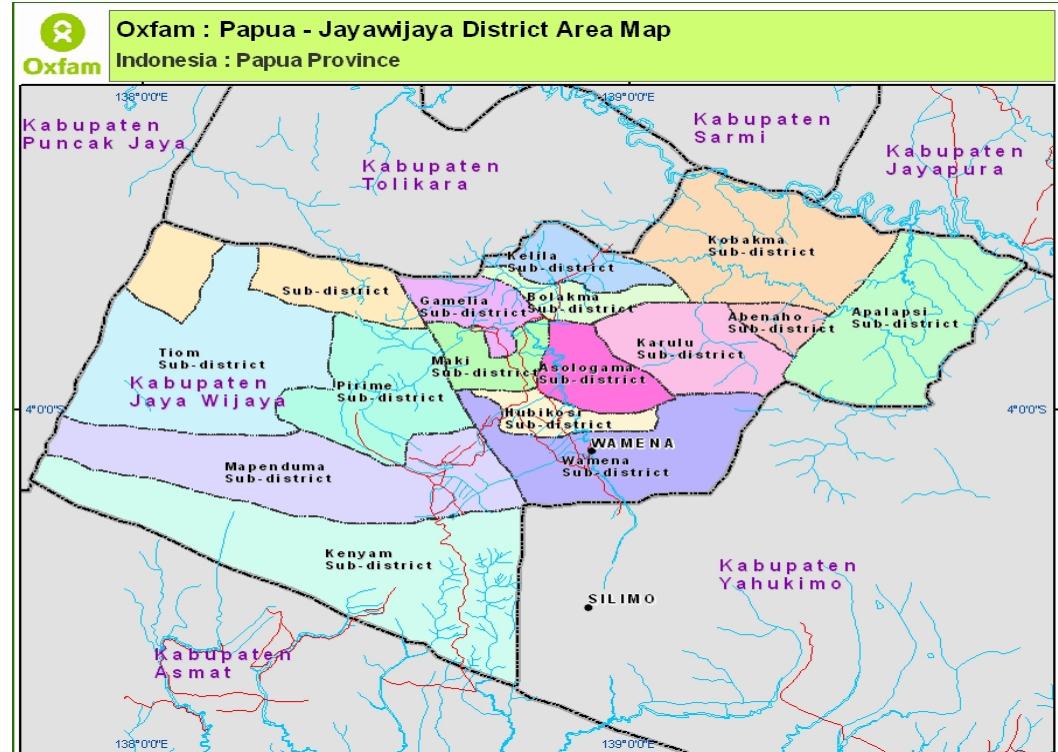


Papua innovative approach - where local practices and knowledge bred together to inform a successful Cholera intervention



- Cholera outbreak started in March 2006 but first reported in Mid April
- 41 villages in 9 of the 33 sub-districts affected
- Number of people directly at risk in the 9 sub-districts - 125,787
- By Mid May 2006 a total of 4,993 cases with 169 deaths had been reported

Jesee Wainaina Kinyanjui
Humanitarian support personnel - Oxfam GB

What made the Papua response challenging,



- a) Logistically, Papua is a nightmare - Very far from the rest of Indonesia, highly mountainous and inaccessible by road
- b) Villages are far flung – difficult to reach significant numbers with immediacy
- c) Papuan communities exhibit with very strong cultural practices (e.g touching dead bodies and feasting at funerals) and are very suspicious of contradictory ideas coming from outsiders
- d) Papuans are highly gregarious (attend many community gatherings and ceremonies,) highly mobile (especially males) and usually walk long distances across mountains to attend ceremonies
- e) Lack of credible data (past and concurrent)
- f) Poor communication means – inexistent in most places
- g) Most of the Papuan communities are illiterate and have low socio economic means
- h) Lack of coordination
- i) Few humanitarian actors

Oxfam's response strategy

Development of a pooled structure (both at coordination and implementation levels) – ensure that the government and all NGOs/Churches on ground pool resources and efforts (Vehicles, Helicopters, supplies, human resources and data) together to enhance coverage, synergy and coordination.

Development of an infused response model taking into account strong cultural practices – most of which were firing up the spread.

Identification and promotion of culturally acceptable materials at community's disposal that could be used in prevention and control

Development of MOH and local community public health fabric that would aid in the response and continue acting as first line response mechanism in future outbreaks



Actual activities implemented

Support to WATSAN activities at the CTC and Wamena hospital

Heightened community education and engagement targeting community ceremonies – [Baliem valley festival](#)

Establishment and training of 500 PODs (pos opat desa) or Community Based Health Structures in the affected nine sub-districts - [F Diagram training kit , training posters](#)

Promotion of home made oral rehydration based on sweet potato salt solution

Basic training and means to the POD structures to conduct point of use water chlorination and communal hand washing during large community gatherings/ceremonies – [Hand washing during ceremonies](#)

Provision of necessary NFIs e.g. Soap, ORS, Aquatabs and water containers

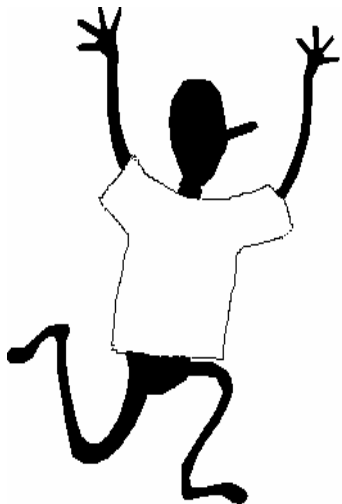
key achievements of the intervention

Proper coordination, allocation and sharing of resources
Improved status of CTC arrivals - Mainly at ORS stage

Highly successful community education and enangament through the PODs - HH random survey results, Gauging Behaviour modification - water testing

Built a strong fabric of village based public health support structures that will remain useful post response period
- Post POD training survey results

Made the community belief in what they have at their disposal by not contradicting their local practices but by adding acceptable rituals to block inimical health practices



Key recommendations

Need to go beyond community education to include community engagement

Although time consuming, it is essential to understand and consider some of the affected communities' ways of life, its influence on the spread of the outbreak and how it can be modified to inform prevention and control

Need to separate CEE during acute phase (immediacy, wide coverage, relevance) and connectional public health promotion

The need to develop a 'pick and go' guide/checklist on emergency public health community education and engagement – pre-emptive & wide coverage

Important for organisations to move fast and educate & engage communities during the acute phase of the emergency -