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Cross-Sector Coordination Of Psychosocial Support Services For Survivors Of The Lewotobi Laki-Laki Eruption In East Flores, Indonesia

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Abstract

The eruption of Mount Lewotobi Laki-Laki in East Flores, Indonesia, generated not only physical displacement and livelihood disruption but also psychosocial vulnerability among survivors living in temporary shelters and independent village posts. This article examines how cross-sector coordination shapes the delivery of Psychosocial Support Services (Layanan Dukungan Psikososial/LDP) for disaster survivors. Drawing on a qualitative descriptive design, the study synthesizes field observation, in-depth interviews planned with local government, humanitarian organizations, community leaders, and survivors, and document review of disaster reports and local policy instruments. The analysis shows that LDP is most effective when it is treated as a community-based recovery mechanism rather than a stand-alone trauma-healing activity. Coordination among the Social Affairs Office, the Regional Disaster Management Agency, health and education actors, village governments, religious and customary leaders, and humanitarian NGOs is required to align assessment, referral, information sharing, activity scheduling, and culturally sensitive outreach. The article argues that the main coordination challenge lies in translating emergency mandates into sustained psychosocial recovery. It proposes an integrated model that links institutional coordination, community social capital, and

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culturally grounded psychosocial practices to support resilient recovery in volcanic-disaster settings.

Keywords: cross-sector coordination; psychosocial support; disaster recovery; community resilience; Lewotobi Laki-Laki; East Flores

INTRODUCTION

Volcanic disasters in Indonesia often create prolonged social crises that outlast the visible emergency. The eruption of Mount Lewotobi Laki-Laki in East Flores, East Nusa Tenggara, on 4 November 2024 illustrates this condition. The disaster displaced thousands of residents, damaged houses and public facilities, disrupted local livelihoods, and forced many survivors to live in temporary shelters or village-based independent posts. Data reported in the thesis draft note 9,163 affected persons during the initial disaster period and 7,956 displaced survivors recorded by the East Flores disaster agency in late 2025. The number of displaced persons was concentrated in Wulang Gitang and Ile Bura, with several villages bearing particularly heavy social pressure. These figures are not merely demographic statistics; they indicate the scale of social dislocation that must be addressed through coordinated recovery.

The physical impact of the eruption was accompanied by psychosocial strain. Survivors experienced uncertainty about housing, livelihoods, education, family routines, and the future of their home villages. In temporary shelter settings, psychosocial vulnerability is produced by repeated exposure to volcanic activity, limited privacy, disruption of social roles, loss of agricultural income, and anxiety about relocation. For children, older persons, women, persons with disabilities, and families with limited resources, such stressors may become cumulative. Psychosocial recovery, therefore, cannot be reduced to occasional recreational activities or short trauma-healing sessions. It requires continuous support that links emotional care, social protection, access to information, community participation, and culturally meaningful recovery practices.

In Indonesian disaster governance, Psychosocial Support Services or Layanan Dukungan Psikososial (LDP) are positioned within the broader framework of social protection and disaster management. However, the implementation of LDP in the field often depends on cooperation among multiple sectors. The Social Affairs Office may lead social assistance and psychosocial activities, but it cannot work alone. The Regional Disaster Management Agency (BPBD) provides disaster coordination and data; health actors support mental health referral; education actors

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support children and school continuity; village governments provide local knowledge and access; and civil society organizations such as Muhammadiyah Disaster Management Center (MDMC), humanitarian foundations, religious institutions, and volunteer networks provide additional manpower, community trust, and practical services. Cross-sector coordination is therefore a central condition for effective psychosocial recovery.

The theme of this article is aligned with the scope of Komunitas: International Journal of Indonesian Society and Culture, which publishes empirical and theoretical research on communities in transition, social change, livelihood adaptation, local wisdom, governance, public issues, and community responses to contemporary challenges. The Lewotobi case provides an important sociological and social development perspective because it reveals how a community affected by volcanic disaster must negotiate institutional assistance, social networks, cultural meanings, and everyday survival strategies. In this sense, LDP is not only a technical humanitarian program but also a social process through which institutions and communities attempt to rebuild social functioning.

Previous studies published in Komunitas provide relevant conceptual entry points. Nissa' et al. (2024) show that resilience is built through learning capacity, information exchange, and livelihood adaptation among farming households facing environmental and economic challenges. Fachrina and Maihasni (2025) demonstrate that emotional, practical, and informational support are crucial in role readjustment after social disruption. Wahidah et al. (2025) and Pardosi et al. (2024) emphasize the importance of local wisdom and community participation in sustaining social practices. These studies are not about volcanic psychosocial support directly, but they point to three concepts that are central for the Lewotobi case: resilience, social support, and local cultural resources. This article builds on those insights by focusing on coordination as the mechanism that links institutional response to community recovery.

The main problem addressed in this article is that post-disaster response tends to prioritize visible physical needs such as shelter, food, clothing, and emergency logistics, while psychosocial needs may be delayed or fragmented. The first twenty-four hours and early weeks after a disaster are critical for emotional stabilization, accurate information, family reunification, protection of vulnerable groups, and prevention of long-term psychological distress. When psychosocial support is not integrated into the emergency and recovery system, interventions may become sporadic, overlapping, or inaccessible to the groups most in need. This article therefore asks: how is cross-sector coordination organized in the implementation of LDP for survivors of the Lewotobi

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Laki-Laki eruption, what forms of psychosocial support are provided, and what benefits can be expected for community recovery?

METHOD

This article is developed from a qualitative descriptive thesis draft on cross-sector coordination of LDP for survivors of the Lewotobi Laki-Laki eruption in East Flores. A qualitative approach is appropriate because the research problem concerns meanings, experiences, institutional relationships, and coordination dynamics that cannot be adequately understood through numerical indicators alone. The descriptive orientation aims to present a systematic account of actors, mechanisms, practices, and perceived benefits of psychosocial support in a specific disaster context.

The research location is East Flores Regency, East Nusa Tenggara, with attention to affected and relocation areas connected to the eruption. The thesis draft identifies several shelter and relocation settings, including Konga, Lewolaga, Bokang, and Nileknoheng, as important sites for understanding the implementation of psychosocial support. The case is selected because the eruption generated a prolonged emergency situation, involved multiple government and non-government actors, and affected communities with strong kinship, religious, and customary ties. The local setting thus makes it possible to examine the interaction between formal disaster governance and community-based recovery practices.

Informants are selected through purposive sampling. The first group consists of local government actors, including the Head of the Social Affairs Office of East Flores, BPBD officials, social workers, and village heads. The second group consists of non-government and community actors such as MDMC, religious leaders, customary leaders, and humanitarian volunteers. The third group consists of survivor community members who experienced displacement and participated in recovery forums or LDP activities. This configuration allows the study to compare institutional perspectives with community experience and to identify whether coordination practices are felt at the level of service users.

Data collection uses three complementary techniques. First, direct observation is used to understand shelter conditions, community interactions, service delivery points, and the social atmosphere of recovery spaces. Second, in-depth interviews are used to explore how actors define their roles, share information, coordinate activities, and assess the benefits and limitations of LDP. Third, documentation is used to review disaster reports, local policy documents,

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organizational reports, activity records, and relevant academic literature. The combination of interviews, observation, and documentation strengthens credibility through triangulation.

Data analysis follows qualitative coding procedures adapted from Neuman and other qualitative methodologists. The first step is sorting and classifying data into actor categories, program activities, coordination mechanisms, challenges, and benefits. The second step is open coding to identify recurring terms and themes, such as role division, referral, child-friendly activities, community participation, religious support, local wisdom, and information gaps. The third step is axial coding to connect those themes into broader analytical categories. The fourth step is selective coding, in which the core argument is formulated around the relationship between cross-sector coordination and psychosocial recovery. Interpretation then links the empirical themes with concepts of coordination, social support, community resilience, and culturally grounded recovery.

Research quality is addressed through credibility, transferability, dependability, and confirmability. Credibility is strengthened through source and method triangulation, as well as member checking where possible. Transferability is supported by providing a thick description of the disaster setting, institutional actors, and community context. Dependability is pursued through an audit trail of field notes, interview records, document sources, and coding decisions. Confirmability is supported by reflexive awareness of researcher bias and by connecting findings to documented evidence rather than unsupported assumptions. Because the research involves disaster survivors, ethical care must include informed consent, sensitivity to distress, protection of identity, and the avoidance of extractive interviewing.

TABLE 1. Data Sources and Analytical Focus.

Data source	Main information sought	Analytical contribution
Local government actors	Mandates, coordination forums, LDP planning, data management, referral pathways	Explains the formal structure of coordination and public policy implementation
Non-government and humanitarian actors	Program activities, volunteer mobilization, sectoral cooperation, community outreach	Explains partnership dynamics and practical coordination in the field

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Survivor community members	Access to LDP, perceived benefits, unmet needs, cultural expectations, social support	Explains the lived experience and community-level relevance of services
Documents and reports	Disaster data, policy basis, activity records, institutional reports, previous studies	Supports triangulation and contextualizes empirical findings

RESULT AND DISCUSSION

The Disaster Context and the Need for Psychosocial Recovery

The Lewotobi Laki-Laki eruption created a layered crisis. The first layer was physical insecurity, including evacuation, loss of housing, damaged facilities, and restricted access to areas around the volcano. The second layer was livelihood insecurity, especially for families who depended on agriculture, local trade, transport, hospitality, and commodity distribution. The thesis draft notes that crops such as coffee, cocoa, coconut, and cashew were affected by volcanic ash and lahar-related disruption. The third layer was psychosocial insecurity, expressed through anxiety, uncertainty, grief, social fatigue, and disrupted family routines. These layers are interconnected: loss of income increases family stress, relocation disrupts social roles, and uncertainty about land or housing may prolong anxiety.

The psychosocial dimension of disaster is often invisible in administrative reports. People may receive food, tents, and health checks while still lacking emotional safety, reliable information, and opportunities to regain social meaning. In the Lewotobi context, survivors living in temporary shelters faced a long period of waiting. Waiting itself becomes a psychosocial condition: waiting for relocation, waiting for compensation, waiting for agricultural recovery, waiting for school normalization, and waiting for the volcano's activity to decline. Cross-sector coordination is needed because no single agency can address this combination of emotional, social, economic, educational, and cultural needs.

International MHPSS guidance emphasizes the importance of layered support: basic services and security, community and family support, focused non-specialized support, and specialized services. This framework is useful for the Lewotobi case because most survivors do not necessarily need clinical treatment, but many require community-based support that restores routine, participation, safety, and social connection. At the same time, some survivors may require

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referral to mental health professionals. Effective LDP therefore depends on the ability of local actors to identify levels of need and connect them to appropriate services.

Forms of Psychosocial Support Services

The first form of LDP is psychological first aid and emotional stabilization. This includes listening, calming, providing accurate information, helping survivors identify immediate needs, and connecting them with family or service providers. In the early stage of a disaster, such support is important because panic, rumors, and uncertainty may intensify distress. Psychological first aid does not require all actors to become clinical counselors; rather, it requires trained frontline workers and volunteers to communicate safely, recognize signs of severe distress, and refer survivors when necessary.

The second form is child- and family-oriented support. Children in shelters need safe spaces, play activities, educational continuity, and predictable routines. Family-oriented support is equally important because parental stress affects children's sense of safety. Activities such as storytelling, art, play, informal learning, and group interaction may help children express emotion without forcing them to retell traumatic events. Education actors and child protection organizations are therefore important partners in LDP coordination. Their involvement ensures that psychosocial support is connected to school routines and protection standards.

The third form is community and social support. Community gatherings, religious activities, customary meetings, mutual-help practices, and informal peer support can help survivors rebuild social confidence. Fachrina and Maihasni (2025) highlight that emotional, practical, and informational support help individuals navigate role disruption; this insight is relevant to disaster survivors because displacement changes family roles, community roles, and livelihood responsibilities. Survivors require not only empathy but also practical assistance and trustworthy information about services, rights, relocation, education, and livelihoods.

The fourth form is culturally sensitive psychosocial support. The thesis draft describes the presence of local beliefs and rituals related to the mountain, including the Tuba Ile ceremony in which the community seeks safety and balance through customary practice. Whether implemented formally or informally, such cultural resources matter because disaster is interpreted not only as a physical event but also as a social and cosmological disturbance. Wahidah et al. (2025) and Pardosi et al. (2024) show that local wisdom remains important in sustaining community practices. In the Lewotobi context, psychosocial support that ignores local meaning

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may appear externally imposed, while culturally sensitive support can strengthen acceptance and participation.

The fifth form is referral and specialized support. Some survivors may experience severe or persistent symptoms that cannot be addressed through group activities alone. Referral mechanisms should connect community observation, social workers, health personnel, psychologists, and specialized services. This requires clear criteria, confidentiality, transport arrangements where needed, and follow-up. Without coordination, referral becomes weak: volunteers may identify distress but not know where to send survivors, or health actors may be available but not connected to shelter-level information.

Cross-Sector Coordination Mechanisms

Cross-sector coordination in LDP can be understood as a process of aligning mandates, resources, information, and actions among actors who have different institutional identities. In East Flores, the Social Affairs Office plays a strategic role in organizing social protection and psychosocial services, while BPBD carries disaster management authority and maintains disaster-related coordination. NGOs and humanitarian organizations provide operational support, technical skills, volunteers, and community outreach. Religious and customary leaders provide social legitimacy and cultural interpretation. Village governments provide local access and knowledge of households. The main coordination task is to transform this diversity into a coherent service system.

At the planning level, coordination requires shared assessment. Each actor may collect data according to its own mandate: BPBD may prioritize evacuation and damage data, the Social Affairs Office may prioritize vulnerable households, health actors may prioritize medical and mental health needs, and NGOs may prioritize activity beneficiaries. If these assessments are not integrated, programs may overlap in some shelters while other groups remain underserved. A shared assessment mechanism can reduce duplication, clarify priority groups, and support evidence-based scheduling of LDP activities.

At the implementation level, coordination requires division of roles. The Social Affairs Office can lead LDP planning and social worker deployment; BPBD can integrate LDP into disaster command and recovery meetings; health actors can provide referral and mental health supervision; education actors can support school-based psychosocial activities; NGOs can provide facilitators and materials; religious leaders can support spiritual care; customary leaders can help align activities with local values; and village governments can mobilize residents and provide feedback. Role division must be flexible because disaster conditions change, but flexibility should

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not mean ambiguity. Actors need to know who does what, when, where, and how information is reported.

At the communication level, coordination requires regular information exchange. The most common coordination problems in humanitarian response are late information, fragmented beneficiary lists, parallel meetings, and unclear reporting lines. For LDP, such problems can reduce trust because survivors may receive different messages about assistance, relocation, or service availability. Information exchange should include activity schedules, vulnerable-group data, referral cases, community feedback, and unmet needs. Digital communication groups may help, but they should be supported by formal minutes, clear task assignments, and protection of personal data.

At the monitoring level, coordination requires feedback from survivors. A coordination system that only connects institutions may become bureaucratic and fail to capture community experience. Survivor feedback can indicate whether LDP activities are accessible, culturally appropriate, age-sensitive, gender-sensitive, and practically useful. Feedback can also reveal whether some groups are excluded because of distance, disability, language, social stigma, or lack of information. Komunitas studies on livelihood adaptation and community participation suggest that resilience is not produced only by institutional intervention but by the interaction between institutional support and community capacity.

TABLE 2. Proposed Coordination Matrix for LDP in the Lewotobi Case.

Actor	Primary role in LDP	Coordination needs
Social Affairs Office	Lead psychosocial support planning, deploy social workers, organize social assistance linkages	Needs updated survivor data, partner mapping, referral pathways, and monitoring feedback
BPBD	Integrate LDP into disaster management coordination and recovery planning	Needs psychosocial indicators to be included in emergency meetings and situation reports
Health sector	Provide mental health screening, referral, and specialized support when needed	Needs safe referral protocols, confidentiality standards, and shelter-level case identification

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Education sector	Support child-friendly activities, school continuity, and teacher involvement	Needs coordination with parents, schools, and child protection actors
NGOs and volunteers	Provide facilitators, materials, community outreach, and complementary programs	Needs role clarity, activity scheduling, reporting lines, and minimum standards
Religious and customary leaders	Provide spiritual, cultural, and community legitimacy for recovery activities	Needs early involvement to ensure cultural sensitivity and trust
Village governments and survivors	Identify local needs, mobilize participation, and provide feedback	Needs access to information, grievance channels, and participatory planning

Benefits of Psychosocial Support for Survivors

The first benefit of LDP is emotional stabilization. Survivors who receive empathetic listening, accurate information, and safe activities may feel less isolated and more able to manage fear. Emotional stabilization is important not only for individual well-being but also for social order in shelters. When anxiety is unmanaged, rumors may spread, conflicts may increase, and participation in recovery programs may decline. LDP can reduce this risk by creating structured spaces for communication and support.

The second benefit is restoration of social functioning. Social functioning refers to the ability of individuals and families to perform roles, maintain relationships, and participate in community life. Displacement disrupts these functions: parents lose income roles, children lose school routines, elders lose familiar social spaces, and community leaders lose territorial authority. LDP activities can help rebuild routine, strengthen family and neighbor support, and reconnect survivors to services. This benefit is especially relevant to social welfare studies because the goal is not only symptom reduction but also the recovery of social roles.

The third benefit is strengthening community resilience. Nissa' et al. (2024) show that learning capacity and information exchange contribute to resilience in communities facing environmental and economic pressure. In the Lewotobi case, psychosocial support can contribute to resilience when it enables survivors to share information, learn coping strategies, organize mutual aid, and participate in decision-making. Resilience should not be understood as asking

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survivors to endure hardship silently; it should mean strengthening the social and institutional conditions that allow people to recover with dignity.

The fourth benefit is improving access to vulnerable groups. Coordinated LDP can identify children, older persons, persons with disabilities, widows, households without stable income, and survivors with severe distress. Without coordination, vulnerable groups may be missed because services are delivered to those who are most visible or easiest to reach. A coordinated system can combine household data, community knowledge, and service records to ensure more equitable access. This is closely related to the governance and public-issues dimension of community studies because it concerns how public systems distribute care.

The fifth benefit is cultural continuity. In many disaster settings, recovery is not complete when houses are rebuilt. Communities also need to restore ceremonies, collective memory, moral order, and relations with place. Culturally sensitive LDP can provide space for religious and customary leaders to support meaning-making, while still respecting safety, human rights, and inclusion. This is particularly important in volcanic settings where mountains may have spiritual or ancestral significance.

Coordination Challenges

Despite its importance, coordination faces several challenges. The first challenge is mandate fragmentation. Disaster management, social protection, health, education, child protection, and humanitarian volunteering each have their own administrative logic. In an emergency, these logics may not automatically converge. The result can be parallel activities, uneven reporting, and weak continuity from emergency response to recovery. LDP is especially vulnerable to fragmentation because it is cross-cutting: it belongs to social welfare, health, protection, education, and community development at the same time.

The second challenge is data fragmentation. Accurate data are needed to identify who is displaced, where they live, what vulnerabilities they face, and what services they have received. However, different actors may use different formats, update cycles, and definitions. For psychosocial support, data must also be ethically managed because it may include sensitive personal information. A practical coordination system should distinguish between aggregate data for planning and confidential case data for referral.

The third challenge is resource imbalance. Some organizations may have trained facilitators and materials, while others may have stronger local access. Some shelters may receive many activities because they are easier to reach, while remote or smaller sites may receive fewer

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services. Coordination must therefore include spatial equity. It should map not only actors and programs but also shelter coverage and frequency of visits.

The fourth challenge is sustainability. Many psychosocial interventions are strongest in the early emergency stage but weaken when attention shifts to housing, infrastructure, and livelihood recovery. Survivors, however, may experience psychosocial difficulties months after the eruption. The East Flores case, with its prolonged emergency status and relocation process, requires sustained LDP that moves beyond temporary entertainment activities toward community-based support, referral, livelihood-sensitive counseling, and family strengthening.

The fifth challenge is cultural sensitivity and inclusion. Local wisdom can strengthen psychosocial recovery, but cultural practices must be engaged carefully. Some rituals or community norms may be meaningful for many survivors but less accessible to others because of gender, age, religion, disability, or social position. LDP coordination should therefore involve customary and religious leaders while also maintaining inclusive principles so that support reaches all groups.

Toward an Integrated Community-Based LDP Model

Based on the analysis, this article proposes an integrated community-based LDP model for the Lewotobi context. The model consists of four linked components: institutional coordination, shared assessment and referral, culturally grounded community support, and survivor feedback. Institutional coordination provides the formal structure through which actors meet, divide roles, share information, and monitor coverage. Shared assessment and referral translate survivor needs into appropriate service levels. Culturally grounded community support ensures that activities are meaningful and trusted. Survivor feedback makes the system accountable to those who experience the disaster directly.

The model begins with a coordination forum that includes the Social Affairs Office, BPBD, health and education sectors, village governments, NGOs, religious leaders, customary leaders, and survivor representatives. This forum should not only discuss logistics but also psychosocial indicators: emotional distress, child protection concerns, social conflict, livelihood-related anxiety, school attendance, and community participation. The forum should produce a shared activity map and referral pathway. It should also identify which actors are responsible for follow-up.

The second component is a tiered LDP package. At the basic level, all survivors should receive safe information, respectful communication, and access to basic services. At the community level, survivors should have access to group activities, child-friendly spaces, religious

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and cultural support, peer support, and family-strengthening activities. At the focused level, trained social workers, counselors, teachers, or health workers should provide support for people with moderate distress. At the specialized level, severe or persistent cases should be referred to mental health professionals or specialized services. This tiered structure prevents the misconception that psychosocial support is only clinical treatment or only recreational activity.

The third component is local capacity building. Volunteers, village officials, teachers, religious workers, and community leaders need basic skills in psychological first aid, safe communication, referral, child protection, and stress management. Local capacity is important because external organizations may leave, while the community remains. Training should be practical and adapted to local language and culture. It should also include self-care for frontline workers, who may themselves be affected by the disaster.

The fourth component is participatory monitoring. Indicators should include not only the number of activities conducted but also who attended, whether vulnerable groups were reached, whether referrals were completed, whether survivors felt informed, and whether activities were culturally appropriate. Qualitative feedback through community meetings, suggestion boxes, household visits, and survivor representatives can complement numerical reports. This would align disaster recovery with social development principles, where communities are not passive beneficiaries but active partners.

CONCLUSION

The Lewotobi Laki-Laki eruption demonstrates that disaster recovery is not only a matter of rebuilding houses and restoring infrastructure. It also requires psychosocial recovery that addresses fear, uncertainty, social disruption, family stress, livelihood anxiety, and cultural meaning. LDP is therefore a strategic component of social welfare and disaster governance in East Flores. Its effectiveness depends on cross-sector coordination that can connect local government, humanitarian organizations, health and education sectors, village institutions, religious and customary leaders, and survivor communities.

This article argues that LDP should be understood as a community-based recovery process rather than a narrow trauma-healing activity. The key forms of support include psychological first aid, child- and family-oriented activities, social and community support, culturally sensitive meaning-making, and referral to specialized services. The main benefits include emotional stabilization, restoration of social functioning, strengthened community resilience, improved access for vulnerable groups, and cultural continuity. These benefits can only be achieved when

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coordination mechanisms clarify roles, integrate assessments, share information, avoid duplication, and include survivor feedback.

For policy and practice, the study recommends the establishment of a local LDP coordination forum integrated into disaster recovery governance; the development of shared assessment and referral tools; the involvement of religious and customary leaders in culturally sensitive activities; the training of local volunteers and social workers in psychological first aid; and the use of participatory monitoring to ensure that services are equitable and relevant. For future research, more empirical work is needed to document survivor narratives, compare shelter sites, and evaluate the long-term outcomes of psychosocial support in volcanic-disaster settings.

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DECLARATION OF AI USE

Portions of this manuscript draft were prepared with the assistance of ChatGPT (OpenAI) for language refinement, organization of ideas, and conversion of thesis material into an English journal-manuscript format. The author must review, verify, edit, and validate all content, data, interpretations, and references before submission and remains fully responsible for the final manuscript.

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