



**Emergency Humanitarian Aid Decision**

**23 02 01**

Title: Emergency Humanitarian Aid for the population of the Province of Papua in Indonesia affected by a cholera outbreak.

Location of operation: INDONESIA

Amount of Decision: EUR 367,000

Decision reference number: ECHO/IDN/BUD/2006/01000

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**Explanatory Memorandum**

**1 - Rationale, needs and target population:**

On April 25<sup>th</sup>, an outbreak of diarrhea was reported to have killed 58 residents within a few weeks<sup>1</sup>, in three highland districts of Papua, Indonesia (Jayawijaya, Yakuimo and Tolikara). A few days later the health authorities, based on tests from three laboratories<sup>2</sup>, confirmed that the outbreak was due to cholera (*Vibrio Cholerae* Type Ogawa), although some<sup>3</sup> fatal diarrhea cases are believed to have a different, unidentified origin. As of May 6<sup>th</sup> 4,015 cases and 160 deaths had been reported<sup>4</sup>. The number of casualties is however believed to be grossly under-estimated, as some cases in remote areas were not reported. The reported cases are distributed as follows:

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<sup>1</sup> The outbreak is thought, with no certainty, to have originated from the non-hygienic food served during a tribal ritual on March 16<sup>th</sup>.

<sup>2</sup> 28 of March. Referral Health Laboratory of Surabaya, Java. Six samples out of eight received on the 24 of March resulted positive to *Vibrio Cholerae* Type Ogawa

7 of April. Referral Health Laboratory of Surabaya, Java. Two samples out of seven received on the 4 of April resulted positive to *Vibrio Cholerae* Type Ogawa

25 of April. Provincial Health Laboratory of Jayapura, Papua. Two samples out of thirteen received on the 11 of April resulted positive to *Vibrio Cholerae* Type Ogawa

3 of May. Central Referral Health Laboratory of Jakarta, Java. Seven samples out of eight received on the 1st of May resulted positive to *Vibrio Cholerae* Type Ogawa.

<sup>3</sup> Source: Oxfam UK

<sup>4</sup> Exact breakdown of casualties caused by cholera and casualties caused by bloody or another type of diarrhoea is unknown, since local laboratories do not have the capacity to test all cases.

<b>Sub-District</b>	<b># of cases</b>	<b># of deaths</b>
Wamena	67	0
Asologaima	557	32
Kurulu	1,540	67
Bolakme	50	4
Welelagama	307	2
Asolokobal	153	3
Musalfak	155	18
Hubikosi	734	21
Hom-hom	180	1
Wamena Hospital	272	12
<b>Total</b>	<b>4,015</b>	<b>160</b>

The above table shows that cholera cases have quickly spread over a large area. 133,787 persons are estimated to be at risk by the local health authorities in the nine sub-districts in which cases have appeared<sup>5</sup>.

The situation is further complicated by the poor response capacity of the health system in the affected districts. At Wamena hospital, the hospital of reference for the outbreak, cholera patients are not isolated from other patients, water is not safe to drink and sanitary conditions are deplorable. In addition, the hospital counts only four medical doctors and 190 beds, and medical supplies and basic equipment are lacking.

The affected districts are located in under-developed and isolated areas of the highlands of Papua, which is one of the least developed provinces of Indonesia and counts only minimal infrastructure. As a consequence, access to the affected areas is difficult and limits the effectiveness of the response to the outbreak.

Local authorities and humanitarian agencies have reacted to the outbreak, but they have so far failed to contain the spread of the disease. Local authorities have increased the resources allocated to the crisis. Three teams of 4-6 nurses have been mobilised to do case findings in the villages. The Health Department in Jakarta has sent a team of six experts, and authorities radio-broadcast health and hygiene prevention messages.

There are only three humanitarian organizations currently addressing the outbreak: OXFAM United Kingdom (OXFAM UK), Medecins Sans Frontieres Belgium (MSF-B), and the United Nations Children's Fund (UNICEF). UNICEF is supporting the local health authorities in distributing Oral Re-hydration Salt (ORS) and jerry cans. After conducting a medical assessment in April-May, MSF Belgium plans to get involved in patient treatment and the construction of a Cholera Treatment Center. OXFAM UK began working on water, sanitation and hygiene issues with the deployment of a team of nine staff on May 8<sup>th</sup>.

<sup>5</sup> Source: Papua Health Crisis Centre  
ECHO/IDN/BUD/2006/01000

The present cholera outbreak follows a previous severe diarrhea outbreak that caused an estimated 300 deaths in September – December 2006 in Yahukimo district, also located in the province of Papua.

The emergency humanitarian aid proposed in this Decision is needed to avoid further deaths in the affected sub-districts and to contain the outbreak before it spreads to neighboring areas, causing further casualties.

## 1.2. - Identified needs:

### **Wamena Hospital**

Jayawijaya is the district most affected by the outbreak. It has one main hospital in its capital Wamena to which cholera and serious diarrhea cases are being referred. Cholera being a very contagious disease, the hospital lacks the basic conditions to respond to a serious outbreak<sup>6</sup>:

- No isolation of cholera cases.
- Minimal hygiene conditions are missing: safe drinking water is not provided to the patients; solid and medical waste is not appropriately handled and the hospital does not have an incinerator; septic tanks are over spilled and water sources (water tanks, kitchen water, boreholes) are highly polluted by faecal coliforms (E. coli reaching 1800 coliforms/100 ml according to the Hospital Director).
- There are only four medical doctors and 120 paramedics on duty for 190 beds. According to the director of the hospital, the budget allocated by the local government has been divided by 10, which prevents staff from being paid and medical supplies from being purchased. The cleaning service is run on ad-hoc basis by casual workers who do not know appropriate cleaning techniques.

### **Health Situation outside of Wamena**

Outside Wamena, the health system is not prepared to deal with an outbreak of this magnitude, which, given the spread pattern of the cases, further complicates an effective response. Health centres are concentrated around the town and other smaller urban centres. Many of them lack trained staff, as well as medicines and basic equipment.

At district level, the epidemiological surveillance system is dysfunctional. Health records are not reported from health posts at sub-district and district levels and the referral system for cholera and diarrhea cases is not functioning properly. The number of health workers available to conduct active case finding and treatment in the communities is insufficient.

In the villages, water supply is usually unsafe to drink, knowledge of the basic principles of health and nutrition is very poor, and cash income is small, creating a favourable environment for diseases to spread quickly and making it hard for families to prevent illness

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<sup>6</sup> Source: Oxfam UK, Preliminary Assessment Report April-May 2006

or to follow through on appropriate treatment. Even without the cholera, the infant mortality rate (deaths under 1 year) is 98 per 1000 live births.<sup>7</sup>

### **Needs in the water and sanitation sector**

As mentioned above, the medical side of the response to the outbreak will be covered by MSF Belgium with private funds. Hence, this Decision will focus on the water and sanitation component of the response. The main outstanding needs are the following:

- Inadequate water and sanitation systems in the health facilities: water supply is unsafe; the number of latrines is insufficient; hygiene conditions are poor and the existing solid and medical waste disposal mechanisms are inadequate for a cholera and diarrhoea outbreak.
- Health and sanitation staff is not aware of the strict hygiene measures that the treatment of cholera patients requires.
- The affected population is not aware of the importance of simple preventive hygiene measures such as boiling water before drinking it or washing hands before preparing food.
- Outside Wamena, dehydration of patients needs to be treated before referral to the hospital.
- At the village level, the population lacks the means to disinfect the water.

#### **1.3. - Target population and regions concerned:**

Papua is one of the least developed provinces of Indonesia, and one of the most difficult to access. The central highlands of Papua are even more isolated since transport links are limited to walking and to air traveling. The Jayawijaya district, the district most affected by the cholera outbreak can only be reached by plane, the main airport being in Wamena, the district's capital. The two other affected districts, Yahukimo and Karuma districts<sup>8</sup>, are also isolated.

The total population of Jayawijaya district is 300,493<sup>9</sup> over an area of 35,763 sq km. The vast majority of the population is living on subsistence agriculture.

The Decision will primarily target the almost 134,000 people at high risk in the nine sub-districts of Jayawijaya district where cholera cases have already been reported (41 villages in 9 of the total 33 sub-districts)<sup>10</sup>. The nine affected sub-districts surrounding Wamena are accessible by road from the district capital, although most villages are only accessible by foot. The breakdown of the population at risk in the sub districts is as follows: Wamena (36,443), Asologaima (19,134), Kurulu (11,473), Bolakme (11,225), Welelagama (8,276), Asolokobal (11,993), Musalfak (8,222), Hubikosi (10,330), Hom-hom (16,691)<sup>11</sup>.

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<sup>7</sup> Source: WATCH Project Report, 1999.

<sup>8</sup> Source: Report from the Provincial Health Office Team, Field Assessment 16 – 24 March

<sup>9</sup> Source: Information Central Bureau of Statistics, Jayawijaya Regency 2002

<sup>10</sup> Source: Papua Health Crisis Centre

<sup>11</sup> Source: Oxfam UK

#### 1.4. - Risk assessment and possible constraints :

The achievement of this Decision's objective could be affected by the following risks:

- Cholera may spread at an unexpected speed to other districts of Papua, which are difficult to access. The response capacity of the local health system and of humanitarian organizations would in that case be stretched and additional resources may be needed to treat and contain the disease.

- Papua is a province where tensions between the Indonesian Authorities and the indigenous population have led to security incidents in the last few months. Travel permits are requested to enter the Province. The security situation could deteriorate in Papua, making it difficult for actions foreseen in this Decision to be implemented.

## **2 - Objectives and components of the humanitarian intervention proposed:** <sup>12</sup>

### 2.1. - Objectives :

Principal objective:

To reduce and prevent mortality and morbidity caused by a cholera outbreak in the Province of Papua, Indonesia

Specific objectives:

To provide safe water supply and sanitation to the population affected by a cholera outbreak in the Province of Papua in Indonesia

### 2.2. - Components :

- Provision of water and sanitation facilities in the health structures: chlorination of all water sources and delivery systems, construction and rehabilitation of water supply systems and latrines, construction of solid waste disposal incinerator, bathing facilities, hand washing facilities.

- Training of health and sanitation staff to improve the quality of sanitary services in the health facilities.

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Grants for the implementation of humanitarian aid within the meaning of Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid are awarded in accordance with the Financial Regulation, in particular Article 110 thereof, and its Implementing Rules in particular Article 168 thereof (Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, OJ L248 of 16 September 2002 and No 2342/2002 of 23 December 2002, OJ L 357 of 31 December 2002).

Rate of financing: In accordance with Article 169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action.

- Public health promotion campaigns for the populations at risk focusing on hand-washing and water-boiling. Provision of soap and hygiene kits.
- Provision of medical supplies, in particular ORS for re-hydration of seriously-affected people prior to referral and aquatab<sup>13</sup> to purify drinking water.

### **3 - Duration expected for actions in the proposed Decision:**

The duration of humanitarian aid operations shall be 6 months.

Expenditure under this Decision shall be eligible from **1 May 2006**.

If the implementation of the actions envisaged in this Decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the humanitarian aid operations.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. In this respect, the procedure established in the general conditions of the specific agreement will be applied.

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<sup>13</sup> Water purification tablets



## 5 - Other donors and donor co-ordination mechanisms:

### Donors in INDONESIA the last 12 months

1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria		DG ECHO	10,000,000		
Belgium	1,000,000	Other services			
Cyprus					
Czech republic					
Denmark					
Estonia					
Finland					
France	430,000				
Germany					
Greece					
Hungary					
Ireland					
Italy					
Latvia					
Lithuania					
Luxemburg					
Malta					
Netherlands					
Poland					
Portugal					
Slovakia					
Slovenie					
Spain	1,500,000				
Sweden	6,723,429				
United kingdom					
Subtotal	9,653,429	Subtotal	10,000,000	Subtotal	0
		Grand total	19,653,429		

Dated : 12/05/2006

(\*) Source : DG ECHO 14 Points reporting for Members States. <https://webgate.ec.europa.eu/hac>

Empty cells means either no information is available or no contribution.

## 6 - Amount of decision and distribution by specific objectives:

6.1. - Total amount of the decision: EUR 367,000

### 6.2. - Budget breakdown by specific objectives:

<b>Principal objective: <i>To reduce and prevent mortality and morbidity caused by a cholera outbreak in the Province of Papua.</i></b>			
<b>Specific objectives</b>	<b>Allocated amount by specific objective (EUR)</b>	<b>Geographical area of operation</b>	<b>Potential partners<sup>18</sup></b>
<b>Specific objective 1: To provide safe water supply and sanitation to the population affected by a cholera outbreak in the Province of Papua in Indonesia</b>	<b>367,000</b>	<b>Province of Papua</b>	<b>OXFAM - UK</b>
<b>TOTAL: 367,000</b>			

## 7 - Budget Impact article 23 02 01 :

-	CE (EUR)
Initial Available Appropriations for 2006	470,429,000
Supplementary Budgets	-
Transfers	-
<b>Total Available Credits</b>	<b>470,429,000</b>
Total executed to date (by 12/05/2006)	314,550,000
Available remaining	155,879,000
<b>Total amount of the Decision</b>	<b>367,000</b>

**COMMISSION DECISION**  
**of**  
**on the financing of emergency humanitarian operations from the general budget of the**  
**European Union in**  
**INDONESIA**

**THE COMMISSION OF THE EUROPEAN COMMUNITIES,**

Having regard to the Treaty establishing the European Community,  
Having regard to Council Regulation (EC) No.1257/96 of 20 June 1996 concerning humanitarian aid<sup>19</sup>, and in particular Article 13 thereof,

Whereas:

- (1) On 25 April 2006, an outbreak of cholera and fatal diarrhea was confirmed in the province of Papua, Indonesia.
- (2) As of May 6<sup>th</sup>, 4,015 cases and 160 fatalities had been officially reported and 133,787 people are estimated by local health authorities to be at risk.
- (3) Assessments undertaken by humanitarian organizations show that the response capacity of the local health system is insufficient and that adequate water supply and sanitation in health facilities are lacking.
- (4) Humanitarian aid operations financed by this Decision should be of a maximum duration of 6 months.
- (5) It is estimated that an amount of EUR 367,000 from budget line 23 02 01 of the general budget of the European Union is necessary to provide humanitarian assistance to 133,787 persons living in the area affected by a cholera outbreak in the Province of Papua, taking into account the available budget, other donors-contributions and other factors.

HAS DECIDED AS FOLLOWS:

*Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of EUR 367,000 for emergency humanitarian aid operations to provide the necessary assistance and relief to people living in areas affected by a cholera outbreak in INDONESIA by using line 23 02 01 of the 2006 general budget of the European Union.

2. In accordance with Article 2 (a) of Council Regulation No.1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objectives:

- To provide safe water supply and sanitation to the populations affected by a cholera outbreak in the Province of Papua in Indonesia.

The total amount of this decision is allocated to this objective.

*Article 2*

1. The implementation of humanitarian aid operations funded by this Decision shall have a maximum duration of 6 months from their starting date.
2. Expenditure under this Decision shall be eligible from 1 May 2006.
3. If the operations envisaged in this Decision are suspended owing to force majeure or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the humanitarian aid operations.

*Article 3*

This Decision shall take effect on the date of its adoption.

Done at Brussels,

For the Commission

Member of the Commission