement".

- World Vision Indonesia
- Helen Keller International
- *Yayasan Balita Sehat* (Healthy Babies Foundation)
- PKBI (Indonesian Planned Parenthood Association)
- *Asosiasi Ibu Menyusui Indonesia* (Nursing Mothers Association of Indonesia)
- Project HOPE
- *Yayasan Sentra Laktasi Indonesia* (Foundation of Indonesian Lactation Center)
- PP Aisyiyah
- FOPKIA (Maternal and Child Health Forum) Tangerang
- FOPKIA Serang
- *Makasiswa* (students of) University of Muhammadiyah Jakarta (UMJ)
- *Yayasan Kesejahteraan Anak Indonesia* (YKIA, Indonesian Children Welfare Foundation)
- EMAS/Jhpiego
- *Pergerakan Anggota Muda IAKMI (PAMI) Jakarta Raya* (Movement of Young Members of Indonesian Public Health Association)
- Public Health, UMJ
- PP Muslimat NU
- FOPKIA/MKIA Serang
- Savica Public Health and Communication Consultancy
- Rumah Sakit Islam Jakarta (RSIJ, hospital) Sukapura
- RSIJ Cempaka Putih
- Kowani (Women's Congress Indonesia)
- PELKESI
- MPKU PP Muhammadiyah
- USAID

WHAT GOVERNS THE RELATIONSHIP BETWEEN FBOs?

Indonesian FBOs are united by a shared humanitarian focus. They have a long history of working together on public health issues, based on the principles of mutual respect and learning from each other. This spirit for learning from each other without any sense of superiority is a common principle for FBOs.

HOW HAS THE FAITH-BASED NETWORK BEEN WORKING TO IMPROVE THE QUALITY OF SERVICES OR ADVOCATE FOR MATERNAL AND NEWBORN SURVIVAL?

To date, the partnership to strengthen emergency maternal and newborn care in faith-based hospitals through mentoring has been very successful. The spirit of sharing experiences and learning together has meant that the faith-based partnership worked well—even beyond Muhammadiyah's expectations. A local committee comprising representatives of the hospital owners and directors, supports the implementation of clinical mentoring and expanded it into their network.

Facility management and clinical staff have shown high levels of commitment to the process. The four hospitals in Yogyakarta have all completed the clinical mentoring cycle and "graduated" to become mentors themselves. Staff from these facilities are currently mentoring other two interfaith hospitals, one in Yogyakarta and another in Semarang. Altogether, a total of 12 influential Muhammadiyah and Interfaith hospitals have become mentors so far. These mentors are included in Provincial mentoring rosters, and can be drawn upon to expand mentoring within Muhammadiyah and faith-based networks.

The advocacy aspect of the MOU is still in need of further consolidation. It is expected that once this occurs, the interfaith group will also embark to advocate around specific maternal and newborn survival issues. Until then, Muhammadiyah acts as a bridge between the interfaith network agreement and the GKIA. The GKIA coalition provides a powerful, collective voice in terms of advocacy, and a level of influence that would not be possible for individual organizations. GKIA conducts advocacy at different levels, (from national to district). Involvement of large FBOs such as Muhammadiyah facilitates GKIA's access down to the village level, and advocacy from the "grass-roots" up. Within GKIA, Muhammadiyah leads on coordination maternal and newborn health, and has integrated Civic Forums into this forum. This has facilitated the development of Civic Forums in non-EMAS districts and provinces, using their own resources. In September 2015, Muhammadiyah facilitated a workshop on health budget advocacy for CSOs and NGOs involved in GKIA. (See <http://www.gkia.org>). In addition, as a member of the Association of Indonesian Private Non-profit Hospitals (ARSANI), Muhammadiyah has used this platform to advocate on improved hospital management.

LESSONS LEARNED

- Muhammadiyah has strong and influential leadership that is committed to MNH at the National Board level and throughout its large network. Muhammadiyah's commitment to pluralism, long history and credibility, and strong networks also helped this commitment to spread to other FBOs. Muhammadiyah found that health facilities are very fertile ground for promoting the maternal and newborn survival agenda.
- Organizations based on different faiths can successfully work together to achieve a common objective. The cooperation agreement between FBOs of different faiths was the first of its kind, but has shown it is possible. Muhammadiyah was able to find common ground based on a shared nature of non-profit hospitals and "humanitarian spirit" to engage other faith-based organizations and facilities in supporting MNH. This "humanitarian spirit" goes beyond religious differences. The principles of mutual respect, sharing experiences and learning together also underpins faith-based forums such as FKPKMI.
- The interfaith partnership is still relatively new and is yet to play a strong role in advocacy, but has strong potential to do so. Within this positive enabling environment, initiatives could be adopted and disseminated within the respec-

NOTES

1. Indonesia's constitution assures the right for all persons to worship according to his or her own religion. In the 2010 Census, 87.18% of Indonesians identified themselves as Muslim, 6.96% Protestant, 2.91% Catholic, 1.69% Hindu, 0.72% Buddhist, 0.05% Confucianism, 0.13% other, and 0.38% unstated or not asked.
2. E.g., Muhammadiyah has 30 million members.
3. Reported by MOH for the period 2000–2011, Source: Kagawa RC, Anglemeyer A, Montagu D (2012) *The Scale of Faith Based Organization Participation in Health Service Delivery in Developing Countries: Systemic Review and Meta-Analysis*. PLoS ONE 7(11): e48457. doi:10.1371/journal.pone.0048457
4. Defined as a private hospital, clinic, or private doctor/midwife. Source: Statistics Indonesia (Badan Pusat Statistik—BPS), National Population and Family Planning Board (BKKBN), and Kementerian Kesehatan (Kemenkes—MOH), and ICF International. 2013. *Indonesia Demographic and Health Survey 2012*. Jakarta, Indonesia: BPS, BKKBN, Kemenkes, and ICF International.
5. Source: <http://www.muhammadiyah.or.id/id/content-8-det-amal-usaha.html>. These hospitals operate independently, although some have affiliated health centers which are managed through the hospital. Historically there has been no uniform treatment protocols, fee schedule, or common procurement system. They tend to target the middle class but still serve a significant number of poor and near-poor patients. Fees at most Muhammadiyah/Aisyiyah facilities are lower than many other private hospitals. Source: Chee, Grace, Michael Borowitz, Andrew Barraclough. September 2009. *Private Sector Health Care in Indonesia*. Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.
6. Including Muhammadiyah and Aisyiyah, PERDHAKI and PELKESI. NU is part of the national-level Civic Forum.
7. MKIA increase community awareness of danger signs in pregnancy, help to recognize and monitor high-risk cases, encourage delivery in health facilities, and promote uptake of social insurance schemes.
8. This was based on the same EMAS clinical governance tools used in public health facilities (dashboards, emergency drills etc.), but with a slightly modified cycle of clinical mentoring visits. Unlike public facilities, Muhammadiyah (and interfaith) hospitals do not mentor surrounding health centers
9. Prof. Din Syamsuddin, President of Muhammadiyah from 2005 to 2015, has been active in interfaith dialogues and cooperation. He initiated the creation and became Presidium of Inter Religious Council – Indonesia, and is President-Moderator of Asian Conference of Religions for Peace (ACRP) and Co-President of Religions for Peace International. Furthermore, Muhammadiyah was a founding member of the Faith to Action Network, a global network of interfaith organizations established in 2013 to promote dialogue; build the capacity of FBOs; and facilitate sustained joint advocacy and programming related to family health and well-being. Muhammadiyah helped the Faith to Action Network to develop the 'Interfaith Declaration to Improve Family Health and Wellbeing', which has been signed by leaders of over 250 FBOs, from Muslim, Christian, Hindu, and Buddhist religions globally. See <http://faithtoactionnetwork.org>.
10. Muslimat Nahdlatul Ulama (Muslimat NU) is a women wing of NU and provides health, education, environment and religious services. There are 70 NU and Muslimat affiliated hospitals and maternity clinics across Indonesia. These generally operate independently, but there is some coordination in a few provinces. <http://www.muslimat-nu.or.id/>
11. PERDHAKI is an association of 85 Catholic-affiliated hospitals and clinics, which are independently operated and self-financing. PERDHAKI conducts activities at central level to support its members. In some districts, there is some coordination between the health facilities. <http://www.pelkesi.or.id>
12. PELKESI is an association forum of Christian organizations and individuals who work in health services and health education across Indonesia. PELKESI helps Indonesian churches develop holistic health services and cultivates partnerships among Christian service organizations in the health sector. <http://actalliance.org>.
13. E.g., Muhammadiyah's facilities are mainly located across Java, while NU's are in East Java, and PERDHAKI's focus is Eastern Indonesia.
14. These two "movements" have similar names, but are separate entities.
15. CSOs such as PERDHAKI, PELKESI and Muhammadiyah; international NGOs such as World Vision and Save the Children; professional organizations; multilateral organizations such as UNICEF, UNFPA and WHO; and donors such as USAID. In 2013 GKIA received funding from the WHO Partnership for Maternal, Newborn and Child Health (PMNCH) for its national activities.
16. GKIA's core objective is to hold the Government of Indonesia accountable for the commitments it has made to 'Every Woman, Every Child. As part of this international initiative, the Indonesian government committed to reducing Indonesia's maternal mortality rate by over half (from 230/100,000 in 2007) to 102 per 100,000 by 2015.