



Strengthening Community Resilience through Faith Based Humanitarian Action: A Study of MDMC in Marurinding, West Sulawesi

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ABSTRACT

This study examines how faith-based humanitarian action contributed to strengthening community resilience in Marurinding, West Sulawesi, after the 2021 earthquake. Focusing on the humanitarian practices of the Muhammadiyah Disaster Management Center (MDMC), this study employed a descriptive qualitative approach with an ethnographic orientation. Data were collected through participant observation, in-depth interviews, and document review involving community members, local actors, volunteers, and relevant humanitarian documents. The findings show that the Marurinding community experienced multidimensional disruption, including damaged houses, temporary displacement, limited access to services, fear of aftershocks, and anxiety caused by tsunami-related rumours. MDMC responded through organized service posts, volunteer coordination, logistics distribution, health support, temporary shelter, clean water, sanitation facilities, spiritual reinforcement, disaster education, anti-hoax awareness, and psychosocial activities for children. These interventions helped affected residents regain access to basic needs, safety, reliable information, emotional support, and social confidence. The study also shows that dakwah pencerahan functioned as an ethical foundation for MDMC's humanitarian practice by translating religious values into inclusive and practical service. Rather than operating as sectarian charity, MDMC's assistance was coordinated, need-based, and non-discriminatory. This study concludes that faith-based humanitarian action can strengthen community resilience when it combines material support, psychosocial care, disaster education, social trust, and inclusive service delivery.

Keywords: *Community Resilience; Dakwah Pencerahan; Faith-Based Humanitarian Action; MDMC; Post-Disaster Recovery.*

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INTRODUCTION

Post-disaster recovery is increasingly understood as a multidimensional process that goes beyond the physical reconstruction of damaged houses, public facilities, and infrastructure. It also involves restoring social routines, psychological stability,

institutional functions, and the community's ability to adapt to future risks. Recent studies have emphasized that community resilience needs to be examined through multiple dimensions, including infrastructure, health, socio-economic conditions, trauma recovery, and participatory capacity (Gerges et al., 2021; Migliorini et al., 2024; Sandoval-Díaz et al., 2025). This broader understanding is important because disaster-affected communities often experience not only material loss, but also uncertainty, fear, disruption of daily life, and weakened access to basic services.

One of the key dimensions of post-disaster recovery is social capital. Recovery is not only shaped by the amount of aid received, but also by the strength of relationships, trust, and collective support within the community. Lee et al. (2022) show that social capital-building interventions can improve self-reported recovery after disaster, while Priest (2023) highlights the connection between social capital and trust in government after natural disasters. Similarly, Zeno-Gonzalez and Butler (2025) argue that post-disaster recovery is fundamentally about relationships, because affected communities depend on social ties to access information, resources, emotional support, and collective action. These studies indicate that resilience is produced not only through external intervention, but also through the rebuilding of social trust and community relationships.

In addition to social capital, recent disaster studies have emphasized the importance of community-led and participatory recovery. Affected communities should not be treated merely as passive recipients of assistance, but as actors with local knowledge, agency, and adaptive capacity. Horn et al. (2025) show that community-led disaster resilience can strengthen preparedness and recovery through local leadership and grassroots coordination. Ngulube et al. (2023) also demonstrate that citizen participation plays an important role in long-term recovery planning, although such participation may involve complex challenges. Other studies have shown that placemaking and indigenous practices can support more sustainable and locally grounded recovery processes (Matsushita et al., 2024; Utomo et al., 2026). These perspectives suggest that disaster recovery becomes stronger when humanitarian action is connected to local participation, cultural meaning, and community agency.

Within this broader recovery process, faith-based organizations have become important humanitarian actors in various disaster and displacement contexts. Their roles are often supported by moral commitment, volunteer networks, social trust, and direct engagement with affected communities. Historically, faith-based actors have served as humanitarian mediators in crisis situations, as shown by Verdeil's (2023) study of missionaries in Lebanon. Contemporary studies also show that faith-based organizations provide protection and assistance to internally displaced persons, contribute to health service provision, and support refugees and host communities in humanitarian settings (Iweze, 2022; Musekiwa & Musekiwa, 2023; Oduor et al., 2025). These findings indicate that faith-based humanitarian action can contribute to recovery when religious values are translated into practical, inclusive, and socially responsive forms of service.

In Indonesia, disaster response often involves interaction between state institutions, civil society, local communities, and religious organizations. Samson and Warganegara (2021) describe this as a post-secular disaster response, where religious and secular actors may complement each other in addressing disaster-related needs. This perspective is relevant because many Indonesian communities interpret disasters not only through technical or institutional frameworks, but also through social, cultural, and religious

meanings. In such contexts, faith-based humanitarian organizations can become important bridges between formal disaster management systems and the lived realities of affected communities. Their contribution may include not only emergency relief, but also psychosocial support, public education, spiritual reinforcement, and the strengthening of community trust.

Muhammadiyah Disaster Management Center (MDMC) represents one of the faith-based humanitarian actors in Indonesia. In the case of the 2021 West Sulawesi earthquake, MDMC was involved in assisting affected communities, including residents of Marurinding, Tapalang, Mamuju. Field data show that Marurinding experienced significant disruption: 185 households were affected, many houses became unsafe to occupy, residents moved to public facilities and higher ground, and fear of aftershocks and tsunami rumours intensified community anxiety. MDMC's response included organized service posts, logistics distribution, health services, temporary shelters, clean water support, sanitation facilities, spiritual reinforcement, disaster education, anti-hoax awareness, psychosocial support, and inclusive service delivery.

Although previous studies have discussed community resilience, social capital, participatory recovery, and the role of faith-based organizations in humanitarian response, limited attention has been given to how these dimensions intersect in the concrete practices of a Muhammadiyah-based humanitarian actor at the local community level. Existing studies provide strong conceptual foundations, but there remains a need for empirical analysis of how faith-based humanitarian action contributes to community resilience through material assistance, psychosocial support, disaster education, and inclusive social service in a specific Indonesian post-disaster setting. Therefore, this study examines how MDMC's faith-based humanitarian action contributed to strengthening community resilience in Marurinding, West Sulawesi, after the 2021 earthquake. The study aims to show that MDMC's intervention was not merely emergency relief, but a socially embedded humanitarian practice that supported physical recovery, adaptive capacity, social trust, and collective resilience.

LITERATURE REVIEW

Community Resilience in Post-Disaster Recovery

Community resilience refers to the capacity of a community to survive, adapt, reorganize, and recover after experiencing a disruptive event such as a natural disaster. In post-disaster contexts, resilience is not limited to physical reconstruction, but also involves the restoration of social routines, psychological stability, collective confidence, and access to basic services. Robertson et al. (2021) emphasize that community resilience is shaped by social ties, shared experiences, collective responsibility, and openness to adaptation. These elements are important because disasters often disrupt not only infrastructure but also everyday life, social relations, and emotional security.

Previous studies also show that resilience is influenced by social capital, community competence, institutional support, and local adaptive capacity. Pasca et al. (2022) identify social capital and community competence as important foundations of resilience, while Zhai and Lee (2024) argue that different communities may develop resilience through different combinations of human, physical, social, and institutional resources. In the Indonesian disaster context, Parrott et al. (2023) highlight the importance of community cohesion, participation, trauma healing, and religiosity in

shaping how survivors understand and build resilience after disaster. Therefore, this study understands community resilience as a multidimensional recovery process involving material support, psychosocial stability, social solidarity, disaster knowledge, and institutional assistance.

Faith-Based Humanitarian Action

Faith-based humanitarian action refers to humanitarian practices inspired by religious values and translated into practical forms of care, such as relief distribution, health services, shelter support, psychosocial assistance, and community education. Faith-based organizations often have strong moral motivation, volunteer networks, social legitimacy, and trust-based relationships with local communities. These strengths allow them to engage directly with disaster-affected populations and provide support that is not only material but also emotional, moral, and relational.

Studies on faith-based organizations show that religion can become an important source of social capital in disaster recovery. Storr et al. (2025) argue that faith communities can help mobilize support, strengthen social bonds, and provide meaning for affected communities. In Indonesia, Nurdin (2024) shows that Islamic faith-based organizations contribute to post-disaster recovery by building bonding, bridging, and linking social capital. This perspective is relevant to MDMC because its humanitarian work is rooted in Muhammadiyah's Islamic values while being implemented through concrete services for affected communities. Thus, MDMC can be understood as a faith-based humanitarian actor that connects religious ethics, institutional coordination, volunteer mobilization, and practical recovery support.

Dakwah Pencerahan as a Value Framework for Humanitarian Practice

In Muhammadiyah, *dakwah pencerahan* is not limited to verbal religious preaching. It also refers to transformative social action that promotes human dignity, rational awareness, social care, and public welfare. This understanding places religious values within concrete social practice, where *dakwah* is expressed not only through words but also through actions that respond to real human needs. In disaster contexts, *dakwah pencerahan* provides an ethical foundation for humanitarian service because it encourages assistance that protects life, reduces suffering, and strengthens affected communities.

This value framework may be expressed through *bi al-lisan*, *bi al-kitabah*, and *bi al-hal*. *Bi al-lisan* refers to verbal communication, such as religious guidance and community education; *bi al-kitabah* refers to written communication and public information; while *bi al-hal* refers to action-based service, such as logistics distribution, health services, temporary shelters, clean water, sanitation, and psychosocial support. Bakhtiar and Salma (2022) show that Muhammadiyah's humanitarian response integrates religious guidance, public communication, health protection, and concrete social service. In this study, *dakwah pencerahan* is therefore positioned as a value framework that explains how Muhammadiyah's religious identity is translated into inclusive and practical humanitarian action through MDMC.

Social Empowerment and Inclusive Humanitarian Service

Social empowerment in post-disaster recovery involves strengthening affected communities so that they are not merely passive recipients of aid, but are able to understand risks, manage fear, restore routines, and participate in collective recovery. Tuhkanen (2023) argues that participation in post-disaster recovery can support more

equitable and resilient outcomes when affected communities are given space to engage in recovery processes. Social capital is also central to empowerment because access to information, resources, and emotional support often depends on the quality of social relationships. Zhao et al. (2025) show that social capital facilitates disaster resilience through social learning, mutual support, and collective action.

Inclusive humanitarian service is closely related to social empowerment because fair and need-based assistance can strengthen trust and reduce tension among survivors. Sobhaninia (2024) emphasizes that social cohesion is an important component of resilient disaster recovery, especially when aid distribution may create jealousy or conflict if perceived as selective. In this study, inclusive service refers to humanitarian assistance that is coordinated, non-discriminatory, and based on actual need. This concept is important for understanding MDMC's role in Marurinding, where faith-based humanitarian action was directed not only toward emergency relief but also toward strengthening social trust, community confidence, and collective recovery.

METHOD

This study employed a descriptive qualitative approach to examine how faith-based humanitarian action contributed to strengthening community resilience in Marurinding, West Sulawesi, after the 2021 earthquake. The qualitative approach was chosen because the study focused on social practices, field experiences, community responses, and the meanings attached to humanitarian activities carried out by the Muhammadiyah Disaster Management Center (MDMC). The research was conducted in Marurinding, Kelurahan Kasambang, Kecamatan Tapalang Induk, Kabupaten Mamuju, one of the communities affected by the West Sulawesi earthquake and assisted by MDMC through the POSYAN service post system.

Data were collected through participant observation, in-depth interviews, and document review. Participant observation was used to understand directly the field situation, including the organization of service posts, logistics distribution, health assistance, psychosocial activities, and the construction of temporary shelters and basic facilities. In-depth interviews were conducted with community leaders, religious leaders, volunteers, local actors, and other parties connected to the disaster response process. The interviews were open, unstructured, and focused, allowing informants to explain their experiences and perspectives in detail. Document review was conducted using organizational records, field documentation, photographs, video recordings, and relevant public reports to complement the observation and interview data.

Data analysis was conducted continuously throughout the research process. The study referred to Miles and Huberman's qualitative analysis procedure, while also drawing on an interpretive approach to understand participants' perspectives and field meanings. The analysis involved organizing the data, coding relevant information, identifying emerging themes, and interpreting the findings within the framework of community resilience and faith-based humanitarian action. To strengthen trustworthiness, the study used triangulation across data collection techniques and sources. Observation, interview, and documentary data were compared to produce a grounded and context-sensitive understanding of MDMC's contribution to post-disaster community recovery.

RESULTS

Disaster Vulnerability and Community Disruption in Marurinding

The first finding concerns the vulnerability and disruption experienced by the Marurinding community after the 2021 West Sulawesi earthquake. The disaster occurred within the wider context of the Mamuju-Majene earthquake. BMKG recorded a tectonic earthquake on 15 January 2021 at 01:28:21 WIB with a magnitude of 6.2 in the Mamuju, West Sulawesi area. The earthquake was classified as a shallow crustal earthquake, indicating the potential for strong surface impact in affected areas (BMKG, 2021).

Field data showed that Marurinding, located in Kasambang, Tapalang, Mamuju, was one of the affected communities. Based on POSYAN (Pos Pelayanan/Service Station) MDMC records, 185 households were affected. The residents generally worked as farmers, plantation workers, fishers, traders, and civil servants. The earthquake damaged many houses, particularly brick-walled houses without sufficient structural reinforcement. This condition made many houses unsafe to reoccupy and forced residents to seek safer places, including public facilities and higher ground.

The community disruption was not only physical but also psychosocial. Many residents were afraid of aftershocks and rumours about a possible stronger earthquake and tsunami. Although the information was difficult to verify, subsequent aftershocks on 30 January and 3 February 2021 strengthened residents' fears and encouraged many families to leave their settlement temporarily. This condition created a combination of physical vulnerability, displacement, uncertainty, and anxiety that shaped the need for humanitarian intervention and resilience-building support.

Table 1. Disaster Vulnerability and Community Disruption in Marurinding

Aspect	Evidence and Supporting Data
Earthquake event	A tectonic earthquake occurred on 15 January 2021 at 01:28:21 WIB with a magnitude of 6.2 in the Mamuju, West Sulawesi area. The earthquake was classified as a shallow crustal earthquake (BMKG, 2021).
Regional physical impact	BNPB recorded total damage and losses of Rp829.1 billion in Mamuju and Majene. In Majene, damage included 4,122 houses, 32 economic and office facilities, 17 health facilities, and one military office. In Mamuju, damage included 3,741 houses, five health facilities, three bridges, one port, one minimarket, one office, and one hotel (BNPB, 2021, as cited in BPK Sulbar, 2021).
Affected households	POSYAN MDMC recorded 185 affected households in Marurinding. Most residents worked as farmers, plantation workers, fishers, traders, and civil servants (POSYAN MDMC field data; Kasman, interview).
Housing vulnerability	Many brick-walled houses without sufficient structural reinforcement were considered unsafe to reoccupy after the earthquake (Field observation, 2021).
Displacement pattern	Residents moved to public facilities and higher ground because of damaged houses, fear of aftershocks, and circulating information about a possible stronger earthquake and tsunami (Field observation, 2021; Amin, interview).
Psychosocial pressure	Fear of aftershocks and tsunami rumours increased residents' anxiety and contributed to temporary displacement (Amin,

interview; Head of Marurinding neighbourhood, interview, 6 February 2021).

The data in Table 1 show that the vulnerability of Marurinding residents was multidimensional. The earthquake disrupted housing safety, household routines, livelihood stability, and psychological security. Therefore, community resilience in this context cannot be understood merely as physical survival, but as the community's need to regain safety, information, daily stability, and confidence after disaster.

Organized Humanitarian Response through MDMC Service Posts

Following the earthquake, Muhammadiyah mobilized its humanitarian response through the Muhammadiyah Disaster Management Center (MDMC). The response was organized through a coordination structure beginning from POSKOR (Coordination Post) Muhammadiyah in Mamuju and continuing to POSYAN or service posts in affected areas. In the case of Marurinding, the POSYAN was centered in Tapalang Induk. Field data indicated that approximately 30 volunteers from South Sulawesi, Southeast Sulawesi, and Central Sulawesi were deployed in Marurinding. The volunteers were assigned to different operational roles, including coordination, data and information management, public kitchen services, field distribution, teaching activities, and the construction of emergency shelters.

This organized response reflected Muhammadiyah's integrated disaster response mechanism known as **One Muhammadiyah One Response**. The service post system allowed humanitarian activities to be coordinated, including logistics distribution, health services, psychosocial activities, SAR-related assistance, and the construction of temporary shelters. Supporting documentation from Menara62 also reported that Muhammadiyah's services in West Sulawesi included logistics distribution, public kitchens, psychosocial assistance, health checks, search-and-rescue operations, and debris cleaning.

The institutional visibility of Muhammadiyah's response was also shown by the visit of three national ministers to the Muhammadiyah coordination post in Mamuju on 28 January 2021. The visit included the Minister of Social Affairs, the Coordinating Minister for Human Development and Culture, and the Minister of Women Empowerment and Child Protection. This visit indicates that Muhammadiyah's humanitarian response was not only locally organized but also publicly recognized as part of the broader emergency response system in West Sulawesi.

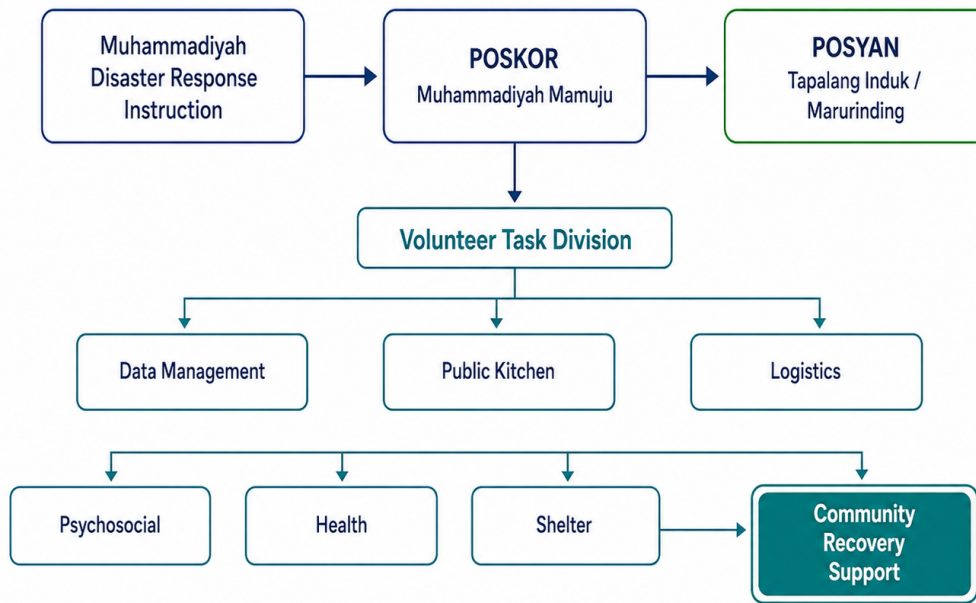


Figure 1. Flow of MDMC Humanitarian Response Coordination in Marurinding

This response structure shows that faith-based humanitarian action in Marurinding was not merely spontaneous charity. It was implemented through a coordinated service mechanism that linked organizational instruction, field-level service posts, volunteer deployment, and direct community support.

Basic Needs Fulfillment as Initial Community Stabilization

One of the most visible forms of MDMC intervention in Marurinding was the fulfillment of basic needs. After the earthquake, affected residents faced shortages of food and daily necessities. MDMC responded by distributing essential goods, including rice, cooking oil, sugar, coffee, tea, milk, bottled water, instant noodles, canned food, soap, toothbrushes, toothpaste, baby supplies, blankets, towels, mats, and tents. These items were distributed through POSYAN MDMC, which also functioned as a logistics storage and coordination point.

The logistics distribution was conducted through data collection and verification. Volunteers checked whether recipients were local residents and coordinated with local authorities to ensure that assistance was delivered fairly and proportionally. This mechanism was important because uncoordinated aid distribution in disaster settings can create jealousy, protest, or conflict among survivors. In contrast, the MDMC distribution system was described by local informants as scheduled and repeated. One local account stated that logistics were distributed approximately once every three days and had been received by the community around ten times during the emergency period.

Table 2. Basic Needs Fulfillment and Initial Community Stabilization

Category	Field Evidence	Stabilization Function
Food supplies	Rice, cooking oil, sugar, coffee, tea, milk, bottled water, instant noodles, and canned food were distributed to affected residents (Rasmal, interview).	Supported household survival during the emergency period.

Hygiene supplies	Soap, toothbrushes, toothpaste, towels, and washing supplies were included in the logistics distribution (Rasmal, interview).	Helped maintain personal hygiene in evacuation conditions.
Child and baby needs	Baby supplies, including diapers, eucalyptus oil, and baby oil, were distributed to families with infants (Rasmal, interview).	Addressed the needs of vulnerable household members.
Shelter-related items	Blankets, mats, and tents were distributed as temporary living support (Rasmal, interview).	Supported displaced residents in temporary shelters.
Distribution mechanism	Aid distribution was based on data collection, verification, and scheduled distribution through POSYAN MDMC (Amin, interview; Kasman, interview).	Reduced uncertainty and supported organized access to basic needs.

These findings indicate that logistics distribution functioned as more than material aid. The repeated and verified distribution pattern helped stabilize households during the emergency period, reduced uncertainty over basic needs, and created a more predictable form of support for affected residents.

Health, Shelter, and Environmental Support for Recovery

MDMC's humanitarian response also included health services, temporary shelter, clean water, sanitation, and prayer facilities. In the health sector, field data showed that local health services were disrupted because some health workers experienced trauma after the earthquake. In response, Muhammadiyah deployed medical volunteers through the Emergency Medical Team. The team supported health service provision by activating local facilities and establishing treatment tents for residents who were afraid to enter the main health-center building.

This finding is supported by LAZISMU DIY documentation, which reported that Puskesmas Tapalang began operating again on 25 January 2021 after receiving support from the National EMT Muhammadiyah. The health center operated using EMT Muhammadiyah tents for outpatient services and BNPB tents for inpatient services because residents were still afraid to enter and stay inside the health-center building. The report also noted that the puskesmas had temporarily stopped operating because residents, medical workers, and supporting staff evacuated after the earthquake.

MDMC also provided emergency shelter and environmental support. Because many houses in Marurinding were unsafe to occupy, volunteers built temporary shelters for displaced residents. These shelters generally measured 6 × 8 meters or 5 × 8 meters and could accommodate up to two households. In addition to shelter, MDMC supported access to clean water by providing hoses, pipes, water tanks, and water machines. The field data also recorded the construction of two MCK facilities for residents who evacuated to higher ground. Temporary prayer spaces were also established, including one built by MDMC, to support the religious needs of affected residents during displacement.

Table 3. Health, Shelter, and Environmental Support for Community Recovery

Type of Support	Field Evidence and Supporting Data
Health service recovery	EMT Muhammadiyah supported the reactivation of health services at Puskesmas Tapalang through temporary medical tents, as residents were still afraid to enter the health-center building after the earthquake (LAZISMU DIY, 2021).
Temporary shelter	MDMC volunteers built temporary shelters measuring approximately 6 × 8 meters or 5 × 8 meters, which could accommodate up to two households (Field observation, 2021).
Clean water support	MDMC supported clean water access through hoses, pipes, water tanks, and water machines (Field observation, 2021; Amin, interview).
Sanitation facilities	Two MCK facilities were built for survivors staying in evacuation areas (Amin, interview).
Temporary prayer space	A temporary prayer facility was established to support the religious needs of affected residents during displacement (Field observation, 2021).

The combination of health services, shelter, water, sanitation, and prayer facilities shows that MDMC’s recovery support addressed both physical and social dimensions of community life. These interventions helped residents maintain basic routines, access healthcare, and live more safely during the emergency period.

Psychosocial, Spiritual, and Educational Support for Adaptive Capacity

The findings also show that MDMC’s intervention extended beyond material and medical assistance. The organization conducted spiritual, psychosocial, and educational activities to help survivors interpret, manage, and adapt to the post-disaster situation. During the emergency period, at least two religious gatherings were observed, namely on 28 January and 8 February 2021. These gatherings addressed themes such as patience, positive attitudes toward hardship, and religious understanding of disaster.

The spiritual activities were not designed only as ritual instruction. They also functioned as moral reinforcement for affected residents. In one session, the activity was conducted through Zoom so that survivors could interact with Muhammadiyah members from other regions. Through this online interaction, survivors received messages of empathy and support from Muhammadiyah figures and communities outside Marurinding. This activity helped survivors feel that their suffering was socially recognized and shared by a wider community.

MDMC also provided disaster education. Survivors were given explanations about earthquakes, aftershocks, and the importance of not believing hoaxes. A supporting Menara62 report documented that Muhammadiyah volunteers at Posyan Tapalang Induk, Kasambang, Tapalang, organized a disaster education activity on 10 February 2021. The activity involved 155 survivors from 185 assisted residents and presented material on earthquakes, tsunamis, risk, and practical guidance for responding to seismic events, with a resource person from BMKG Mamuju. The same report noted that residents were encouraged not to believe unverified earthquake-related information.

Psychosocial and trauma-healing activities were also carried out, particularly for school-age children. These activities were conducted routinely, generally twice a day,

and included exercise, learning while playing, drawing, Qur’anic learning, storytelling, and group viewing. The activities were facilitated by volunteers, including university students and youth volunteers, under the guidance or supervision of supporting personnel.

Table 4. Psychosocial, Spiritual, and Educational Support for Adaptive Capacity

Activity Type	Field Evidence and Supporting Data
Spiritual reinforcement	Religious gatherings were conducted on 28 January and 8 February 2021, addressing patience, positive attitudes toward hardship, and religious understanding of disaster (Field observation, 2021).
Online solidarity	One spiritual gathering was connected through Zoom, allowing survivors to interact with Muhammadiyah members from other regions (Rasmal, interview).
Disaster education	Survivors received explanations about earthquakes, aftershocks, tsunami risk, and practical guidance for responding to future seismic events. A related report noted that 155 of 185 assisted residents joined an activity with BMKG Mamuju as resource speaker (Menara62, 2021).
Anti-hoax education	Residents were advised not to believe unverified information or hoaxes related to future earthquakes and tsunamis (Menara62, 2021; Field observation, 2021).
Children’s psychosocial support	Trauma-healing activities for children were conducted routinely, generally twice a day, through exercise, learning while playing, drawing, Qur’anic learning, storytelling, and group viewing (Amin, interview; Rasmal, interview).

These findings indicate that adaptive capacity was strengthened through a combination of knowledge, emotional support, spiritual meaning-making, and structured activities for children. By providing explanations about earthquakes, discouraging hoaxes, and creating psychosocial routines, MDMC helped survivors manage fear and gradually rebuild confidence in their everyday lives.

Inclusive Humanitarian Service and Social Cohesion

Another important finding concerns the inclusive character of MDMC’s humanitarian service. Although MDMC is a faith-based organization rooted in Muhammadiyah, its services in Marurinding were directed to affected residents broadly. Assistance was not limited by religion, ethnicity, culture, or organizational affiliation. Aid distribution was organized based on need and urgency, and coordination was undertaken to avoid duplication of assistance.

The inclusive nature of the response was visible in the way MDMC conducted data collection before distributing aid. By verifying recipients and coordinating with local actors, the organization attempted to ensure that assistance reached those who needed it and reduced the possibility of conflict caused by uneven aid distribution. This pattern was also important because multiple organizations and donors were present during the emergency period.

Table 5. Summary of MDMC Interventions and Their Contribution to Community Resilience

Result Theme	Main Evidence	Resilience Dimension
Disaster vulnerability and disruption	185 affected households, unsafe housing, displacement, fear of aftershocks and tsunami rumours.	Vulnerability identification
Organized humanitarian response	POSKOR, POSYAN, ONMOR, 30 volunteers, task division.	Institutional coordination
Basic needs fulfillment	Scheduled logistics distribution based on data collection and verification.	Initial stabilization
Health, shelter, and environmental support	Health tents, temporary shelters, clean water, MCK, and prayer facilities.	Physical and health recovery
Psychosocial, spiritual, and educational support	Religious gatherings, disaster education, anti-hoax education, and trauma healing for children.	Adaptive capacity
Inclusive humanitarian service	Non-discriminatory, need-based, and coordinated assistance.	Social cohesion

Overall, the results show that MDMC’s humanitarian action in Marurinding contributed to community resilience through multiple forms of support. The intervention began with organized emergency response and basic needs fulfillment, continued with health, shelter, water, and sanitation support, and expanded into psychosocial, spiritual, and educational activities. The inclusive and coordinated nature of the service further strengthened social cohesion among affected residents. These findings demonstrate that faith-based humanitarian action can function as a socially embedded model of post-disaster recovery when it combines material assistance, psychosocial support, community education, and inclusive service delivery.

DISCUSSION

The findings show that community resilience in Marurinding was not limited to physical survival after the 2021 West Sulawesi earthquake. The disaster disrupted housing safety, daily routines, access to health services, and residents’ psychological security. The fear of aftershocks and tsunami rumours also created uncertainty that pushed many residents to leave their homes and seek safer places. This condition confirms that post-disaster resilience should be understood as a multidimensional process involving material recovery, psychosocial stability, access to basic services, reliable information, and the restoration of community confidence. This is consistent with Robertson et al. (2021), Pasca et al. (2023), and Zhai and Lee (2024), who emphasize that community resilience is shaped by social ties, institutional support, community competence, and adaptive capacity.

MDMC’s response in Marurinding demonstrates that faith-based humanitarian action can operate as organized and practical care. Through POSKOR, POSYAN, volunteer deployment, and the One Muhammadiyah One Response mechanism, MDMC was able to coordinate logistics distribution, health services, temporary shelter, psychosocial support, and disaster education. This finding supports Nurdin’s (2024)

argument that Islamic faith-based organizations can strengthen bonding, bridging, and linking social capital in post-disaster recovery. It also aligns with Storr et al. (2025), who show that faith communities can contribute to disaster recovery through moral motivation, social trust, and collective support. In this case, religious identity became meaningful because it was translated into structured humanitarian service rather than limited to symbolic or ritual expressions.

The role of *dakwah pencerahan* in this study is also important. The findings indicate that MDMC's humanitarian work was not only expressed through religious gatherings, but also through action-based service such as food distribution, health assistance, temporary shelters, clean water support, sanitation facilities, disaster education, anti-hoax awareness, and psychosocial activities for children. This strengthens Bakhtiar and Salma's (2022) view that Muhammadiyah's humanitarian orientation integrates religious guidance, public communication, health protection, and concrete social service. In Marurinding, *dakwah pencerahan* functioned as an ethical framework that connected religious values with practical efforts to protect life, reduce suffering, and support community recovery.

Another important finding is that organized and verified logistics distribution contributed to social stabilization. Aid was distributed through data collection, verification, and coordination with local actors, making the process more predictable and reducing the possibility of jealousy or conflict among survivors. This shows that humanitarian aid contributes to resilience not only through the materials delivered, but also through fairness, coordination, and trust in the distribution process. This finding is in line with Lee et al. (2022), Zeno-Gonzalez and Butler (2025), and Zhao et al. (2025), who highlight the importance of social capital, relationships, mutual support, and collective action in post-disaster recovery.

The psychosocial, spiritual, and educational components of MDMC's intervention strengthened the adaptive capacity of survivors. Religious gatherings, online solidarity, disaster education, anti-hoax messages, and trauma-healing activities helped residents manage fear, interpret the disaster more constructively, and rebuild confidence in daily life. This is especially relevant because community anxiety in Marurinding was intensified by rumours about future earthquakes and tsunami threats. By combining spiritual reinforcement with scientific disaster education, MDMC helped transform fear and uncertainty into more informed and adaptive responses. This supports Parrott et al. (2023), who found that trauma healing, religiosity, participation, and community cohesion shape resilience in Indonesian disaster contexts.

Finally, the inclusive nature of MDMC's service shows that faith-based humanitarian action does not necessarily operate in a sectarian way. Although MDMC is rooted in Muhammadiyah, its assistance in Marurinding was directed toward affected residents broadly, without discrimination based on religion, ethnicity, culture, or organizational affiliation. This finding supports Sobhaninia's (2024) argument that social cohesion is central to resilient disaster recovery. It also relates to Samson and Warganegara's (2021) view that Indonesian disaster response often involves the productive interaction between religious and secular actors. The case of Marurinding shows that faith-based humanitarian action can strengthen community resilience when it is organized, inclusive, responsive to local needs, and attentive to both material and psychosocial dimensions of recovery.

Overall, this study contributes to the literature by showing how community resilience, faith-based humanitarian action, and *dakwah pencerahan* intersect in a concrete

post-disaster setting. MDMC's intervention in Marurinding was not merely emergency relief, but a socially embedded humanitarian practice that supported basic needs, health access, shelter, psychosocial recovery, disaster knowledge, and social cohesion. The empirical findings show that MDMC's coordinated service posts, repeated logistics distribution, health and shelter support, clean water and sanitation facilities, spiritual activities, anti-hoax education, and children's psychosocial support formed an integrated contribution to community resilience.

CONCLUSION

This study concludes that MDMC's faith-based humanitarian action contributed to strengthening community resilience in Marurinding after the 2021 West Sulawesi earthquake. The resilience of the affected community was not built only through physical assistance, but through a combination of organized emergency response, basic needs fulfillment, health services, temporary shelter, clean water, sanitation facilities, psychosocial support, spiritual reinforcement, disaster education, anti-hoax awareness, and inclusive service delivery. These interconnected interventions helped residents regain access to safety, basic services, information, emotional support, and social confidence during the emergency period.

The findings show that MDMC's intervention was not merely spontaneous charity, but a coordinated humanitarian practice implemented through POSKOR, POSYAN, volunteer deployment, and the One Muhammadiyah One Response mechanism. Through this structure, religious values were translated into practical forms of care that addressed both material and psychosocial needs. In this context, dakwah pencerahan functioned as an ethical foundation for humanitarian action, where religious commitment was expressed not only through spiritual guidance, but also through concrete services that protected life, reduced suffering, and supported recovery.

This study also highlights that faith-based humanitarian action can strengthen social cohesion when it is carried out inclusively and based on community needs. MDMC's assistance in Marurinding was directed to affected residents broadly, without discrimination based on religion, ethnicity, culture, or organizational affiliation. The coordinated and verified distribution of aid helped reduce uncertainty and potential tension among survivors, while psychosocial and educational activities helped residents manage fear and develop more adaptive responses to disaster-related risks. Therefore, the case of MDMC in Marurinding demonstrates that faith-based humanitarian organizations can play an important role in local post-disaster recovery when their interventions are organized, inclusive, educational, psychosocially sensitive, and grounded in community needs. The study contributes to discussions on community resilience by showing that resilience is strengthened not only through infrastructure and material support, but also through social trust, moral support, reliable information, and collective recovery practices. Future studies may compare MDMC's response across different disaster-affected communities to further examine how faith-based humanitarian action operates in diverse local contexts.

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