

**HISTORICAL REVIEW  
OF THE  
JAYAWIJAYA  
WOMEN AND THEIR CHILDREN'S HEALTH  
(WATCH)  
PROJECT**

**1991 – 2000**

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## **EXECUTIVE SUMMARY**

The WATCH project was simultaneously a bilateral project between the Australian government and the Indonesian government, a NGO project about women and children's health, and a pilot project for Primary Health Care in the highlands of Irian Jaya. As such it was pioneering, adventurous and innovative and acted as a bridge between the District Health Office, the NGO sector and the community. This document outlines the changes in project interventions and approaches over time. At times these changes are considered to be adaptations to an increased understanding of issues relevant to the physical, cultural and social environment of Jayawijaya. At other times it questions whether the projects' approach was the most appropriate and effective. As this document offers critical comments about what can be learned from the WATCH project it is especially useful for future development planners in the highlands of Irian Jaya.

This document was written at the request of the World Vision Australia, the managing organisation for the Jayawijaya WATCH Project. It is an element of the final project documentation framework and aims to contribute to the refinement of WATCH Project outcomes and experiences into a model for primary health care (PHC) for Jayawijaya and other similar Highlands areas of Irian Jaya.

It has been broken down into three major sections. The first section provides background information regarding Jayawijaya District and the WATCH Project. This includes information on the physical, social and political / administrative environment in which the project operated as well as an overview of the development of the project and brief descriptions of the main organisations with whom WATCH collaborated. Whilst much of this information is arguably peripheral to the analysis of the WATCH Project itself, we consider its inclusion important for two reasons. First, this information helps to contextualise the WATCH Project and therefore helps us to better comprehend the agents and structures that WATCH worked with and within. Secondly, we feel that this information is in itself quite valuable for orienting future development activities in Jayawijaya and that whilst WATCH had collected much information of this nature it had not been adequately described, at least in any one written report, elsewhere in the documentation of WATCH.

The second section attempts to provide a detailed account of the specific programs and activities undertaken in the course of the WATCH project. As the arrangement of project activities into programs and sub-programs altered over the course of four different project phases, for the purposes of ease and clarity of description, we have applied a somewhat conflated and re-organised structure which draws on elements of the structure applied in the different phase of the project. However, we also consider that the way in which project activities are structured into programs can impact upon the degree to which they are emphasised, their perceived purpose within the broader project strategy and/or the light in which they are presented to target groups. Therefore, we have also attempted outline the way in which programs and activities were structured during the different phases of the project. The

structure we have applied and the implementation of different activities during different phases of the project is also displayed in a tabular form in Annexe 1. As project activities were often integrated between different programs and sub-programs there are many instances where the activities have been described as an element of more than one program. Where this is the case other sections of the document which describe the same or similar activities have been cross-referenced. This section is also sprinkled with critical comments or points about lessons that can be extrapolated from the description of activities. These comments have italicised to stress the shift to more subjective analysis.

The final section responds to the major issues that emerged in the project. Titled 'issues and lessons learned' it provides further critical analysis of the main themes running through the project.

My husband and I were initially contracted to go to Wamena in early 2000 to work with WATCH in the roles of Monitoring and Evaluation Coordinator and Project Documenter and thus assist with the final documentation of the project. In light of the worsening political crisis in Irian Jaya and the cool relations between the governments of Australia and Indonesia it proved difficult to obtain the diplomatic visas required for expatriates working on a bilateral project. Consequently the scope of our project documentation activities were significantly curtailed with this document ultimately being prepared by means of a desk search of project documents held by World Vision Australia, consultation with the Project Director, Mr. Andrew Newmarch, and very only limited consultation via e-mail or telephone with the project field staff.

Working through the WATCH project files held by WVA in Melbourne constantly reminded us of a place we are extremely fond of. As we lived in Wamena from 1993-1997 and had some involvement with the project during this time, we knew the staff from WATCH as well as many of the people, organisations and constraints they were working with. Thus we were able to be sensitive to the dynamics between the project and their target communities and between the project and the government and NGO sectors. This level of insight was an asset when we wrote this document as it helped us to extrapolate from the data as the documentation held in these files did not contain many of the Indonesian language documents as these were held in the project office in Wamena. As this is a historical document gaps and inconsistencies are inevitable.

In writing this document we attempted to maintain as critical a stance as possible to the project, despite our personal involvement and self-admitted admiration for many of the project's achievements. It is our heartfelt belief that such a questioning stance is imperative if the successes of the WATCH Project are to be further built upon rather than reified as a static and easily replicable model for PHC in Jayawijaya. As such the reader should be fully conscious that this work constitutes our own opinions which do not necessarily reflect those of World Vision Australia (WVA), World Vision International Indonesia (WVII), the staff of the Jayawijaya WATCH Project or any other stakeholders in the project.

# MAP 1.

## MAP 2.

## MAP 3.

## MAP 4.

## MAP 5.

# SECTION I

## BACKGROUND TO THE JAYAWIJAYA WATCH PROJECT

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### 1. BACKGROUND

#### 1.1 IRIAN JAYA / PAPUA PROVINCE

Irian Jaya or Papua Province<sup>1</sup> is the largest of 26 provinces that make up the Republic of Indonesia. It occupies the western half of the island of New Guinea with a total area of approximately 422,000 km<sup>2</sup> and an estimated population of around 2.2 million people. Irian Jaya is a very poorly developed area with few roads or towns and a health care system that less than adequately services its widely scattered population. It is also a region undergoing very rapid change with many people migrating from other parts of Indonesia, taking land to build towns, clearing forests, mining the rich mineral resources and bringing with them new diseases which can cause havoc amongst previously isolated communities. An estimated 77% of the population lives in rural areas but this is rapidly changing with Western Indonesians migrating to the area in great numbers, Irianese youth flocking to urban centres and whole communities being encouraged to move to urban centres or roadside locations.

Up until 1997 the province was divided into nine districts (*kabupaten*). These were Jayapura, Jayawijaya, Paniai, Sorong, Merauke, Manokwari, Yapen-Waropen, Fak-Fak, and Biak. In 1997 Paniai District was split to become Paniai, Puncak Jaya and Nabire Districts and Fak-Fak District was split to form Fak-Fak and Mimika Districts (Refer to map 1 for the location of the 12 districts of Irian Jaya Province). The economy of Irian Jaya depends on mining, timber and commercial fishing industries but the vast majority of the population of Irian Jaya are still engaged in subsistence agriculture and fishing which contribute to around 25% of the GDP.

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<sup>1</sup> At the time that this report was prepared the name of this province was a contentious issue. When the area first came under Indonesian administration in 1962 it was renamed from Netherlands New Guinea to Irian Barat or West Irian. It was subsequently renamed Irian Jaya by President Suharto in 1969. During 1998-1999 many Papuans, including members of the separatist movement, pushed for the name to be changed to Papua or West Papua. Whilst President Wahid initially agreed to change the name to Papua Province in mid-1999 this change has not yet been ratified by the Indonesian Legislature. Given that this report was prepared on behalf of a bilateral Australian – Indonesian project, it has been deemed most appropriate to use the Irian Jaya as this is still the officially recognised name of the province. However, we also recognise that some parties may consider this name to be defunct and apologise for any offence caused.

The Government of Indonesia's (GOI) fifth five-year development plan (REPELITA V) which commenced in 1989, espoused a 'go east' policy with Irian Jaya being singled out as a province in need of rapid development. Within Irian Jaya, the central highlands districts of Paniai and Jayawijaya, home to around 24% of the provinces' population, were considered to be the highest priority for development activities, including health.

Most tourist guide books refer to Irian Jaya as one of the most primitive and wildest places on earth where lost tribes roam and the unknown or unexpected lurks around every corner. Whilst these accounts are colourful so as to attract their audience, it can be genuinely claimed that Irian Jaya is one of the least known and wildest places left on earth. Large areas of the province remain uncharted, around three quarters of the entire land area is still covered by primary rainforest, a number of tribes remain effectually beyond the control or influence of governments and missions, and groups of supposedly unknown tribes are occasionally 'discovered'. Furthermore, the body of literature covering the ecology, flora, fauna, cultures and many other aspects of this region remains very limited.

## **1.2 KABUPATEN JAYAWIJAYA / JAYAWIJAYA DISTRICT**

The Jayawijaya district is a predominantly highland area in the centre of the eastern part of Irian Jaya. To the north is Jayapura District, to the south Merauke District, to the west Puncak Jaya District and to the east lies Papua New Guinea. The area of Jayawijaya district is just under 53,000 square kilometres or approximately 12.7% of the area of Irian Jaya. There are an estimated 426,640 people living in Jayawijaya with only a small percentage of these living in urban conditions in the district centre Wamena. Many culturally and linguistically diverse people live in this district. The terrain is extremely rugged with around ten of highest peaks in the whole island located within the district. This makes most of the area inaccessible and almost all transportation is either by foot or light aircraft.

The district capital of Jayawijaya is Wamena, a small town located of around 40,000 inhabitants in the fertile Grand Baliem Valley. The Dani people, who inhabit the Baliem Valley and the Lani and Walak people inhabiting the region west of the Baliem receive the majority of government and non-government support and services. The tribes living in the more remote areas east and south of the Baliem receive much less aid due to the inaccessibility of their communities. A road link between Wamena and Jayapura has been under construction since the early 1990s but progress has been extremely slow as during each rainy season major sections of the road are destroyed. To date the road remains unpassable for vehicular traffic and air transportation remains the only between Wamena and other cities in Irian Jaya.

There is currently no mining or commercial scale logging activities in Jayawijaya, however, several mining companies including Conoco, Ingold and Freeport McMohan are prospecting there. Jayawijaya is the main tourist attraction in Irian Jaya with thousands of tourists arriving each year to view the curious Dani people, many of whom still wear their traditional dress, the penis gourd, and/or to trek through the rugged mountain country. Beginning in the late 1980s Jayawijaya was singled out as an area of high priority for development activities including health. This was because a large percentage of the provinces' population lived in this district and because a range of social and health development indicators highlighted the district as an area that was significantly under-developed.

### **1.3 ETHNOGRAPHIC SKETCH**

At a glance the cultural groups in Jayawijaya look homogenous. There are many people who view them as primitive people who cultivate sweet potato, keep pigs for exchange, wear phallic symbols and are polygamous. While there are similarities in the cultural characteristics of Jayawijayans these should not be emphasised at the expense of differences as differences can determine why development activities may have different results in different areas. Conversely paying attention to differences can allow planners to better plan activities to produce better outcomes.

According to the classification system employed by the Summer Institute of Linguistics (SIL) there are 30 known ethnolinguistic groups inhabiting different parts of Jayawijaya. These can be broken down into three major and two minor ethno-linguistic complexes<sup>2</sup>. The three major groups are the Dani-Ngalik, the Mek and the Ok group. The two minor groups are the Sepik and the Lakes Plain Group.

#### **Dani-Ngalik**

The Dani-Ngalik language group is the largest in Jayawijaya and also in Irian Jaya. In Jayawijaya alone there are an estimated 250,000 native speakers of 12 Dani-Ngalik languages and these groups inhabit most of the western half of Jayawijaya. In the Grand Baliem Valley the Dani<sup>3</sup> people undoubtedly inhabit the prime piece of real estate in Jayawijaya. Their valley has fertile alluvial soils and a moderate climate that has allowed them to develop intensive agriculture and one of the highest

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<sup>2</sup> Refer to Map V. & Annexe 2 for more details on the distribution and extent of the ethno-linguistic groups in Jayawijaya.

<sup>3</sup> Literature covering the Grand Valley Dani includes the work of Peters (1975, 1991), Karl Heider (1969, 1970, 1972a, 1972b, 1972c, 1973, 1975a, 1975b, 1975c, 1975d, 1976a, 1976b, 1977), Robert Gardener (1964, 1968, 1969), Broekhuijse (1967), Leslie Butt (1994, 1998, 1999, n.d.a, n.d.b), Muridan Widjojo (1990, 1993, 1995, 1996), Wetapo (1981), Versteegh (1961), Soenarto (1989), Shankman (1991), Scovil (1975a, 1975b, 1984), La Achmadi (1988), Nico Asso Lokobal (1992, 1997, n.d.a, n.d.b) Myrom Bromley (1956, 1962a, 1962b, 1967, 1970, 1981, 1992) and Larry Naylor (1974).

rural population densities in the world. The Lani<sup>4</sup> inhabit the networks of river valleys in the mountainous areas to the west of the Grand Valley. Whilst in comparison to the Dani their environment is harsh, in comparison to other groups the Lani are well off. The Yali<sup>5</sup>, Nduga and Silimo<sup>6</sup> are examples of groups in Jayawijaya that live in more hostile environments.

The Dani and Lani have comparatively large social structures. Prior to contact it was believed that there were loose confederations of up to 10,000 people in different parts of the Grand Baliem Valley. Although the Lani did not have the huge confederations of the Grand Valley communities they still built big alliances by Jayawijayan standards. Groups in the more hostile regions were smaller and they invested less in trade, ceremony and warfare than the Dani and Lani communities. These activities were more important to the larger and non-hierarchical social groupings for they built the social capital necessary to maintain a degree of harmony.

### **Mek**

The Mek<sup>7</sup> language group is comprised of six languages (Yale - Kosarek, Yale - Nipsan, Kimyal – Koropun/Sela, Kimyal – Nalca, Eipomek and Una) with an estimated total of 30,000 native speakers. These communities are scattered across the mountains in central Jayawijaya (mostly in the large subdistrict of Kurima). The environment inhabited by the Mek is characterised by high rainfalls and steep terrain, particularly south of the range. Formerly known as the Goliath pygmies, the diminutive stature of most Mek seems to be an adaptation to the challenges of an inhospitable environment.

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<sup>4</sup> Ethnographic literature of direct relevance to the Lani includes the work of anthropologists such as Denise O'Brien who conducted her doctoral fieldwork around Karubaga and Kanggime in the upper Toli - Konda Valley during the early 1960s (1964, 1966, 1969a, 1969b, 1969c, 1973, 1974) and Anton Phloeg who conducted anthropological research around Bokondini contemporaneously with O'Brien (Phloeg 1989). Two missionary anthropologists, Gordon Larson (1960, 1962a, 1962b, 1987) and Douglas Hayward (1983a, 1983b, 1997), have also published material on the Lani populations in the Ilaga and Mulia valleys. Studies of health and nutrition amongst Lani communities have been carried out by Carlton Gadjusek (1960a, 1960b) in the Mulia Valley, Eng (1982) in the Makki area.

<sup>5</sup> Literature of direct relevance to the Yali is extremely limited. An anthropologist, Frederik Koch conducted anthropological research amongst the Yali people around Angguruk (Koch 1974) and Zigfried Zollner, a missionary with the ZGK produced a study on myths of the Angguruk Yali (Zollner 1977).

<sup>6</sup> There is basically no ethnographic material on the Nduga and Silimo at present although the research recently conducted by Dr. Kurt Hanevik of MSF may help to fill this gap slightly.

<sup>7</sup> Ethnographic literature relating to Mek groups is quite limited. Jan Godschalk, a missionary with the ZGK, conducted his doctoral research in the Sela Valley (Godschalk 1992, 1988), and a multi-disciplinary team of German researchers conducted research on life in the Eipomek communities in the Eipo River Valley. See (Blum 1979, Büchi 1981, Eibl-Eibesfeldt, Schiefenhövel, and Heeschen 1989, Heeschen 1990, Heeschen and Schiefenhövel 1983, Helmcke 1983, Hiepko and Schiefenhövel 1987, Hiepko and Schultze-Motel 1981, Hoffmann and Hoffmann 1985, Juptner 1983, Koch 1984, Michel 1983, Schiefenhövel 1988, 1989).

Extreme gender bias and imbalance has been observed amongst a number of Mek communities. In particular several authors<sup>8</sup> have noted that extremely skewed sex ratios amongst Mek communities are a result of selectively killing female children. Indeed, the figures listed by Godschalk of ratios of up to 300 boys for every 100 girls in some Mek communities are the most skewed in the literature worldwide. Whilst this figure should be approached with some caution, Schiefenhoovel's (1989) figure of 190:100 amongst Eipomek communities is still exceptionally high by any standard.

### **Ok**

The Ok<sup>9</sup> ethno-linguistic group straddles the Irian Jaya / Papua New Guinea border. In Jayawijaya the group is represented by an estimated 24,000 native speakers of six languages (Ngalum, Kauwol, Ketengban, Iwur, Kopka and Momuna) most of whom are located in the three eastern subdistricts of Ok Sibil, Ok Bibab and Kiwirok. To procure protein and for ritual purposes, the Ok communities hunt game animals such as cuscus, possums, kangaroos and cassowary. Another interesting aspect of communities in this region is that the sweet potato is a much less significant crop than taro. Preference for taro in this area is related to extremely high levels of rainfall making sweet potato horticulture less viable. The use of taro as a staple also means that the human population densities in these areas is much lower as taro horticulture cannot produce the same biomass of food as sweet potato horticulture. It also results in pig raising being a much more limited activity than is the case in western Jayawijaya.

### **The Sepik and the Lakes Plain Group**

Communities who use the two minor ethno-linguistic complexes are lowland hunter-gatherers with very small populations. Working and living in small groups, their main staple is sago palm and fish. It is very difficult to research or develop these groups because they are so inaccessible. An estimated 1,000 to 1,500 native speakers of Sepik<sup>10</sup> languages are found around the headwaters of the Sepik River along the border of Papua New Guinea and the subdistricts of Kiwirok and Ok Sibil. Four Sepik languages (Biksi, Murkim, Lepki and Kimki) have been recorded in Jayawijaya. The representation of the Lakes Plain Language group is extremely limited in Jayawijaya with most speakers living in the neighbouring Jayapura District. There are four languages recorded from this group in Jayawijaya including two Tariku languages (Doutai and Wari) and two languages belonging to the East Lakes Plain language group (Taworta and Dabra). The total estimated number of speakers of these languages

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<sup>8</sup> cf. Schiefenhoovel (1984 & 1989) and Godschalk (1992).

<sup>9</sup> With the exception of Sims' (1992) ethnography on the Ketengban there is almost no ethnographic literature about the Ok groups living within Jayawijaya. However there are ethnographic materials about various Ok groups living in neighbouring PNG such as those by Hyndman (1986, 1984), Healey (1964), Jones (1980), Jorgensen (1983), Schuurkamp (1995) and Craig (1990).

<sup>10</sup> There are no ethnographic materials available on Sepik groups in Irian Jaya. However, the doctoral thesis by Gilbert Aguilar Lewis (Lewis 1972) on medical beliefs in West Sepik communities in PNG is probably highly relevant for those seeking to understand Sepik groups in Irian Jaya.

is 1,650 people. These lowland peoples inhabit the freshwater swamps of the Mamberramo basin or Lakes Plain. Transportation in their areas is almost entirely by boat.

### **Others**

There are also several unclassified languages including Kembra and Yetfa, several language groups whose territory probably extends into the district, including the swamp dwelling Asmat and the Korowai<sup>11</sup> who live in high tree houses. Finally, there are in all likelihood, a number of small ethno-linguistic groups, particularly along the northern and southern boundaries of the district and in the Star Mountains Sub-districts who are yet to come into contact with the missionaries or government.

## **1.4 MISSION INFLUENCE**

In Jayawijaya the first mission was established in the lower Grand Baliem Valley by CAMA in 1954<sup>12</sup>. Soon after the Catholic Franciscan order (OFM) built a mission in Wamena. Throughout the 1960s mission presence and in particular Protestant denominations, spread rapidly. In general Protestant denominations penetrated western Jayawijaya while the Catholics focused on converting the Grand Valley and areas in the three Star Mountains subdistricts. From the 1960s to the end of the 1980s missions were the prime force for development in remote communities in Jayawijaya building schools, health services and agricultural projects. Missionary presence peaked in the 1980s and then quickly dissipated by the late 1980s and early 1990s as the GOI moved to restrict the numbers of missionaries operating in Jayawijaya and sought to take greater responsibility for the provision of health and education services in Jayawijaya. Today only a handful of expatriate missionaries remain<sup>13</sup>. However their legacy remains very strong and many indigenous people consider themselves Christian. Moreover the people of Jayawijaya still rely on the Mission Aviation Fellowship (MAF) and Associated Mission Aviation for transporting people and goods to certain remote areas and many communities are still reliant on other mission provided services such as schools, health facilities and agricultural extensions.

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<sup>11</sup> For an ethnographic account of the Korowai refer to Enk (1997)

<sup>12</sup> For an account of the mission history in Jayawijaya see Hitt (1962).

<sup>13</sup> For more detail on the extent of mission influence and presence in Jayawijaya refer to Section I / 5.5  
*“Community and church based NGOs.”*

## 1.5 LOCAL GOVERNMENT AND ADMINISTRATION IN JAYAWIJAYA <sup>4</sup> LOCAL GOVERNMENT AND ADMINISTRATION

The government's administrative structure in Jayawijaya is the same structure that operates throughout the Republic of Indonesia. This structure is made up of five main hierarchal levels as shown below:

TABLE 1. GOVERNMENTAL / ADMINISTRATIVE LEVELS IN INDONESIA

	GOVERNMENTAL / ADMINISTRATIVE LEVEL		GOVERNMENTAL / ADMINISTRATIVE HEAD	
	ENGLISH	INDONESIAN	ENGLISH	INDONESIA
	National	Negeri	President	Presiden
	Provincial	Propinsi (DATI I)	Governor	Gubenuur
	District	Kabupaten (DATI II)	District Officer / Mayor	Bupati
	Subdistrict	Kecamatan	Subdistrict Officer	Camat
	Village	Desa	Village Head	Kepala Desa

It was at the bottom two levels, the subdistrict and the village levels that WATCH operated.

### 1.5.1 SUBDISTRICT (*KECAMATAN*) LEVEL GOVERNMENT AND ADMINISTRATION

The subdistrict Government has powers and responsibilities in the fields of government, security and public order, guidance of the people, community welfare, local economy, community development, tax collection and finance and administration. It does not operate as autonomous administrative regions but as sub-units of the Jayawijaya. The subdistrict is directed by the subdistrict head or *Camat* who is appointed by the Provincial Governor on the recommendation of the District Head (*Bupati*). The *Camat* acts as the representative of the *Bupati* at the subdistrict level. Ideally eight or more administrative personnel should assist the *Camat* but in underdeveloped areas it is difficult to maintain these staffing levels.

The *Camat* and his staff are considered to be part of the Department of Internal Affairs. This department is also responsible for governance and administration at the National, Provincial and District levels. The office of the *Camat* does not have jurisdiction over the subdistrict and village level health services. These services are part of the Health Department and are administered by the District Health Service and the local schools, which are part of the Department of Education and Culture and are administered by the District Education and Culture Service. However, the close proximity of these three services in isolated areas often leads to a high degree of cooperation between them and a high level of penetration of *kecamatan* staff into other activities.

At the beginning of the project, Jayawijaya was divided into twelve subdistricts, namely, Wamena, Tiom, Kurulu, Kelila, Bokondini, Assologaima, Kurima, Kimbim, Karubaga, Ok Sibil, Ok Bibab and Kiwirok. In 1995 a new subdistrict, Kobakma, was splintered from Bokondini subdistrict and in 1998 Karubaga was split in three to form Karubaga, Kanggime and Kembu-Mamit subdistricts. At the end of the project the two extremely large subdistricts of Tiom and Kurima were also in the process of being sub-divided to form new subdistricts. It was estimated that once these further sub-divisions were completed there would be around 28 sub-districts, 274 desa and 5 rural desa (kelurahan) in the district.

### **1.5.2 VILLAGE (*DESA*) LEVEL GOVERNMENT AND ADMINISTRATION**

Each subdistrict is in turn made up of a number, normally around ten to twenty, of *Desa* or Administrative Villages. The head of each *Desa* is the *Kepala Desa* or Village Head. The *Kepala Desa* is nominated by the *Bupati* from a list of names identified in popular elections and is appointed by the Governor. The powers and responsibilities of the village level administration include the keeping of village statistics, planning of village activities, the planning and administration of local development activities as part of the *Inpres Desa Tertinggal (IDT)*<sup>14</sup> scheme and other local level governmental, administrative and judicial powers. As prior to Indonesia's take over the churches were administrative units, many areas still view the *Gereja* or Churches as administrative units. In most areas people identify themselves more within *Gereja* boundaries than *Desa* boundaries.

According to ministerial regulations governing the structure of the village level administrative units (*Peraturan Menteri Dalam Negeri 1/1980*) the minimum required structure includes a Governance Unit, Development Unit and Administrative Unit whilst the ideal structure would also include a community welfare unit and a finance unit. Each of these units should be staffed by one person appointed by the *Bupati* on the recommendation of the *Kepala Desa*. In practice, most village level administrative units throughout Irian Jaya are not able to effectively carry out their responsibilities due to lack of adequately skilled personnel, poor access to resources and information and other constraints. In particular, statistics to be gathered by the village administrative units are either not collected at all or are collected but are extremely low in reliability. And the money provided

to village level administrative units through the *Bandes*, *Inpres Desa Tertinggal* (IDT) and Social safety net schemes (see section 1.12) has been almost always mis-administered which can create unease between many *Kepala Desa* and people in their local communities.

There are three key agencies to guide and assist each administrative desa in realising the government's development and social service programs. These bodies are the LMD (village council), the LKMD (Village Self-Reliance Organisation) and the PKK (Family Welfare)<sup>15</sup>. The LMD is the official village council comprising of the *Kepala Desa*, village secretary and treasurer. It is responsible for administering the LKMD and PKK programs at the village level. The LKMD is supposed to act as an elected village council with advisory powers to the LMD. The chairperson of the LKMD is usually the *Kepala Desa* and the secretary of the LKMD is also usually the secretary of the LMD. Other members of the LKMD are elected by the local community to represent them in various sectoral activities that the village is involved in and which relate to things such as religion, security, education and information, environment, community development, health and family planning, sports and the arts, social welfare etc. The actual size of the LKMD can vary considerably from between twelve members and covering ten main sectoral units through to several dozen members. The LKMD can also establish smaller working groups to help plan specific activities. In Jayawijaya, as in most other parts of Irian Jaya, the LKMD does not function effectively. Although they have been established in most administrative villages, they are poorly organised and their influence is weak. The PKK too is also largely unsupported. Exceptions to this are found in areas where there is mission support (most notably in Catholic areas).

## **1.6 HEALTH CARE IN IRIAN JAYA**

Despite Irian Jaya being a high tax paying province the rural population suffers poorer health than in most other parts of Indonesia. Health care in the region has suffered because not only does income, mostly from mining and oil, flow out of the province but the majority of Irianese people live in remote areas that are little developed. Because of the rugged terrain and the scattered populations, it is logistically challenging and economically unfeasible to build schools and health facilities. Women and children suffer the most. Children (aged 1-4), pregnant women and new mothers suffer an extremely high level of mortality, higher than in Indonesia as a whole<sup>16</sup>.

The infant mortality rate in Irian Jaya ranged between 70-200 per thousand, with the average being 133, compared with the national average of 73. Maternal mortality was in excess of 650/100,000 live births in Jayawijaya. This compared with a rate of around 375/100,000 live births in other parts of the country. The immediate causes of this high rate of maternal mortality were haemorrhage and infection and, less directly, the fact that indigenous women were traditionally assisted in childbirth only by other

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<sup>15</sup> For more information on the PKK at the District, Provincial and National levels refer to Section I / 5.6.2.

<sup>16</sup> Mylius (1989 p. 89 & 205).

untrained women. Tape worm infection, venereal disease, acute respiratory tract infection (ARI) and diarrhoea are still significant health problems while communicable diseases, including malaria, have emerged in the highlands. During the mid-1990s AIDS became a major concern in Irian Jaya with the South Coast town of Merauke pinpointed as the main entreepoint and centre of the epidemic. It seemed likely to have been spread by Thai fishermen who were permitted to take shore leave in Merauke. In 1999, a random survey in Jayawijaya found four cases of suspected HIV/AIDS and in the year 2000 another survey recorded a further 3 suspect cases of HIV/AIDS in Jayawijaya. Given the paucity of accurate population data for Jayawijaya it is difficult to extrapolate the true extent of the disease from these figures but it is apparent that HIV/AIDS is becoming more prevalent in Jayawijaya.

The three most significant diseases in Jayawijaya are pneumonia, diarrhoea and malaria, which account for around 26%, 19% and 11% of infant deaths respectively. WATCH suspects that the main underlying cause of these three big killers is malnutrition.

In Irian Jaya, the public sector cannot meet the needs of the rural population. Although the ratio of number of health centres to people (177: 1.8 million) looks relatively good (the national ratio is 6959: 189 million), it becomes less impressive when we consider that the average distance for a person to visit a doctor is 33km compared to 800 metres for the rest of Indonesia. And the ratio of doctors to people, at 1 to 24, 000 is not so unusual in light of the nationwide ration of 1 to 7000. But when we consider that one doctor services 24, 0000 people over an average land area of 3, 000 square kilometres than we get a sense of just how disadvantaged the population is in the easternmost province. Jayawijaya had critical gaps in the health delivery system. There was only one hospital, 28 health centres and 70 sub health centres. They tended to be concentrated around Wamena and other smaller urban centres. There were many pockets of poorly serviced areas in the district. Supply of cheap, good quality medicine and basic equipment was a constant problem as was the lack of cold chain equipment and supply of vaccines and sterile vaccination equipment. Even though one of WATCH's goals was to enhance the existing health services they could not be expected to enhance them to the extent that they could in a region with easier access to communities, denser populations and gentler landscapes.

The majority of the existing health facilities in remote areas across Jayawijaya were established by missions from between the late 1950s to the late 1980s. Since the beginning of Indonesia's administration of Irian Jaya in 1963 the government provided financial assistance to help the missions to provide health services however, staffing and staff training remained the responsibility of the missions. During the 1970s and 1980s, as mission presence in Jayawijaya began to decrease and the capacity of the government grew, the latter gradually took over responsibility for administering health centres and aid posts across Jayawijaya. This caused some problems in relation to former mission health personnel, many of whom had received good training and extensive experience but could not be employed by the health service due to their lack of formally recognised qualifications. The government has attempted to remedy this via the *Dikswa* program, a correspondence training

course coordinated by the Health Department and the health NGO Yayasan Kesehatan Bethesda (and later in WATCH too). The *Dikswa (Pendidikan Swa-karsa)* program allows mission trained health personnel in remote areas to undertake study to gain qualifications that will enable them to be employed in the government's health service.

## **1.7 HEALTH FACILITIES AND SERVICES IN JAYAWIJAYA**

### **1.7.1 MINISTRY OF HEALTH (MOH), DEPARTMENT OF HEALTH (DOH) AND THE HEALTH SERVICE (HS)**

The Ministry of Health (MOH) is divided into two streams. The first is the Department of Health (DOH) which is broadly responsible for policy, health monitoring and inspection, and communicable disease control particularly in the case of epidemics or medical quarantine. The Ministry of Health is represented at the provincial level by the Provincial Health Office (PHO) and at the District Level by the District Health Office (DHO). The second stream is the Health Service, which is responsible for the delivery of most health services including the running of district hospitals, community health centres and village level health facilities, maintaining a supply of medical equipment and pharmaceuticals, immunisation programs, health extensions and the keeping of medical records. In Irian Jaya there is a Provincial Health Service (PHS) office in Jayapura and District Health Service (DHS) offices in each of the district capitals. Whilst the MOH operates at the district level, the Health Service extends right down to the village level.

A recent book about the Indonesian health system during the period of the New Order Government<sup>17</sup> has highlighted a number of problems in the national health system that results in health services at the district level being generally neglected in favour of more politically expedient programs. Whilst the DOH's role is to establish policies regarding the DHS's activities, implementing health care is the responsibility of the local government with the central government playing only a supporting role. Therefore, funding for district, sub-district and village level health services flows through the Department of the Interior (DOI), via the Office of the *Bupati*. This ensures that the DHS is primarily accountable to the Office of the *Bupati* and the DOI rather than to its own policy making body, the DOH. Health services tend to suffer because the performance of the Office of the *Bupati* and the DOI is measured by economic and infrastructural development and not by health indices. Furthermore, appointed administrators in the Office of the *Bupati* feel little pressure from the grass roots to improve health services, as they don't need to be concerned with winning the votes or support of the broader community. This means that there is little incentive for the DOI or Office of the *Bupati*, and consequently little pressure exerted upon the DHS, to ensure that the policies of the DOH are properly

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<sup>17</sup> See (Achmad 1999)

implemented. This problem is exacerbated by the limited capacity of the Office of the *Bupati* to finance its own expenditures since that most revenue is under the control of the central government. The health service fees generated by the DHS are one of the few sources of local funding available to the Office of the *Bupati*. Unfortunately, the funds thus generated are almost always siphoned off to fund other non-health related programs instead of being used to cover maintenance costs on health facilities or improve the coverage of health services.

This state of affairs has repercussions for bilateral aid projects that work with the district level health service. Whilst an MOU was signed with the DOH at the beginning of the project, counterpart arrangements for project implementation had to be effectually renegotiated with the Office of the *Bupati* and DHS/DHO in Jayawijaya who were never part of the initial agreement. Furthermore, whilst WATCH had some leverage with the DOH at the national level, they did not have any leverage with the DOI and consequently could not exert pressure from above in order to establish counterpart funding arrangements or other assistance.

It should be noted that at the district level the position of head of the DHS and the DHO is often invested in the one individual, but the budgetary and reporting arrangements already discussed means that there is still little scope for reconciling the differences between policy and implementation.

#### **1.7.2 NATIONAL FAMILY PLANNING BODY (BKKBN)**

Indonesia's large and highly effective national family planning program was founded in 1970 and is administered by the National Family Planning Body or the *Badan Koordinasi Keluarga Bersejathera Nasional* (BKKBN). It is responsible for planning, administering and monitoring the family planning program as well as for conducting strategic activities such as family planning campaigns or information sweeps through specific areas. The BKKBN maintains offices at the provincial and district level throughout Indonesia. The Health Service, however, mainly implements family planning programs with the majority of services provided locally through the *Puskesmas*, *Pustu* and *Posyandu*.

The contraceptives used by the BKKBN include the pill, IUDs, condoms, Depo-Provera and Norplant. In areas where there is generally a low level of education such as in Irian Jaya, the BKKBN promotes and distributes only Depo-Provera and Norplant on the grounds that methods for using other types of contraceptives are too complex for uneducated people. Depo-Provera is administered intravenously and lasts approximately 3 months. Norplant is an implant that consists of six silicone rods that containing 30 mg of synthetic progestin and is placed under the skin of the recipient's forearm providing protection for up to five years. Due to health concerns, these drugs are still not on the market in developed nations.

Although many Highland Papuans have shown considerable interest in the possible benefits of family planning it has been reported that there is still widespread suspicion about the national family planning program. Many have voiced their concerns which range from fears that the contraceptives used may actually be causing miscarriages or birth defects later in life through to claims that the aim of the program is in fact cultural genocide. This latter suspicion can be fuelled by the belief that BKKBN campaigns are only directed at them. Many are unaware that campaigns by the BKKBN are nationwide.

## **1.8 SUB - DISTRICT AND VILLAGE LEVEL HEALTH SERVICES**

The following is a description of the government health facilities accessible to the population of Jayawijaya:

### **1.8.1 DISTRICT HOSPITAL**

There is one hospital with seventy beds in Jayawijaya District located in Wamena.

### **1.8.2 COMMUNITY HEALTH CENTRE (*PUSKESMAS*)**

Since the 1970s health care in Indonesia has revolved around the *puskesmas*, an integrated rural health centre. At the beginning of the project there were a total of 13 government run *puskesmas* and 9 mission run *puskesmas* operating in Jayawijaya. The *puskesmas* is a large centre that offers preventative and curative services and it has a doctor, paramedics, nurses and a midwife. Officially the *puskesmas* should offer a range of services such as education of the public about prevailing health problems, local endemic disease prevention and control, an expanded immunisation program, maternal and child health and family planning, provision of essential drugs, nutrition and food production, and the treatment of common diseases and injuries. However in remote areas in particular, these ideals are rarely realised. For a detailed description of the Kanggime Puskesmas see page 8 of WATCH's Project Documentation Review.

The number of *puskesmas* and *posyandu* (see below) has grown at a rapid rate in Indonesia. Although they were designed to improve the health status of remote populations in Indonesia, by the early 1980s the government became aware that those in most need were not fully using these resources. To increase the utilisation rates of health centres the staff it was believed, had to make links with the community. These links were made in two phases. In the first phase safari type expeditions were made by *puskesmas* staff to aid the health concerns of the *orang kecil* (little people). In the second stage, village health workers (cadres) were recruited from local populations to make the centres more

accessible. Recent critiques<sup>18</sup> have suggested that choosing health care is determined by the socio-cultural characteristics of the person and not just the availability and accessibility of the services.

### **1.8.3 INTEGRATED SERVICES POST (*POSYANDU*)**

In 1985 the health post in the village became an integrated health post locally known as *posyandu*. These posts are owned by the community and run by *puskesmas* staff with assistance from community Posyandu cadres, almost always women, organised through the auspices of the PKK program<sup>19</sup>. Posyandu clinics generally open once a month and offer five basic health services: maternal and child health monitoring, nutrition, family planning, immunisation, and diarrhoeal disease control for women and children.

In conducting infant and maternal health monitoring activities the staff follow a five-step service procedure. First there is registration, second comes the weighing of children under five, the third is the filling in of growth record charts (Kartu menuju sehat - KMS), the fourth is individual health and nutrition education, and the fifth procedure is providing professional health services by the paramedical staff for family planning. It has been noted that even in the more developed parts of Indonesia, most of the poorer members of rural communities only reluctantly participate in the maternal and infant health clinics. This has been related to the fact that people do not want other community members to know if their children are not meeting growth norms. Furthermore, even if the *posyandu* can detect a problem they can offer little or no support or clinical services.

The immunisation programs conducted through the *posyandu* aim to immunise all children aim to provide coverage against: tuberculosis (one injection of Bacillus Calmetted-Guerin –BCG vaccine at 1 – 7 days old), diphtheria, pertussis and tetanus (three DPT injections between 6 and 14 weeks), polio (four injections between 6 and 24 weeks) measles (one injection after the age of nine months) and hepatitis B. Two injections of tetanus toxoid vaccine are also provided to pregnant women. Immunisation is probably the most popular and successful of the programs conducted through the *posyandu* but in Jayawijaya problems including poor supply of vaccines, break downs in the cold chain and the tyrannies of distance means that this program still has quite limited outreach.

### **1.8.4 SUB-HEALTH CENTRE (*PUSTU*)**

The sub health centre is similar to the *puskesmas* but with less staff, less facilities and in a less central location. What is lessened varies from region to region. During the course of the project several sub-health centres were upgraded to the status of *puskesmas* even though their facilities were

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<sup>18</sup> Refer to Handayani (1994) and Omorodion (1993).

<sup>19</sup> See section I / 5.6.2.

not necessarily upgraded to *puskesmas* standard. In 1998 there were a total of 74 Pustu operating in Jayawijaya.

#### **1.8.5 VILLAGE MEDICINE POST (POD) AND POLYCLINICS (BALAI PENGOBATAN – BP)**

The village medicine posts are a community-based service operated by cadres and mantris. Cadres are trained in basic diagnosis and referral, and can prescribe and distribute certain pharmaceuticals. In theory cadres should derive income from selling government subsidised drugs at a higher rate. Polyclinics (BPs) are also sometimes established at the village level. These facilities are owned by the government but are also staffed by community cadres with assistance from mantris. The idea of establishing the PODs was, at least in part, to relieve the need for the establishment of BPs.

#### **1.8.6 VILLAGE BIRTHING HUT (POLINDES)**

In 1995 the Government of Indonesia established the *Bidan di Desa* or village midwife program in an attempt to reduce the infant mortality rate across the nation. This program aimed to place a midwife and to construct a *polindes* or village birthing hut in each *Desa*. The GOI intended to pay each midwife a comparatively large salary for a period of three years minimum and up to six years maximum depending on local needs. It was intended that part of the wage be saved so that at the end of the period of government funding midwives would have sufficient capital to go on operating as professional village midwives in the private sector. Unfortunately the model applied by the central government was of little relevance to the situation in Jayawijaya and the program is unlikely to be sustainable in the absence of external support.

#### **1.8.7 DUKUN BERSALIN/ TRADITIONAL BIRTH ATTENDANTS**

A TBA program was established in recognition of the fact that many women in rural areas rely on traditional birthing attendants. It offers to train TBAs in simple techniques to improve the outcomes of their work and to distribute TBA kits. Since the *bidan di desa* program the government has expected midwives to be responsible for supervising and educating village TBAs. TBAs are expected to gather statistics for the government but in reality many never do as they are mostly illiterate and not on the government payroll.

### **1.9 HEALTH WORKER TRAINING**

In Jayawijaya there are only two avenues for training health personnel. The first one, the *Dikswa* program, has been described in 1.2 of section II. The other one is the District Nursing School (*Sekolah Perawat Kesehatan or SPK*). This school was opened in 1974 and with primary school education as a prerequisite for enrolment, offers a two-year auxiliary nursing training course. In 1985

the SPK was upgraded to the *SPK-C* (assistant nurse) level and then to the full SPK level in 1993. Additional training for female *SPK* graduates to become a nurse midwife (*bidan A*) was also started in 1993. The highest-level education facility for health workers in Irian Jaya is the Diploma III Nursing Training College, which was established in Jayapura in 1995. This college is accredited to train students to the level of D3 Nursing Aide. At the end of the project period there was discussion concerning the need to establish a full medical college for the training of doctors within the and also to extend the scope of biomedical research being conducted in Irian Jaya. It was also proposed that the Wamena SPK be further upgraded to become a Diploma III Nursing Training College. Should these plans go ahead it is likely to considerably ease some of the human resources shortfalls currently experienced by the Provincial Health Office and Service.

## **1.10 MEDICAL INTERNSHIPS**

To raise the overall level of skills in district and subdistrict level health service centres in remoter parts of Indonesia the GOI offers medical school graduates an accelerated internship if they are willing to serve that internship running a Puskesmas in remote subdistricts. Under this scheme recently graduated doctors spend around two years serving in places like Jayawijaya before they are given the option of being posted to a more desirable location. As many of these intern doctors have little interest to work in Irian Jaya it has often been noted that doctors will spend more time away from their posts than at them. One doctor was reported to spend three out of four weeks in a hotel to avoid the harsher living conditions in the villages. And because most doctors are keen to return to developed areas, *puskesmas* staff have to change their methods every two years as each doctor has his/her way of doing things. In addition these doctors are very inexperienced having only just left medical school. Thus although in theory Irian Jaya may have a considerable compliment of doctors these doctors cannot be directly compared to more experienced doctors in other parts of Indonesia.

Although this system has come some way towards meeting the goal of having one qualified doctor stationed in every Puskesmas it has never been able to fully meet the province's requirements for doctors. The creation of a number of new districts and subdistricts in Irian Jaya in 1996 required that medical services also be expanded. The number of intern doctors now falls far short of the requirements of the newly expanded health service. In the third phase of the project the staff were acutely aware of this problem, as there was an absence of doctors in both the Kanggime and Mamit Puskesmas. Furthermore, the growing independence movement and ethnic tensions in Irian Jaya has meant that at least for the short term there are far fewer graduates who are willing to take up the internship program in Irian Jaya.

## **1.11 COMMUNITY HEALTH FUNDS**

In the mid 1990s the government and various NGOs were trying to establish *dana sehat* (community health funds) in Jayawijaya. This scheme whereby villagers set up their own health funds had proven successful in many other regions of Indonesia and so the government was keen to promote it in Irian Jaya. Ideally all members of a community would contribute to this fund and this would support village based health services. Yet despite their attempts to establish *dana sehat* very few communities in Jayawijaya were able to manage it for more than a very short period of time.

## **1.12 EDUCATION**

The level of education in Jayawijaya is low. In 1980, only 52.8% of the total district population over 9 years of age had ever attended school and illiteracy rates were 81.55% (versus 18.8% in the district of Fak-Fak). Literacy rates for men were double those of women. Currently there are 2,234 teachers at state schools in Jayawijaya. Of that number, 1,754 (78.5%) are employed at elementary schools, 344 (15.5%) at junior high schools, and 136 (6%) at senior high schools. While almost all government delineated *desa* have an elementary school, there are a handful of Junior High Schools across the district, mostly in Wamena. Hostel accommodation is provided by church based NGOs for youths wanting to attend one of the several senior high schools in Wamena. There are also a number of small bible colleges scattered across Jayawijaya. The only university in the Province is UNCEN, which has an agriculture and forestry campus in Manokwari and another campus in Abepura, Jayapura that offers education in anthropology, chemistry and biology. The education needs of women in Jayawijaya have not been specifically addressed partly because women are under-represented in leadership roles and decision-making positions. There are certain cultural features preventing wide support for the education of women.

## **1.13 COMMUNITY DEVELOPMENT FUNDS**

A number of community development funds have been made available to villages across Indonesia. These funds are jointly distributed and administered by the Ministry of the Interior's Directorate General for Rural Development (*Dirjen Bangdes*) and the National Development Planning Body (BAPPENAS). These funds were significant to the WATCH Project insofar as they moulded the perceptions of their target communities about community development and government assistance (see also section 7.3.1 for a discussion about the conflict that occurred because of the different approaches of the GOI's and WATCH).

As the LMD and LKMD) are not strong in Jayawijaya most of these funds have been spent by the *Kepala Desa* on short term wants like rice or on development activities which principally benefit

the Kepala Desa and his close associates. Therefore Bandes, IDT and JPS funds have all come to be perceived as a cash grant from the government and not as a loan which is what it was intended to be.

#### **Inpres Bandes – Instruksi Presiden Bantuan Desa (Presidential Instruction on Villages Assistance)**

The Inpres Bandes, or Bandes as it is commonly known, is a community development fund that has been operating in Indonesia for over 20 years. Village councils can request funding from this scheme if they have specific village development programs they wish to implement. In reality however, few villages in Jayawijaya have accessed this fund.

#### **Inpres Desa Tertinggal (IDT)– Instruksi Presiden Desa Tertinggal**

The IDT scheme was founded in 1994 as a variation of the Bandes scheme in order to specifically target “backwards” or under-developed villages. The scheme offers eligible villages 20 million rupiah for three consecutive years and this money is meant to be used as a revolving fund to help 20 poor families in the village. Eligibility for access to IDT funding is determined by a rapid assessment method that measures the level of development in every village in Indonesia according to a standard set of criteria. This set of criteria is based upon Western Indonesian standards of social and economic development. For example, there are indicators for the extent of wet rice cultivation, whether houses are built out of modern materials and whether there is a road access to the village. Consequently, nearly every *desa* in Irian Jaya rates as being under-developed.

The GOI have experienced considerable difficulties distributing IDT money to the villages. In the mid-1990s the national government requested that the provincial government distribute funds but did not provide any transportation funds to cover the costs of distributing the loans to thousands of remote villages across the province. At one time it was proposed that NGOs might be employed to train communities in how to correctly administer the funds and to provide the distribution and supervision services which were beyond the capacity of the local government. Whilst several NGOs displayed considerable interest in this idea these proposals ultimately were not acted upon. This probably reflects to the traditional mistrust between government departments and NGOs.

#### **Jaringan Pengamanan Sosial - Social Safety Net (JPS)**

Towards the end of the IDT scheme, which also corresponded with the onset of the Asian economic crisis, the government established the ‘social safety net’ to help communities in urban and rural areas. This fund was to finance ‘project’ activities that would improve minor infrastructure as well as health and education.

### **1.15 THE CASH ECONOMY AND THE MARKET SECTOR**

Prior to the establishment of the first government and mission post in Jayawijaya during the mid to late 1950s there was no cash economy in any Jayawijayan communities. Instead groups fulfilled most of their own material requirements through horticulture, hunting and gathering. Trade did however play an important role in pre-contact Jayawijayan societies both in providing access to a range of useful goods and, perhaps more importantly through its role in creating ties between individuals and groups and thus maintaining social relations in an otherwise fairly unstructured society. Trade and exchange were arranged around pigs, and cowrie, nyssa and bailer shells as well as a variety of other goods which were rare or not locally available such as stone axe blades, palm wood bows, and cakes of mineral salt. Mostly men were involved in trade but women did have their own exchange items and systems.

Much of the traditional economy was quickly devalued during the late 1950s and early 1960s as missions engaged in programs of rapid infrastructure development. In the course of constructing airstrips, mission stations, health facilities and schools large teams of local labourers would be employed. These workers were initially paid in shells but within a few years some areas had become so saturated with shells that workers began to refuse payment in shells preferring instead to receive trade goods such as steel axes, knives, spades and pots.

Between the 1960s and 1980s most communities in Jayawijaya were introduced to the Indonesian Rupiah. However, to this day most communities have had little access to or experience with cash economics. The main exceptions to this are the Dani and Lani communities who live in the vicinity of Wamena. These communities have been able to sell some produce in the markets in Wamena. During the 1960s through until the 1980s some areas such as Karubaga and Kanggime were engaged in a fairly large volume trade of vegetables and some fruits through supplying local missionaries who then distributed it to other posts across Irian Jaya. This trade has all but evaporated during the 1990s with the decline of the expatriate missionary population.

Whilst the impact of missionaries and the introduction of cash has done much to undermine the local trade and exchange systems, these traditional systems remain important to Jayawijayan economic and social life. In particular pigs are still highly valued and can command prices well in excess of their relative worth in the form of meat. Cash has not yet become an accepted part of the exchange system as has been the case in some areas of the PNG highlands although it is increasingly used in compensation payments. Today the cash economy of Jayawijaya remains very small. There are no mines (though several companies have been prospecting in the area for some time) and large-scale timber extraction is not feasible due to the difficult terrain and the remoteness from ports and markets.

The urban population, which is restricted to about 60,000 living in Wamena, are largely employed by the government or in the retail, service, and home industry and construction sectors. The

lifestyle of this population has contributed to the need and desire to have access to cash. Many local peoples now need money to pay for school and health service fees, for goods such as clothing, tools and utensils and also to buy foodstuffs; primarily salt, cooking oil, sugar, cigarettes, tea and coffee. Amongst the rural population the overwhelming majority of people remain subsistence farmers. A few individuals in every community have gained formal employment with the churches or the government and those with access to the market in Wamena may engage in small-scale cash cropping. Coffee has been introduced as a plantation crop in some areas but this is still very much an industry in its infancy and does not extend far beyond the Grand Baliem Valley area. Whilst Jayawijaya can produce high quality produce the local market is too small to absorb increased supply. Ready markets exist in other parts of Irian Jaya and Indonesia however; problems with transportation, consistency of supply and relatively high labour costs in Jayawijaya have prevented produce from competing in these markets.

During the 1970s and 1980s a major development program, the Joint Fund for the Development of Irian Jaya (JDF) was involved in marketing produce from agricultural development projects in Jayawijaya to the Freeport Mining communities in Timika and Tembagapura. Whilst this arrangement worked for some time Freeport ultimately found it more expedient to source their fruit and vegetables from suppliers in Cairns, Australia and the trade between Jayawijaya and the mining towns diminished to a trickle. A number of local (mostly non-indigenous) traders are engaged in shipping highland vegetables, mostly potatoes, cabbage, cauliflower, carrots and beans, from Wamena for sale in Wamena or beyond. This trade remains very small and those engaged in it are very protective of their niche.

In recognition of the severe problems facing Jayawijayans as they move into a cash based economy, and their relative disadvantage when trying to compete directly with immigrants from other parts of the country, the former mayor (*Bupati*) of Jayawijaya, J.B. Wenas, attempted to protect indigenous economic activity in several sectors from competition with more recent arrivals. In particular, he passed an edict stating that only indigenous Jayawijayans could sell local produce in the markets in Wamena. This was done to stop exploitation of uneducated Jayawijayans by ruthless middlemen from other parts of Indonesia. Ultimately however, many Lani people became these middlemen, purchasing produce from mostly local Dani producers and selling it in the markets. Trishaw driving too became limited to indigenous Jayawijayans, mostly so school students from remote villages who were studying in Wamena could have access to some cash. Around 1998 the *Bupati* also limited ownership of new trishaws to indigenous people.

## **2 HISTORY OF THE JAYAWIJAYA WATCH PROJECT**

*The goal of WATCH was to improve the health and nutritional status of women and children in rural communities in Jayawijaya.*

*Its purpose was to develop and implement an integrated and appropriate Primary Health Care model for the highlands of Irian Jaya.*

## **2.1 PROJECT ORIGIN**

The Jayawijaya WATCH Project was first conceived in mid 1989 in response to a call by AIDAB<sup>20</sup> for submissions for projects in eastern Indonesia focusing on women and their children's health. Staff in WVA and WVII established a feasibility team who met in June 1989 in order to select a location, develop a general approach and commence the preparation of a draft outline for submission to AusAID.

The feasibility team selected Jayawijaya as an appropriate location for two reasons. First, the Government of Indonesia, in their 5<sup>th</sup> National five year development plan (REPELITA V), had identified Jayawijaya as an area experiencing extreme backwardness in all sectors and which was to be a high priority target for development programs during 1989-1994. Secondly, WVII had extensive experience in the district having worked on five projects there since mid-1970s. As a result WVII staff were familiar with the area and had already established a network of contacts and working relationships with the local Government, missions, NGOs and local communities. The general approach suggested by WVII drew heavily from the approach they had already developed for implementing integrated health and development programs in Jayawijaya.

AusAID approved the feasibility team's outline in December 1989 and WVA was invited to prepare and submit a detailed design for the proposed project. This was completed and submitted to AusAID in April 1990. On the basis of AusAID's appraisal WVA were asked to conduct further work on the design before resubmitting it. The second draft of the design was submitted to AusAID in October 1990 and in December 1990 they conducted a second appraisal. At this stage of the design process AusAID made it known that they now were intending to fund the project as a pilot project under Australia's bilateral development program with the government of Indonesia (GOI). This arrangement required that several significant changes needed to be made to the project design.

First, the project would have to be implemented and managed under a partnership arrangement with the Provincial and District Health Offices and would be responsible both to AusAID and the Indonesian Ministry of Health (MOH). The project would however still maintain a strong NGO orientation and would rely heavily on the basis of networks already established by WVII in the non-government sector in Jayawijaya. Secondly, the area to be covered by the project was increased significantly. Up until this point the design had, on the advice of WVII personnel with experience of

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<sup>20</sup> In 1995 the name of the Australian government aid body was changed from the *Australian International Development Assistance Bureau (AIDAB)* to the *Australian Agency for International Development (AusAID)*. For the sake of clarity the acronym AusAID shall be used in this document.

the logistical difficulties involved in working in Jayawijaya, restricted its focus to the western part of Jayawijaya (ie. Wamena, Assologaima, Kimbim, Kurulu, Tiom, Makki, Kelila, Bokondini and Karubaga subdistricts). AusAID requested that the project be broadened to cover all thirteen subdistricts. This meant that the project was to cover four additional subdistricts including the vast Kurima subdistrict and three eastern or Star Mountains Subdistricts of Ok Sibil, Ok Bibab and Kiwirok.

This expanded focus constituted a considerable increase in the geographic scope of the project, with the total area to be covered by the project increasing from around 37,650 km<sup>2</sup> up to almost 53,000 km<sup>2</sup>. For several reasons, to service the whole region greatly increased the logistical and cultural challenges to be faced by the project. For one thing, the vast and rugged areas originally left out of the project design had a fragmented population and more cultural and linguistic diversity. Moreover they were omitted due to transport and access problems related to flight routes that came via Jayapura, wilder weather conditions and threat of political activity. Nevertheless the final draft of the design document was submitted to AusAID in October 1990 who in turn appraised the design and after negotiating a number of minor alterations, granted final approval to the project in December 1990.

## **2.2 WATCH I - INITIAL PROJECT PERIOD**

### **JULY 1991 - AUGUST 1994**

The first tranche of funding for the project was allocated in June 1991. However, at this time WVA / WVII were not ready to immediately commence project activities. During the next few months WVA and WVII staff were largely occupied with activities relating to the initial establishment and orientation of the project. This included: the procurement of equipment and materials; the establishment of appropriate administrative and reporting systems; further planning of proposed project activities; the process of advertising, interviewing and selecting suitable project staff and logistical arrangements for both the project and its personnel. By November 1991 these internal matters had been largely dealt with and the full complement of project staff were assembled in Wamena. It was at this time that project activities in the field began in earnest.

During the initial phase, which we shall refer to as WATCH I, the project targeted communities throughout the entire Jayawijaya District and their interventions were focused on five major sectors. These sectors were:

- Maternal and infant health - To extend and improve the coverage and quality of existing formal health services in the Jayawijaya District;
- Village level preventative health - To develop the capacity of the target communities and the formal health sector to extend the coverage of health care to remote rural communities;
- Women in development - To enhance the role of women in Jayawijaya District; and

- Community development - To facilitate village based initiatives to address the causes of poor health; and
- Project Management

Two broad themes cut across these categories: activities that would improve essential clinical services for women and children and activities that would raise community awareness of and capacity to overcome factors contributing to poor health amongst women and children.

### **WATCH I Review**

In February 1994 the Jayawijaya WATCH Project was reviewed by Dr Michael Dibley, an Australian epidemiologist working at Gadjah Madah University in Yogyakarta, Central Java. In his report he recommended that the project be extended *in order to refine the approach to developing a packet of community development, gender role change and health care interventions for highland communities in Irian Jaya and to document the impact of the program on the health and nutrition of women and children.*” His review pointed out a number of perceived strengths and problems in the WATCH I phase including:

#### **Strengths:**

- a) The WATCH team were highly motivated and well organised;
- b) The project had a well-developed strategy to integrate community development and health interventions aimed at the key problems related to MCH;
- c) The project had formulated an innovative approach to gender in development that recognised gender as a factor influencing MCH;
- d) The project had made a significant impact on district health services by acting as a catalyst for local policy changes;
- e) The structure / status of the project (ie. as a semi-autonomous NGO) had provided an effective and flexible approach to multi-sector project implementation;
- f) The project was perceived locally as a potential model for PHC and community development in the highlands of Irian Jaya.

#### **Significant Problems:**

- a) The project was too ambitious in attempting to cover all of the subdistricts and almost all of the villages in Jayawijaya District;
- b) The range of interventions conducted during the WATCH I phase was too ambitious; and/or
- c) There was insufficient field staff;

- d) The project design failed to include an adequate community preparation phase for village activities;
- e) The design lacked a strategy for progressively transferring managerial involvement to local Irianese;
- f) The nutrition interventions were not well developed;
- g) The lack of technical consultants led to weaknesses in some activities;
- h) The monitoring and evaluation system required further development;
- i) The Project was not effectively coordinating with other community development programs in the district.

The design and implementation of the second phase attempted to build upon these perceived strengths and overcome the weaknesses

### **2.3 WATCH II - FIRST PROJECT EXTENSION SEPTEMBER 1994 - SEPTEMBER 1997**

Based upon the recommendations of Dr. Dibley's review, as well as at the request of the *Bupati* (District Head) and the DHO of Jayawijaya the project was extended for a further three years from September 1994 up until September 1997.

The second phase of the project, which was originally known as the WATCH Extension Phase but which we will call WATCH II, maintained the goals and purposes as well as the general approach that had been employed and developed during WATCH I. However, some changes were made to specific project interventions so as to build upon the strengths and overcome the key problems which had been pointed out in the review and/or had been learnt through the experience of implementing WATCH I. In particular, WATCH II focused more on nutrition enhancing activities, on developing protocols, and on improving the monitoring and evaluation of the project. It also planned to recruit more local field staff to implement, support and monitor activities in the villages and employ a total of seven consultants including a computer programmer, an epidemiologist, an obstetrician, a nutritionist, a gender specialist, an adult education specialist and an agricultural specialist.

#### **WATCH II Review**

The WATCH II project was due to conclude at the end of September 1997. Even though the project personnel and World Vision had not envisaged any further extension, in early 1997 a number of senior health officials in Irian Jaya as well as the *Bupati* of Jayawijaya requested that the project be extended for a further two year period. Their requests were based upon the two major observations. Firstly, although the project had made considerable progress towards the development of an appropriate PHC model for Jayawijaya, the model still required further development, testing and consolidation. Secondly, they observed that as the project considerably supported the Health Department's

endeavours to alleviate illness in Jayawijaya, greater skill transfer to government and NGO personnel was necessary for them to be a better position to carry on the WATCH's work.

Consequently World Vision prepared a concept paper for a further extension that concentrated on the subdistrict of Kurima which was submitted to AusAID in March 1997. AusAID agreed to look at the option for a further project extension conditional upon three requirements: that there was formal approval from the National Planning Body of Indonesia (BAPPENAS), that there would be a formal review and evaluation of WATCH II, and that there would be a satisfactory project design submitted to them by World Vision. AusAID granted the project an interim extension to allow personnel sufficient time and resources to satisfy these requirements. WATCH staff were pleased with this decision as they felt that any major break would set the project back considerably both by causing project staff to seek employment elsewhere and also by eroding their community support base that had been built up over many years of continuous involvement at the community level.

On the 24<sup>th</sup> of November 1997 BAPPENAS gave their approval for a second WATCH extension and in December 1997 an independent consultant, Ms Gaynor Dawson, conducted the review of the WATCH II phase. The main findings of this report were that:

- a) The project was well managed with high quality, committed staff, who were well regarded by all levels of government;
- b) It successfully coordinated activities with various government departments and other institutions;
- c) It enjoyed a good working relationship with its counterpart the DHO;
- d) Staff were over extended and had difficulty implementing and supervising the activities;
- e) There were delays in activities and development of key components as well as slippage in personnel replacement;
- f) Some interventions to strengthen the formal health sector were close to sustainable;
- g) There were weaknesses in the collection and evaluation of data as well as the supervision of monitoring;
- h) There was some concern regarding the sustainability of community activities.

Ms Dawson recommended that the project be extended in order to consolidate interventions to date, maximise their sustainability and impact and to allow further time for the documentation of the PHC model, which was to be developed through the project. She also recommended that during the next phase, rather than focusing interventions in the Kurima District, where transportation and other problems would severely hamper project activities, activities should be almost entirely focused on the newly gazetted subdistrict of Kanggime and Kembu / Mamit.

## **2.4 INTERIM EXTENSION PHASE**

### **OCTOBER 1997 - OCTOBER 1998**

The interim extension phase was intended to last a few months. However unforeseen delays in getting the review as well as an evaluation and preparation of the design for the next phase completed resulted in this period lasting a year. Moreover, this phase was prolonged by the severe nature of the 1997-1998 ENSO<sup>21</sup> drought. The drought severely affected communities throughout Jayawijaya by causing widespread crop failures, fires and a dramatic increase in the incidence of a range of diseases. As a result of this emergency situation WATCH personnel were compelled to divert much of their time and resources into assisting and coordinating disaster relief and rehabilitation activities. The sound knowledge of WATCH personnel regarding a wide range of areas and their local populations and general health conditions as well as their experience in community development and health care programs in these areas meant that they were able to make a significant contribution to this effort. Of particular note, WATCH assisted the Health Department and the international NGOs MSF and Merlin in surveying the incidence of malaria across the district and WATCH's Case Management Protocols came to be adopted by the government and NGO workers that assisted in relief and rehabilitation efforts.

## **2.5 WATCH III - KANGGIME EXTENSION**

### **NOVEMBER 1998 - OCTOBER 2000**

The WATCH III Kanggime Extension phase of the project commenced on the first of November 1998 and is planned to conclude at the end of October 2000. Based upon the recommendations of Ms Gaynor Dawson, who conducted the review of the WATCH II phase, the Kanggime extension sought to consolidate the PHC model by focusing project interventions considerably more than had been the case in any of the previous phases. It was considered that the project's potential for success could be maximised by limiting project interventions to the Kanggime and Kembu / Mamit Subdistricts. In this smaller area there was greater ease of transportation (especially as Kembu and Kanggime are close together), the local people were recognised as being generally more receptive to innovations and change and more positive outcomes from WATCH's interventions had been observed. Moreover, WVII had greatest experience in this area having implemented health and community development activities there since they first entered Jayawijaya in 1981-1982.

Unforeseen problems hindered the successes of WATCH III. Firstly, a number of other organisations had entered the area since WATCH first established groups there in the early 1990s. The

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<sup>21</sup> ENSO stands for El Nino Southern Oscillation, the pattern of oceanic currents and associated climatic shifts that is believed to have caused the 1997-1998 drought in central New Guinea. Refer to Section I / 6.2 for more information on the 1997-1998 drought and other suspected ENSO events in Jayawijaya.

presence of other organisations had led to the erosion of the earlier WATCH CD groups. Many groups had to be reformed and considerable problems were encountered in this process.

There were also considerable problems with the management of and morale within the Kanggime Puskesmas during the WATCH III period. Whilst such problems had been encountered during earlier phases of the project, the broad geographic focus of the earlier stages meant that if problems were encountered in one area work could still proceed unaffected in many other areas. The problems in the Kanggime Puskesmas during WATCH III had a much more significant impact upon the project outcomes because the Puskesmas was expected to act as a major link between the project and over half of the communities being targeted.

There were also problems which stemmed from the rise of the independence movement in Irian Jaya during WATCH III (see Section I / 6.4). Security fears often meant that field activities were reduced or postponed and the situation ultimately became so severe as to require the complete evaluation of staff from Wamena in October 2000.

The upshot of these problems was that whilst WATCH III was designed to maximise the potential for consolidation of past approaches the progress of groups in WATCH III not as good as had been expected. This should not however be equated with poor project design or implementation but rather remind us of the extreme difficulties and unforeseeable circumstances that are involved in trying to implement PHC programs.

### **3. PROJECT STAFFING**

During WATCH I there were a total of eight staff employed including a Project Manager (PM) Monitoring and Evaluation Coordinator, Health Coordinator, WID Coordinator, Community Development (CD) Coordinator as well as a bookkeeper, a secretary and a janitor / man Friday. Except for the position of Janitor, all of these position all were filled by people from other parts of Indonesia, most of whom were seconded either from the DOH / HS or from the staff of WVII.

In WATCH II the project staff were complemented with a Nutritionist, a Midwife and a cashier and in WATCH III the project staff was further augmented by upgrading the position of Janitor to become a field based Cadre Supervisor (Tius Kogoya) and by employing two other people as Cadre Assistant (Agustinus Tekege) and Gender and Development (male) Assistant/GADA (Viktor Malissa).

The commitment of project staff was considered by many to be the key to many successes of the project. Since WATCH activities involved the cooperation of so many people, the staff had to be skilled at facilitating cross-cultural communication and at coordinating and synchronising events. The extremely high level of commitment as well as the various communication and technical skills of

project staff not only helped to make the project a success but also acted as a positive example to others in the government and non-government sectors in Jayawijaya and Irian Jaya.

The major issue with staffing arrangements was the lack of local people employed by the project, particularly at a managerial level. In response to a recommendation in the WATCH I review, a strategy was devised to progressively increase and transfer managerial involvement to indigenous Jayawijayans. One approach for transferring the management of project activities into the hands of local stakeholders was to strengthen the capacity of community organisations and in particular, community based NGOs. This would, it was hoped, help them to continue to promote and coordinate WATCH activities at the community level after the end of the project. More directly and ideally, the project would have liked to employ two or more indigenous Jayawijayans as core project staff. Although this was highly desirable it was also unrealistic to employ local people in senior roles within the project. There are very few local people with appropriate qualifications and/or experience and those who would be suitable invariably have employment with the Government, NGOs or the business sector. A solution here might have been to entice a university educated Jayawijayan to the project with a large incentive package. But this most likely would have caused tensions with other staff who would feel financially discriminated against. Furthermore, this would necessarily draw scarce human resources from other parts of the Government and NGO sector where they were also sorely needed.

It was deemed more appropriate to employ several unemployed local high school graduates for junior positions (such as Janitor/Field Assistant and Cashier) and provide them with opportunities for both formal and on the job training. By doing so it was hoped that they could be trained to a level where they could go on to implement or manage PHC and CD programs in Jayawijaya after the completion of the project. Even if they did not go on to manage PHC and CD programs in Jayawijaya after the completion of the project, this approach would at least contribute to the pool of skilled indigenous development workers in Jayawijaya. Refer to Section III / 5 for an analysis of staffing issues.

#### **4. SELECTION OF TARGET AREAS**

In response to AusAID's recommendation the project tried to service the whole of Jayawijaya. It was a stroke of luck that shortly after the project began the local government remapped village boundaries to make the number of official villages in the province drop from 258 to 108. But even so, although WATCH managed to work within every subdistrict they could not reach every village. They tried to resolve this by creating large CD groups but this led to other problems within the groups.<sup>22</sup> It

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<sup>22</sup> Refer to Section II / 3.1 for a discussion on the establishment of CD Groups and Section III / 8 on working with groups in Melanesia.

was predictable that WATCH tended to work more intensively and be more effective in regions that had vehicular access.

Despite AusAID's recommendation that they continue to work throughout Jayawijaya, WATCH II focused on a considerably more limited area than had been the case during WATCH I. They still planned to maintain contact with communities and groups with whom they had worked during WATCH I but chose only eight locations in four main areas to focus their interventions. In selecting these areas several criteria were considered. Firstly, there was a concern that they should be relatively accessible so as to ease the logistical obstacles encountered during WATCH I. Secondly, communities should be selected who have adequate education and motivation to be involved in PHC and development activities. Thirdly, the areas should represent the diversity of environmental and health conditions experienced by communities throughout Jayawijaya. In selecting target areas WATCH attempted to include communities from low altitudes of around 700 – 800 metres above sea level (ASL) to high altitudes in excess of 2,000 metres ASL, and also to include certain communities that suffered specific health problems. These health problems not only warranted specific attention but they afforded the opportunity to conduct intensive trialing of specific approaches to overcome such problems. Lastly the focus areas should represent the diversity of environmental conditions in Jayawijaya. It was felt that representative coverage of the diversity of environmental, health and social/cultural conditions occurring across Jayawijaya was important if the goal of developing an appropriate model for PHC in Jayawijaya was to be realised.

The areas selected in WATCH II were grouped according to four areas: western, central, southeastern and eastern. The western area covered two centres at Kobakma (covering a predominantly Nggem community in the Bokondini subdistrict) and Kanggime (a Lani community in Karubaga subdistrict). The rationale for working in these communities was that both suffered a higher than average incidence of malaria and that they were considered to be fairly open to innovation. Moreover, missions were well established in these areas and could lend support to WATCH's activities. Both centres in the western area were reasonably accessible from Wamena by light aircraft and, being located on the north face of the Jayawijaya Mountains their airfields were less subject to closure due to weather conditions. In particular, Kobakma was selected as a target area in WATCH II since that during WATCH I anti malarial trials had commenced there and it was proposed that these trials be continued throughout WATCH II.

The central area covered Wamena and the Grand Baliem Valley. Therefore this area principally covered communities comprised of Lower, Mid and Upper Grand Valley Dani, Lani and Walak speakers and covered parts of Wamena, Assologaima, Kimbim and Kurulu subdistricts. This area was selected as a target area in the second phase of the project principally because it offered greater access than most other parts of Jayawijaya. Even though this area was relatively large, communities within this area were far more accessible to project staff than communities in other parts of Jayawijaya. This

is because people in this area live closer to Wamena, they live in less rugged terrain, the population densities are much higher and it is the only area of the district with a reasonable network of roads.

The southeastern area covered four locations in the southern part of the vast Kurima subdistrict and during the course of WATCH II nearly 60% of groups that were formed were located in this area. Kurima is the largest subdistrict in Indonesia with a total area of around 18,000km<sup>2</sup>, which is roughly equivalent to the province of east Java. The four locations selected within this area were Ninia and Holuwon, respectively a highland (1,800 metres ASL) and a foothill (800 metres ASL) community of Yali speakers; Koropun a highland (1,600 metres ASL) community of Kimyal Koropun-Sela (Mek) speakers and Tangma a mid-altitude community of Lower Grand Valley Dani. The perceived neediness of these communities, most of which have extremely limited access to government services outweighed the logistical challenges of working in this region. These southeastern areas can only be accessed by aircraft or by long foot journeys and can be cut off for extended periods during the rainy season.

The eastern area was originally intended to only cover the area around Ok Sibil or Mabilabol in the Ok Sibil subdistrict as this area is the most accessible in the Ok areas. Ok Sibil is a community of Ngalum speakers located at a moderate altitude (1,200 metres ASL). However, after several months, another location, Iwur, also in Ok Sibil subdistrict, was added. Iwur is a community of Iwur (closely related to Ngalum) speakers located at a lower altitude (800 metres ASL). This was done at the request of the *Bupati* of Jayawijaya and the *Camat* of Ok Sibil. Even though logistics to cover this area were enormous (ie. all non-chartered flights go via Jayapura, and some areas aren't accessible due to political activity and weather problems) these areas were selected because they suffer a lot of malaria and have rather acute problems with their water supply. The latter problem is due to Ok Sibil being located on karst (cavernous limestone) so despite extremely high levels of rainfall (over 10,000 mm per annum) surface water can be scarce even after very short dry spells.

If WATCH I was an experimental stage and WATCH II was a trialing stage, WATCH III was definitely a consolidation phase. It was considered that the projects' potential for success would be maximised by limiting project interventions to the Kanggime and Kembu / Mamit subdistricts. By working in a much smaller area where there is greater ease with transportation and a generally more receptive attitude of the local inhabitants the project could hone in on consolidating and testing their approach. An analysis of the project's strategy for choosing its target areas is provided in Section III / 11.

## **5. LINKAGES**

Aside from direct links with the District Health Office and Health Service WATCH also maintained close linkages with many other government departments and statutory bodies as well as a broad range of NGOs. A description of these agencies is offered below.

## **5.1 MANAGING AGENT – WORLD VISION AUSTRALIA**

WVA is an independent NGO within the international partnership of World Vision. It has a staff of over 250 people. The Government and International Relations Department of WVA coordinates and manages all government funded and related activities. The WATCH Project Director, Mr. Andrew Newmarch, visited the project regularly and even moved to Jakarta for two years during WATCH I to liaise with project staff and monitor the project's progress with more ease.

## **5.2 IMPLEMENTING AGENT – WORLD VISION INDONESIA**

World Vision International Indonesia (WVII) is an Indonesian NGO associated with the network of World Vision agencies around the World. They have a staff of over 200 persons and manage over 200 projects spread across almost all of Indonesia's 26 provinces in association with well over 100 partner agencies. Their programs focus on sponsorship, community development, education and training. WVII currently maintain a Branch Office in Jayapura and a project office, with a staff of around a dozen people, in Wamena. WVII established itself in the province of Irian Jaya in 1974. Between 1974 and 1979 they were primarily involved in one off activities including relief activities, the provision of small grants for community development activities and the sponsorship of Christian workers. During this period they also began to establish a network of contacts with missions and government agencies.

Their involvement in the health sector in the Highlands of Irian Jaya began in 1979 when they supported a PHC project run by the Unevangelised Fields Mission (UFM - see 6.5.2 below) amongst Lani communities in the Mulia area of what is now the Pucak Jaya District. This collaboration resulted in the establishment of eighteen new village health posts within two hours walk from most villages. A total of 38 village health workers received two years training and a total of 67,000 patients were treated, which meant that local people were treated an average of 2-3 times per project year. Ten maternal and child health and nutrition centres (*Posyandu*) were built and 1,200 women participated in various health education programs. Clean water was supplied to 80 villages, hundreds of toilets were built, and a large percentage of the local children were immunised. A local management committee was also established and a fairly successful scheme for ongoing community financing of health programs was established. By 1985, with assistance from AusAID, the mission hospital at Mulia was graduating 20 nurses per year, most who have since been employed by the government.

WVII's involvement was subsequently extended eastwards with the establishment of three projects in Jayawijaya District around 1981-1982. These included two projects in the Toli-Konda Valley area or what are now Karubaga, Kanggime and Kembu-Mamit subdistricts, and another in the Tiom Area (North Baliem). These projects were similar to the Mulia Project, focusing on the development of health infrastructure, the training of health workers and other curative oriented activities. Beginning around 1985 WVII developed a new approach that was less reliant on curative strategies. The scope of the projects came to be broadened considerably to include activities aimed at community development and income generation, community education, mobilisation and participation in health care, health prevention (ie. healthy houses), viable community financing mechanisms, nutrition programs and Health Information Systems.

In 1988 WVII contracted Dr. Laurie Zivetz and John Draper (1989) to conduct a review of their activities in Jayawijaya. This review provided the management of WVII with further information for the improvement of the programs in Jayawijaya<sup>23</sup>. By 1989 WVII were well placed to design and implement a PHC project in Jayawijaya. They had ten years of direct experience in the area and five years experience implementing integrated PHC and Community Development activities. They also had in place a network of contacts and logistical support that was to prove invaluable to the WATCH Project, especially during its establishment phase. The main limitation of WVII in Jayawijaya was that prior to the commencement of the WATCH Project their experience was limited to working with communities of the Lani ethno-linguistic group. As the Lani are the single largest, and probably also the most culturally homogeneous, of Irian Jaya's ethno-linguistic groups, their previous experience did little to prepare them for the high degree of diversity which exists, particularly in the eastern areas of Jayawijaya.

During the mid-1990s WVII began to establish Areal Development Projects or ADPs. Whilst these programs were similar to the integrated community development approach they had been applying and refining in Jayawijaya since the mid-1980s the duration of the projects was increased considerably from an average of three years up to nine years. Whilst the ADP approach was not conceived in Irian Jaya, it is fairly evident that the lessons which had been learned from the WATCH project were invaluable in implementing the new approach in Jayawijaya.

### **5.3 COUNTERPART AGENCY – DHO/DHS**

The structure and operational issues affecting the Department of Health and the Health Service at the district level have already been discussed in section 1.6 of this document.

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<sup>23</sup> Draper, J. and Zivetz, L., 1989. *Of snakes and birds and other ways: A case study of World Vision in Irian Jaya*. World Vision Australia. Unpublished.

The official Counter-part manager of the WATCH Project was the head of the DHS in Jayawijaya. At the commencement of the WATCH Project in 1991 both the DHO and DHS in Jayawijaya were both under the leadership of Dr. Sujito. He was replaced soon after by Dr. Zulfian Muslim, who performed his role as counterpart manager very well and even, in 1999, wrote his Master's thesis based upon the results of the WATCH project. Perhaps because relations with the Counterpart Project Manager were strong, relations with many of his staff were not always as good. This is because many in the DHO viewed the project as creating more work for them when they would receive no extra incentives. In August 1999 the positions of head of the DHO and the DHS in Jayawijaya were formally separated. Whilst Dr. Muslim retained his position as the head of the DHO in Jayawijaya, the position of head of the DHS was transferred to drg. Maurits Rumsayor. This led to some problems for WATCH personnel in the final year of the project as most of their activities were implemented in association with the DHS and they did not have time to develop a good working relationship with DHS again. Furthermore, this change led to some internal reorganisation within the DHS that further detracted from their ability to collaborate with WATCH.

In 1999 the Jayawijaya DHS employed a total 1,040 health personnel including 17 doctors, 2 dentists, 2 pharmacists, 7 sanitarians, 858 nurses and 282 midwives. They had a budget of around Rp.11.5 Billion p/a of which over 50%, around Rp. 6 billion, was spent on salaries.

## **5.4 PROVINCIAL AND DISTRICT LEVEL NGOS**

### **5.4.1 BETHESDA HEALTH FOUNDATION – YAYASAN KESEHATAN BETHESDA (YKB)**

The Bethesda Health Foundation is an ecumenical health organisation that was established by eight of the major church organisations in Irian Jaya in 1984. It grew from a Catholic Church logistics agency called the Biro Medis (Medical Bureau) which was established in 1975. In 1980 it was made more ecumenical by including representatives from several Protestant churches on the board of directors and in 1984 it was reconstituted under the name Bethesda Health Foundation under the directorship of all of the major Churches in Irian Jaya. The Bethesda Health Foundation maintains an office and dispensary in Jayapura as well as a large training and conference centre in Wamena. This conference centre was the location for most of the training workshops and conferences conducted by project staff. The original purpose of the foundation was to provide logistical support to remote health facilities across the province through purchasing subsidised pharmaceuticals through government dispensaries in Java and arranging their shipment to, and distribution within, Irian Jaya. YKB have proved to be very successful in this role and have received considerable praise and assistance from the Provincial Government for their role in supplying this essential support service.

During the late 1980s YKB collaborated closely with the Provincial Health Office in the development of the *Dikswa* program which is a correspondence training course for former mission health workers wishing to upgrade their qualifications. In particular they assisted with the preparation, testing, publication and distribution of training materials and the training of *Dikswa* tutors. During the 1990s YKB became involved in a wide range of PHC activities including traditional medicines, agriculture and animal husbandry and water supply. The agricultural and animal husbandry activities initiated by YKB during this period subsequently formed the basis for a new NGO, the Yasukhogo Foundation, which is described below. Around 1996 YKB also became heavily involved in AIDS research and education programs, mostly around the Jayapura area.

WATCH collaborated closely with YKB during the WATCH I phase. In particular WATCH's activities *vis a vis* the DIKSWA (Pendidikan Swakarsa) correspondence training modules relied heavily on YKB's extensive experience and resources in this area. WATCH and YKB also worked closely together in developing curricula and improving teaching methods at the Wamena SPK. Close collaboration with YKB was limited during WATCH II as during this time YKB went through a management crisis that severely limited the foundations ability to implement activities outside their core program.

#### **5.4.2 YAYASAN PERTANIAN YASUKHOGO - YASUKHOGO AGRICULTURAL FOUNDATION (YPY)**

The Yasukhogo Foundation was founded in 1994 due to the idea that Jayawijaya should have a locally based foundation dedicated to the development of agriculture, animal husbandry and other community income generating activities. The initial capital for Yayasan Yasukhogo was received from the Bethesda Health Foundation who transferred ownership of an existing sheep raising project as well as a number of other assets into the hands of the infant NGO.

The WATCH Project Manager as well as one of WATCH's advisers, Dr. Budi Subianto, was instrumental in establishing this NGO. Subsequently, Yasukhogo supplied WATCH with breeding stock for their sheep raising activities in the Kurima subdistrict and in 1995-1996 Yasukhogo worked with WATCH on mushroom trialing. They also worked together to obtain government support and funding for the Wosilimo Tourist Cave project and also on developing a network of indigenous tourism activities across Irian Jaya. Yasukhogo was groomed to take over WATCH activities, but as WATCH continued longer than initially thought Yasukhogo developed its own programs. In particular they built a display LEISA farm and community development project in Siep-Kosi near Wamena with the help of some USAID funding in 1995. Although Yasukhogo didn't end up formally taking over from WATCH, their existence has helped fill some of the gap which would otherwise been left in the Jayawijaya NGO sector upon WATCH's completion.

### 5.4.3 YAYASAN PEMBANGUNAN MASYARAKAT DESA IRIAN JAYA (YPMD-IRJA)

YPMD-IRJA or the Foundation for Rural Community Development in Irian Jaya is one of the oldest and largest NGOs in Irian Jaya. It grew out of a project that ran for two years (1982 to 1984) called the IRJA DISC (Irian Jaya Development Information Service Centre) which was funded by the Asia Foundation in Jakarta and implemented in collaboration with the Cenderawasih University (UNCEN) in Jayapura. As the name of the project suggests, its main focus was on providing development information services to rural communities in Irian Jaya Province. At the completion of the project, YPMD-IRJA was established in order to continue and expand upon the work of IRJA - DISC.

At its inception YPMD-IRJA was divided into two divisions, namely the Information Services and Community Development Divisions. The Information Services Division was involved in the publication of a rural development information bulletin (*Kabar dari kampung – News from the village*), the establishment of a social research unit based on action research methodologies, the establishment of a development library and advocacy. The Community Services Division was initially focused on clean water supply programs but soon branched out into income generating activities including home industries, cooperatives and community based tourism. More recently they have developed a commercial consulting arm called “Irian Consult” which provides architectural, bridge and water supply construction and social research services to government departments and other NGOs.

The director of IRJA-DISC (who was also the first director of YPMD-IRJA) was George Aditjondro, an academic, journalist and environmental activist from Central Java, who has since taken up residence in Australia. In the early 1990s Mr. Cliff Marlesey took up the directorship of YPMD-IRJA where he worked for several years before moving on to head the FOKER, the Irian Jaya NGO Forum. From 1995 until the present YPMD-IRJA has been under the directorship of Ibu Finn, an Irianese woman from the island of Biak. Located in Kota Raja (Jayapura) most of their recent field activities have been located in Jayapura District.

In a variety of ways, YPMD-IRJA has had a profound effect upon the NGO community in Irian Jaya. For example, they have been responsible for the establishment of a range of NGOs in Irian Jaya, perhaps most notably the Irian Jaya Foundation for Human Rights Study and Advocacy (ELSHAM). Throughout the 1990s they have also acted as a block fund manager for donors such as USAID and CIDA and have provided technical support, advice and vision to many of small NGOs that have since been established in Irian Jaya.

WATCH staff collaborated closely with YPMD-IRJA. In particular they used the services of Mr. Yap Winarto, an architect and clean water supply expert who works for Irian Consult, as well as employing their field team of water supply and bridge construction technicians for both construction and training activities. Whilst the restriction of YPMD-IRJA’s field activities to Jayapura District

meant that there was little possibility of overlap with WATCH, close coordination and resource sharing was maintained between the two organisations and YPMD-IRJA's philosophy and approach did much to shape the thinking of WATCH Project personnel.

## **5.5 COMMUNITY AND CHURCH BASED NGOS**

There are eight established Christian Churches in Jayawijaya most of which continue to be closely associated with one or foreign missionary society. Most of these churches have also established one or more social foundation arms. Besides these churches and church based NGOs there is a rapidly growing number of small community based foundations springing up across Jayawijaya and Irian Jaya.

### **5.5.1 THE BAPTIST SERVICE FOUNDATION OF IRIAN JAYA – YAPELBAP IRJA**

The Australian Baptist Mission Society (ABMS) have been pioneers in community development and PHC in Jayawijaya since they established their missions amongst the Lani in the early 1960s. They have achieved some quite impressive results such as the establishment of terraced gardens around Tiom and Pitt River, the establishment rabbit raising as well as considerable improvements in health and literacy. Yapelbap is the foundation arm of the ABMS and is now directed and managed by local people. It continues to play an important role in PHC and development activities amongst the Lani of the Tiom, Pitt River and Makki areas.

The programs pioneered by ABMS and Yapelbap have considerably influenced the approach of WVII, who have worked closely with them since the mid-1970s, and consequently on the approach which was originally formulated for WATCH. WATCH also coordinated and collaborated with Yapelbap during the WATCH I, II and interim extension phases whilst conducting activities in the areas covered by Yapelbap. As the areas covered by the project during WATCH III did not correspond with the area serviced by Yapelbap direct collaboration throughout this phase was limited.

### **5.5.2 GEREJA INJILI DI IRIAN JAYA - GIDI**

**YAPELIN & APCM**

**YAHUKIMO & RBMU**

**UFM**

GIDI is a local church which was formed by the joint efforts of three mission societies the Asia Pacific Christian Mission (APCM), the Regions Beyond Missionary Union (RMBU) and the Unevangelised Fields Mission (UFM).

Yapelin is the foundation established as the social foundation arm of GIDI or the Evangelical Church in Indonesia in the Asia Pacific Christian Mission (APCM) areas. APCM, under the auspices of Yapelin, continue to provide vital literacy and education, medical training and medical extension

services to the communities in areas around Wolo, Ilugwa, Kelila, Bokondini, Karubaga, Kanggime and Kembu-Mamit. WATCH staff worked closely with the APCM missionaries and Yapelin in conducting community development and health activities in their areas throughout all phases of the project.

Yahukimo, stands for Yali – Hubulah – Kimyal – Momuna, the four ethnolinguistic groups covered by this foundation. It is the social foundation arm established by (RBMU). It works in the southern part of Kurima Sub-district. WATCH maintained very close links with this foundation and also with, Ms. Sue Trennier, the RBMU Nursing Sister based in Soba. In particular it was through this relationship that the Yasumat Foundation (Refer to Section I / 5.5.10 below) was conceived and established.

The activities of UFM missionaries in Jayawijaya was basically restricted to the north eastern part of Kurima Sub-district and the area around Kiwirok in Kiwirok Sub-district. As neither of these areas were major focus areas for the WATCH project, the degree of collaboration between WATCH and UFM was quite limited.

### **5.5.3 YAPEKIN / CAMA**

Yapekin is a foundation which was established by the Christian and Missionary Alliance (CAMA) as the social foundation arm of their national church the *Gereja Kemah Injil Irian Jaya*. It mainly services GKII communities in the Grand Baliem Valley area as well as some communities in the Silimo tribal areas. Amongst other things they have been involved in promoting the making and marketing of baskets and small indigenous style string bags. WATCH worked closely with both the CAMA missionaries and Yapekin in conducting community development and health activities in their areas throughout WATCH I, II and the interim extension phase.

### **5.5.4 YAKPESMI / NRC**

Yakpesmi is the social foundation arm of the *Gereja Jemaat Protestant di Irian Jaya*, a church established by missionaries from the Netherlands Reform Church (NRC). Yakpesmi are active in NRC mission areas such as around Pass Valley & Landikma (Yali tribe), Nipsan & Lelambo (Mek tribe), Langda, Bomela and Suntamon (Una tribe) and some posts in the Southern lowlands (Merauke District). The foundation is chaired by Rev. E.R. Dabi and has 3 advisers (all women); Annemieke Vader (general management), Amke Van Wel (agriculture & animal husbandry) and Alie Buijert (health and education).

Yakpesmi is a very well organised and motivated foundation. It has offices in Wamena and Jayapura as well as in remoter areas. Conferences for Yakpesmi personnel from across the district are

also held regularly. It has taxis and trucks in Wamena and Jayapura and maintains student dormitories in Wamena and Jayapura. They have a strong agriculture and community development program which is supported by the NRC in the form of one full time expatriate agriculture / community development adviser. Their health activities are focused on PHC activities through 9 clinics and 56 *Pos Obat Desa* (POD) which are run by non-government village health cadres who are responsible to the local church. The foundation has relatively successfully initiated *Dana Sehat* (village health funds) in some villages. So members who pay 5000 rupiah per year get free treatment at the clinics. They also get assistance from the local church (e.g. tickets to fly with to Wamena) if referral for hospital treatment is needed. During WATCH III project staff collaborated with NRC / Yakpesmi personnel in facilitating training in appropriate technology and the promotion of latrines in the Suntamon area in the southeastern corner of Kurima Sub-district.

#### **5.5.5 KINGMI AND REFSOS / OFM/ CATHOLIC CHURCH**

The project also worked closely with the Catholic Church, who are represented in Jayawijaya by priests of the Franciscan Order (OFM) and its social foundation arms Kingmi and Refsos. The Catholic Church has nine parishes in the Grand Valley area (Wamena, Pikhe, Jiwika / Kurulu, Kimbim, Elegaima, Hepuba, Welesi and Pugima) and as well as numerous parishes in the three Star Mountains subdistricts of Ok Sibil, Ok Bibab and Kiwirok. Kingmi, which is under the Bishopric of Jayapura, largely focuses on the Star Mountains whereas Refsos, which is under the mission in Wamena, focuses on activities in the Grand Baliem Valley area. The Grand Valley Parishes are under the leadership of the Deakin of Jayawijaya, who is based in Wamena, whereas the parishes in the Star Mountains subdistricts are directly under the leadership of the Bishop of Jayapura.

The Catholic Sisters who are based in Wamena, Ok Sibil, Ok Bibab and Kiwirok have been very active in developing women's skills through education programs. These programs have largely been established under the auspices of the Government sponsored PKK program. WATCH worked closely with both Kingmi and Refsos and collaborated extensively with the Catholic Sisters to establish and train CD groups particularly around Kurulu and Kimbim. The project also made links with the Catholic Schools around Wamena in latrine promotion.

#### **5.5.6 GEREJA KRISTEN INJILI INDONESIA – (GKI) THE EVANGELICAL CHRISTIAN CHURCH OF INDONESIA & ZUIVER GEREFORMEERDE KERK (ZGK)**

The *Gereja Kristen Injili Indonesia* or Evangelical Christian Church of Indonesia is one of the largest Protestant churches in eastern Indonesia. It was established during the late colonial period and as it was based in Ambon, most of GKII's congregations are located along the north coast of Irian Jaya and on the Islands of Yapen, Biak, etc. In Jayawijaya the congregations are mostly north coastal Papuans

and Maluccans. GKII also maintain a mission station and have congregations amongst the Yali in Angguruk. They have a limited commitment to agriculture and community development activities and a strong commitment to health care and maintain a hospital staffed by a qualified doctor and senior nurse at their post in Angguruk.

GKII has been closely associated with the Dutch and German Protestant missionary society called the ZGK. In Angguruk the ZGK has given the GKII control of their mission. Currently, ZGK are involved in further evangelism, most notably amongst remote Ngalum communities in the south-western corner of the Ok Sibil Subdistrict and amongst the Korowai who inhabit an area on the border between Jayawijaya and Merauke Districts. Several ZGK missionaries have made considerable contributions to knowledge about Yali communities and health problems in Jayawijaya. Notably Dr. Wim Vriend (1999) has written his doctoral thesis on indoor air pollution in Jayawijayan houses and Dr. Zigmund Zollner (1977) has written an ethnography on the Yali of Angguruk. WATCH's collaboration with GKII and ZGK was quite limited, as their areas of influence did not correspond with areas targeted by WATCH.

#### **5.5.7 GEREJA MASEH ADVENT HARI KETUJUH INDONESIA / SEVENTH DAY ADVENTIST CHURCH OF INDONESIA (SDA) & THE ADVENTIST DEVELOPMENT AND RELIEF AGENCY – ADRA**

The Seventh Day Adventist (SDA) Church of Indonesia has a limited following in Jayawijaya with the majority of its converts living in areas close to Wamena.

ADRA is the relief and development agency associated with the Adventist Church. ADRA was originally founded in the USA and even though the parent organisation, ADRA International is still based in the U.S.A, they have since nationalised the branches established in other countries. Today the national ARDAs around the world operate independently from ADRA International. The main acts of collaboration between WATCH and ADRA occurred during 1995-1996 when WATCH, ADRA and Refsos collaborated in the construction of a major suspension bridge across the Baliem River at Minimo II. Aside from this WATCH also maintained communications with local SDA leaders and ADRA personnel as part of their linkages program.

#### **5.5.8 GEREJA PENTEKOSTA DI INDONESIA - INDONESIAN PENTECOSTAL CHURCH (GPI)**

The Indonesian Pentecostal Church has a small congregation in Jayawijaya, mostly around Wamena and the Grand Baliem Valley. Although WATCH did not formally collaborate with any Pentecostal development agency, close relations were maintained with the church. The development and maintenance of these links were also facilitated by one of the WATCH staff, Damaris Kiding, who belonged to the Pentecostal Church.

### **5.5.9 SUMMER INSTITUTE OF LINGUISTICS/SIL**

The Summer Institute of Linguistics is an international organisation that aims to translate the bible into every language in the world. They have a large program in Irian Jaya and also maintain a small fleet of light aircraft for their own use. They are based in Sentani, near Jayapura, and remain somewhat separated from the rest of the missionary community in Irian Jaya. WATCH's involvement with the SIL throughout the course of the project was basically limited to regular interaction and occasional collaboration with two SIL bible translators, Paul and Pip Etherington, who were based in Kobakma from 1994 onwards. Towards the end of the project, the consultant Dr. Barbara Grimes pointed out to WATCH staff that SIL had already done some work on the production of "shell books" or training templates that were designed for ease of translation into local languages. As these books covered some of the topics that WATCH was interested in it was unfortunate that they had not been aware of these earlier. Dr. Grimes subsequently arranged contact between WATCH and SIL but the relationship was established too late in the project to significantly effect outputs.

### **5.5.10 YAYASAN SOSIAL UNTUK MASYARAKAT TERPENCIL (YASUMAT) SOCIAL FOUNDATION FOR REMOTE COMMUNITIES**

This foundation was established in 1996 by Rev. Oto Kobak and works under the auspices of GIDI (Gereja Injili di Irian Jaya) and RBMU (Regions Beyond Mission Union; now called World Team). The ethnic groups who participate in their activities are the Yali, Hubulah, Kim-Yali and Mornuna. These groups all live in the Kurima subdistrict have been collaborating with the WATCH project since the first and second phases. The purpose of founding this institution was to continue to expand CD activities that were established with the WATCH project. This *yayasan* are involved in health activities such as establishing and maintaining *POD, posyandu and dana sehat*, in agriculture, animal husbandry, education (*scholarships*), cooperatives (*usaha bersama*) and tourism. The present chairman of YASUMAT is the Rev. Lukas Pahabol and one of the advisers (for health) is Sr. Sue Trennier who has extensive experience as a mission nurse working in Jayawijaya.

YASUMAT has continued to provide support for the CD groups established by WATCH during the WATCH II phase in the Ninia, Kobakma, Holuwun and Korupun areas. Furthermore, the WATCH trained CD cadres including Pdt. Yan Kabak, Don Bahabol, Samuel Kobak, Wenam Dabla and Nelson Balingga have continued in the role of CD motivators under the auspices of Yasumat. During WATCH III the project also facilitated for two of the directors/managers of YASUMAT, Lukas Pahabol (Executive director) and Matias Sobolim (Treasurer) to participate in the NGO management and financial administration training conducted by the Prosperous Indonesia Foundation (YIS) in Solo, Central Java.

#### **5.5.10 WOMEN'S VOICE FOUNDATION OF JAYAWIJAYA - YAYASAN HUMI INANE**

The *Yayasan Humi Inane* of Women's Voice Foundation of Jayawijaya was founded during WATCH III. WATCH gave considerable support in its establishment. See section 4.6.2 for a detailed description on WATCH's role in the establishment in *Yayasan Humi Inane*.

#### **5.5.11 YAYASAN MASYARAKAT MULA**

This *yayasan* deals with health and community development activities. It has been successful in forming groups in 16 locations who have worked to establish a polyclinic and programs in agriculture, animal husbandry, loans and savings. The clinic they have established near Wamena is very popular and in 1998 the clinic treated 1756 patients, including 8 cases of tuberculosis and 172 cases of sexually transmitted diseases. This clinic is run by a nurse under the supervision of a part time doctor. Although this foundation is not church based, it works closely with the Catholic Church and has received assistance from a Protestant church in the Netherlands.

Even though the foundation was inaugurated officially by the Governor in 1998 with the slaughtering of several dozen pigs, it was five years earlier in 1993 that Mr Kayo Hubi, a prominent Grand Valley Dani tribal chief founded YMM. Mr Hubi was one of the tribal chiefs to meet President Soeharto in Jakarta in 1987 and to receive a gift from him; a Kijang pickup (still running), a set of agricultural tools and some seeds. The President said to him "Your most precious possession is your land. Cultivate it". He followed the advice of the President in instigating the activities associated with this foundation.

#### **5.5.12 YAYASAN SILOAM**

This newly established foundation was founded in 1997 and the chairman is Mr. Fred Kumbado who is a staff member of the Jayawijaya Health Service and has initiated several activities such as the formation of a community development group under the chairmanship of Mr. Stephanus Witapo and establishing a cooperative "kiosk". They have also the *dana sehat* scheme in the village of Sogokmo (20 km south of Wamena) The members of the group pay Rp. 1,000/month and can get simple treatment at the local *pos obat desa*. At the time of writing this document this *yayasan* had problems with financial management and the *dana sehat* was being reviewed by the group members.

#### **5.5.13 YAYASAN SUPULA**

This organisation is supervised by the Social-Economic Department of the Diaconate in the Catholic Church. It works for the community around the Desa Phike, in Kurulu subdistrict. *Yayasan Supula* is mostly concerned with helping rural groups to develop agriculture and animal husbandry.

#### **5.5.14 YAYASAN HANADANA**

Yayasan Hanadana is another community-based foundation that deals with CD activities in rural areas. Hanadana works with Dani and Walak communities in Manda and Wolo in Kelila Sub-district. A WATCH CD group called *Lembah Hebron Manda* were the embryo of this institution. *Hanadana* plans to develop their activities to include education in the future.

#### **5.5.15 YAYASAN OBOR SUKA CITA KUTIME**

This organisation is based in the Desa Kutime in Kanggime sub-district. During WATCH III they worked closely with WATCH on a number of activities including the construction of a suspension bridge across the Toli River and the development of a cooperative store. Furthermore, one of their members was also sent to Solo for training in NGO management and financial administration whilst several other members received in-situ training from the project bookkeeper in financial administration for small cooperatives.

#### **5.5.16 YAYASAN YUMA**

Yayasan Yuma is another small community foundation located in Kembu-Mamit Sub-district. During WATCH III they also collaborated with WATCH on CD activities and one of their members went on the training in NGO management and financial administration in Solo, Central Java.

### **5.6 GOVERNMENT DEPARTMENTS**

#### **5.6.1 OFFICE OF THE BUPATI**

The Office of the *Bupati* is the district level body of the Department of the Interior and has responsibility for the management of government services at the district level. As described in section 1.6 the DHS receives its funding from and is primarily accountable to the Office of the *Bupati*. Therefore, the development of close counterpart relationship with the DHS in Jayawijaya was heavily dependent upon the development of a close working relationship with the Office of the *Bupati*.

During WATCH I, II and part of the interim extension phases, WATCH personnel developed an excellent working relationship with the *Bupati* of Jayawijaya, Colonel Jos Buce Wenas. Col. Wenas is

a native of North Sulawesi Province with an illustrious military career behind him<sup>24</sup>. Col. Wenas was highly regarded in his role as *Bupati* because he displayed showed considerable concern for the well being and development of indigenous Jayawijayan communities (refer to section I / 1.5 for details of pro-indigenous economic measures put in place by Wenas. However Col. Wenas at times expected WATCH to become involved in or even take control of activities or activities that were outside the projects focus. For example, part way through WATCH II the Bupati requested that WATCH add the Iwur area as an additional target areas and assist with bridge construction and airstrip improvements. And when he provided pottery wheels to communities in Kurima Sub-district, he urged WATCH to assist with training in pottery production. Furthermore, the Bupati would often utilise the skills of the PM, Dr. Sukwan Handali, for a variety of other duties including commentating in English at special events. These requests, which WATCH personnel felt compelled to accommodate, often stretched the resources of the project and in some cases detracted from core PHC activities.

In January 1998 Col. Wenas was transferred to the position of Vice-Governor in his home province of North-Sulawesi. Between January and August 1998 the position of Bupati of Jayawijaya remained vacant. While a new *Bupati* was being chosen, the Governor of Irian Jaya exercised the powers of the *Bupati*.

In August 1998, Mr. David Hubi, a native Grand Valley Dani was appointed as the new Bupati. Whilst the appointment of an indigenous Bupati with no military background appeared in many respects to be a step forward, the reality was that, at least during the initial stages of his tenure, the new Bupati lacked the experience and skills in administrative and personnel management required to work effectively. Furthermore, as he is almost completely blind it makes it difficult for him to keep abreast of developments in Jayawijaya and across the nation. It is also believed that this disability has made it easier for others to manipulate him as they can control the information he receives. Consequently, during WATCH III the project could not count on the same levels of patronage and assistance to which they had become accustomed during the previous administration.

#### **5.6.2 FAMILY WELFARE MOVEMENT- PEMBINAAN KESEJATERAHAN KELUARGA (PKK)**

The PKK (Pembinaan Kesejahteraan Keluarga – Family Welfare Movement) was originally conceived and trialed by the wife of the governor of Central Java during the late 1960s. When the governor was subsequently appointed as the Minister for the Interior in 1972 they set about establishing the PKK as a nationwide program. However, it was not until 1983 that this movement was fully institutionalised through inclusion in the Guidelines of State Policy (GBHN).

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<sup>24</sup> Until very recently it was standard practice to appoint military personnel to many of the higher civil administrative positions in Irian Jaya.

The organisational structure and membership of the PKK basically shadows that of the government administration with most of the members being drawn from the Association of Wives of Civil Servants (Dharma Wanita) or the Association of Servicemen's Wives (Dharma Pertiwi). The structure begins at the national level with the PKK National Motivating Team (PKK-NMT) which is under the leadership of the wife of the Minister for the Interior. Similarly, PKK Motivating Teams (PKK-MTs) are organised at the provincial, district, sub-district and village levels under the leadership of the wives of the provincial governors, district *bupatis*, sub-district *camats* and the village *Kepala Desa* respectively. The PKK in turn sits within the structure of the Ministry of Internal Affairs and is funded through the Directorate General for Village Development (Dirjen Bangdes – see section I / 5.6.6). The amount of funding provided to the PKK is usually equivalent to the amount provided for the Inpres Bandes Program (see section I / 1.14).

The main aim of the PKK is to improve the welfare rural women and families, especially in health care, with the ultimate goal of decreasing the infant mortality rates (IMRs).

The activities of PKK-MTs are based on two nationally established programs. The first of these programs is the “*Sosialisasi 10 program pokok PKK*” or socialisation of the ten key PKK programs. These programs are as follows:

- Penghayatan dan Pengamalan Pancasila – Enlightenment and implementation of the five principles of Indonesia (Pancasila);
- Gotong Royong – Community self help and mutual cooperation;
- Pangan - food;
- Sandang - clothing;
- Perumahan dan Tata Laksana Rumah Tangga – housing and home economics;
- Pendidikan dan Ketrampilan – education and skills training;
- Kesehatan - health;
- Pengembangan Kehidupan Berkoperasi – development of cooperative living;
- Kelestarian Lingkungan Hidup – preservation of the living environment;
- Perencanaan Sehat – health planning.

The second major program of the PKK, the “*Gerakan Dasa-Wisma*” or the ten household's movement, was established in support of the DOHs posyandu program. Through this program the PKK supports a range of activities associated with the posyandu, supports and supervises the posyandu cadres and attempts to establish small self help groups of around ten households each. As such, much of the activity that occurs within the posyandus is actually driven by the Gerakan Dasa-Wisma program of the PKK rather than through the DOH.

Whilst the PKK program is ostensibly quite structured from the national level down, at least at the provincial and district levels the PKK-MTs can exercise considerable discretion and flexibility as to the types of activities are undertaken. This is especially the case in instances where PKK-MT members are able to exert sufficient influence over their husbands to gain access to additional funding.

The PKK has had considerable impact in many parts of the country, most notably in the rural areas of Central Java, has a large membership (around 6.3 million women by the end of Repelita V in 1994) and has been internationally recognised as a locally appropriate and effective means of delivering primary health care and social welfare service to rural communities in Indonesia.<sup>25</sup> However, it has proved difficult to replicate these successes in Jayawijaya. This is due to a range of constraints, which have undermined the establishment of effective PKK-MTs in most sub-districts and desa. The most notable constraints have been the limited extent to which government presence and services extend into the remote villages and the general weakness of sub-district and village level administration in Jayawijaya. Furthermore, the marked differences between Jayawijayan cultures and the culture of rural Central Java, which first gave rise to the PKK and, which continues to permeate PKK ideology and approaches, means that many of the accepted or institutionalised approaches favoured by the PKK are less well suited to the Jayawijayan social context.

Despite the weakness of PKK institutions at the sub-district and village levels during the period that Mrs. Jeanne Wenas was its head (up until 1998), the Jayawijaya PKK District Motivation Team (PKK-DMT) was reasonably effective and quite active. A broad range of activities were regularly run at the district and sub-district levels and even down to the Village level in areas close to Wamena such as Wanima, Honelama and Minimo. During this period the PKK-DMT also maintained strong linkages with the Catholic Sisters in Wamena and attempted to integrate the women's groups sponsored by the catholic sisters into PKK activities and thus facilitate close collaboration in implementing and supervising women's group and posyandu activities.

From the inception of WATCH I through until the completion of WATCH III the project worked closely with the Jayawijaya PKK-DMT especially in regards to the promotion of nutrition and health, training in appropriate technologies for food processing and gender awareness campaigns. WATCH also collaborated with the PKK-DMT with establishing a central cooperative (the Kedai) in Wamena to help local communities with the marketing of their produce using funds secured through AusAIDs Small Activities Scheme (SAS).

WATCH viewed collaboration with the PKK-DMT as a priority both because they offered access to existing women's groups in some parts of Jayawijaya but also because they recognised that the PKK had grown to become an integral element of the nations ongoing PHC strategy. As such the

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<sup>25</sup> International recognition of the role of the PKK in extending PHC in Indonesia has included both UNICEF's Maurice Pate Award and the WHO's Sasakawa Health Prize in 1988 and UNESCO's Noma Prize in 1995.

development of the capacity of the PKK-DMT was seen as an important means by which to promote the continuity and sustainability of WATCH interventions after the completion of the project.

Unfortunately, as WATCH personnel experienced after Mrs. Wenas left the PKK-DMT in 1998, the impact of the PKK-MTs is often quite dependent upon the personal commitment, organisational skills and motivation of the local leadership. However, despite the observable down turn in PKK activity after 1998, by the end of the project period the PKK-DMT were still actively involved in implementing activities introduced by WATCH including training in appropriate technology for food processing and the conduction gender awareness campaigns in the villages.

### **5.6.3 DEPARTMENT OF AGRICULTURE**

The Department of Agriculture is divided into four dinas or services. These are the Food Crops Service (*Dinas Pertanian Tanaman Pangan*), the Livestock Service (*Dinas Peternakan*), the Plantation Crops Service (*Dinas Perkebunan*) and the Fisheries Service (*Dinas Perikanan*). Throughout the 1990s the project collaborated with all four agricultural services in Jayawijaya. In particular many of the propagules and breeding stock provided to the CD groups were sourced from these services and staff from the relevant services sometimes assisted with training and technical advice.

#### **Food Crops Service**

In Jayawijaya the Food Crops Service focuses on a number of areas including the development of wet rice cultivation, the development of apple, citrus, avocado and other orchards and the development of vegetable and legume production. The ideal of having one Agricultural Field Adviser (*Penyuluh Pertanian Lapangan – PPL*) permanently located in each *Desa* is far from achieved in Jayawijaya and the PPLs that are employed are rarely at their designated post.

#### **Plantation Crops Service**

The Jayawijaya Plantation Crops Service is mostly focused on developing a coffee industry in Jayawijaya. Since the mid-1990s they have been implementing a project which offers funding to individuals or groups to aid with the development of large (upwards of 25 hectares) coffee plantations. However large plantations are impractical in Jayawijaya as it is not easy to find individuals or even communities who can claim ownership over 25 continuous hectares. Consequently, their activities have impacted on the Grand Baliem Valley area where people do have more land.

### **Livestock Service**

The Jayawijaya Livestock Service has been involved in the dissemination of livestock including domesticated pigs, goats, sheep, chickens, ducks and rabbits. The extent of their field extensions is largely limited to the Grand Baliem Valley and North Baliem areas.

### **Fisheries Service**

The Jayawijaya Fisheries Service has been involved in disseminating golden carp and catfish in Jayawijaya and in training communities in fishpond construction and aquaculture techniques. The Fisheries Service is probably the poorest of the agriculture services in Jayawijaya and consequently the extent of their field extensions is very limited.

#### **5.6.4 RURAL DEVELOPMENT DIVISION - BANGDES (PEMBANGUNAN DESA)**

The Rural Development Division or Bangdes is a district level division of the DOI which is responsible for the implementation of the Inpres Bandes and Inpres Desa Tertinggal (IDT) programs. WATCH worked closely with Bangdes, principally in conducting annual technical training workshops in gender analysis for government officers and NGO staff in Jayawijaya. WATCH also assisted Bangdes with conducting training activities in “*community development social preparation*” in preparation for the disbursement of IDT funding in Bokondini, Kobakma and Ok Sibil Sub-districts.

#### **5.6.5 REGIONAL DEVELOPMENT PLANNING BODY – BADAN PERENCAAN PEMBANGUNAN DAERAH (BAPPEDA)**

The Regional Development Planning Body (BAPPEDA) represents the National Development Planning Body (BAPPENAS) and the Ministry of Development Planning at the provincial and district levels. They maintain responsibility for the planning of government projects as well as for the disbursement of both project and community development funds (Bandes, IDT, JPS) at the provincial and district levels. As such BAPPEDA is one of the most important government instrumentalities operating in the District. WATCH worked closely with BAPPEDA both in providing technical assistance for PHC and community development planning and also through their work with Bangdes in support of the IDT program.

#### **5.6.5 OTHER GOVERNMENT DEPARTMENTS**

WATCH also collaborated with several other government departments throughout the course of the project, most notably the Department of Cooperatives (in establishing village cooperatives). WATCH also collaborated with the Department of Public works (*Departemen Pekerjaan Umum - DPU*) for certain infrastructural development activities including the design of Polindes (village birthing huts) upgrading of walking tracks and airstrips and the construction of suspension bridges.

However, the design of bridges favoured by the DPU differed from that of WATCH so direct collaboration on bridge construction was limited.

## **5.7 OTHER PROJECTS AND DEVELOPMENT AGENCIES**

### **5.7.1 ALOR COMMUNITY BASED HEALTH PROGRAM (ACBHP)**

The Alor Community Based Health Program (ACBHP) was effectually the sister project of WATCH. Commencing in 1997 and continuing through until the conclusion of the project in 2000 the project targeted three sub-districts of Alor District in East Nusa Tenggara (NTT) Province. Like WATCH, the ACBHP was jointly implemented by WVII and the DHO, managed by WVA and funded by AusAID. The design and implementation of the ACBHP owed much to the model already established and the lessons which had already been learned in the earlier stages of the implementation of WATCH. Throughout the ACBHP period the two projects maintained close communications, undertook staff exchanges and provided each other with technical support, as was the case in WATCH III when the ACBHP Monev Coordinator travelled to Jayawijaya to assist WATCH personnel with their mid-term survey. From the end of WATCH II onwards WATCH and the ACBHP shared the same Project Coordinating Committee and thus the PMs of the two projects met on a regular basis in Jakarta, Wamena or Alor. The linking of the two projects and through encouraging the open exchange of reports and other written outputs and ideas and experiences between the two projects the standard of the implementation and reporting of both projects was somewhat improved.

### **5.7.2 WORLD BANK THIRD COMMUNITY HEALTH AND NUTRITION PROJECT - CHN3**

The Third Community Health and Nutrition Project (CHN3) was a World Bank sponsored project implemented by the MOH. The project started in January 1993 and ran until September 1999. Although the project had nation-wide scope, Eastern Indonesia and Irian Jaya in particular were specifically targeted as priority areas under this project. There were three main aims of this project. Firstly, to develop the provincial and district level capacity to plan, implement and evaluate safe motherhood, child survival and nutrition programs, including health and nutrition education and health information systems. Secondly, to establish flexibility in the management of resources at the national, provincial and district levels with the aim of achieving greater specificity and effectiveness in health and nutrition programs. And thirdly to strengthen the capacity of the Directorate General of Community Health of the DOH to effectively provide support for the efforts of provincial and district levels in these areas.

Although the aims of CHN3 project dovetailed with the aims of WATCH, the latter was operating as a joint NGO and Government project (with interventions targeted at the grass roots level)

whilst the former operated from within the MOH and focused more on changing management practices and systems. Therefore it was timely that these projects were implemented simultaneously as the projects were mutually supportive. WATCH and CHN3 personnel regularly attended the meetings of the other, they collaborated on several activities and also jointly published several reports. Their success in communicating and coordinating ensured that the impacts of both projects were maximised. In January 1998 the WATCH Counterpart Manager, Dr. Zulfian Muslim, and the Project Manager Drg. G. Yuristianti A both received funding from the CHN3 which allowed them to attend a short course on Women's Health which was presented by the Key Centre of Women's Health University of Melbourne. In August of the same year CHN3 provided further funds to allow the Dr. Zulfian Muslim and the GAD Coordinator, Ms. Susana Sрни, to finish their Masters Theses on "Community Health Services in Jayawijaya" at the Gadjah Mada University in Central Java.

### **5.7.3 UNICEF HEALTHY MOTHERS HEALTHY BABIES PROJECT**

The UNICEF "Healthy Mothers, Healthy Babies" Project was originally intended to operate only in Sorong, Manokwari and Jayapura Districts. In April 2000 their activities were broadened to include Jayawijaya as AusAID felt the completion of the WATCH project might create a partial vacuum in health extension services in the district and leave a number of new initiatives in health and community development without ongoing support and supervision. UNICEF Irian Jaya is managed by Dr. Budi Subianto, the former head of the PHO planning division and a strong supporter and key adviser to the WATCH Project since its inception. During late 1999 and early 2000, WATCH collaborated with UNICEF, the DHS and other NGOs in the preparation of a plan of action for an initial period of twelve months of the project and the identification of three suitable sub-districts as target areas for the project.

### **5.7.4 MEDICINES SANS FRONTIERS - MSF**

MSF first worked in the Jayawijaya District in response to the 1997-1998 ENSO related drought. In April 1998 they established a European Union funded project which focused on the provision of disaster relief services and on conducting research into malaria parasitology and control in Jayawijaya District. The WATCH project, especially the Health Coordinator was closely involved in these activities between April and December 1998 with a total of 10,358 blood slides examined and 32,139 persons treated for malaria. Although this project finished earlier in 1999 MSF received further funding from AusAID to conduct a communicable disease control and Primary Health Care project in the Silimo and Suru-Suru areas in the south-west of Kurima subdistrict. In close collaboration with CAMA mission workers and the Jayawijaya District Health Services, MSF have trained 90 village health cadres and supplied them with a simple manual and essential drugs. The

manual produced by MSF builds upon the types of IEC materials developed by project staff, the Bethesda Health Foundation and the Provincial Health Office. A further aim of this project is to improve the early detection of disease outbreaks by improving cadres ability to record and report health events which builds upon the work already done by project staff. The MSF project staff consisted of the Project Manager (Mr. Laurent Ploquin from France), a Medical Coordinator (Dr. Kace Keiluhu from the Jayawijaya DHS), a nurse, a pharmacist, a computer specialist and a medical anthropologist (Dr. Kurt Hanevik). The medical anthropologist has been engaged in extensive ethnographic baseline studies, the results of which should also be useful for guiding future PHC Projects in Jayawijaya.

#### **5.7.5 MEDICAL EMERGENCY RELIEF INTERNATIONAL – MERLIN**

Merlin, is an international medical relief agency founded in the UK in 1993 in response to the war in Bosnia-Herzegovina. The organisation has grown rapidly and now has around 600 staff implementing programs in Russian Siberia, Tajikistan, Kenya, Democratic Republic of Congo, Albania, Kosovo, Liberia, Sierra Leone, Mozambique and East Timor. They are also a partner in the WHO's malaria roll back program. Merlin became involved in Irian Jaya in early 1998 in response to the ENSO related drought affecting Jayawijaya. Although they worked in Jayawijaya for just under two years they had a significant impact on WATCH's work since that they too worked on malaria control. It seems that WATCH staff were considerably influenced by Merlin in their subsequent understandings of how to approach malaria control and in laboratory techniques including improved blood slide analysis for more accurate diagnosis of malaria.

#### **5.7.6 INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC) & THE INDONESIAN RED CROSS (PALANG MERAH INDONESIA – PMI)**

In 1996 the ICRC were called upon to assist with negotiating the release of the hostages in Mapenduma (cf. Section 7.1 below). Their image in Jayawijaya suffered considerably after this crisis as helicopters marked with red cross symbols were apparently used in military operations after the break down of negotiations. After the hostage crisis, ICRC in collaboration with the WWF and UNESCO collaborated on a project to heli-lift over 100 pigs into the Mapenduma area. This activity was believed to be important as it was seen to replace the pigs that had been slaughtered during the hostage crisis. However, many believe this was primarily a publicity stunt to buy back the local support and credibility lost by these organisations a result of the hostage crisis. Airdropping material goods is antithetical to the principles of community development and is especially thoughtless in Melanesia where ideas often referred to as 'cargo cultish' are prevalent.<sup>26</sup>

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<sup>26</sup> The term cargo cult arose during the colonial era to describe a variety of seemingly irrational native movements or social responses to the arrival of outsiders. Such "cults" ranged in nature from fierce resistance to extremely rapid accommodation and acculturation of the newcomers. The term and associated theories have largely fallen out of favour in contemporary anthropology in favour of concepts such as articulation of change

During the 1997-1998 ENSO related drought, the ICRC and the Indonesian Red Cross (PMI) established a joint monitoring and relief project in Jayawijaya and Mimika Districts. The initial mission arrived in Irian Jaya on the 19th of November 1997. It comprised of three ICRC delegates (including a nutritionist and a medical doctor), and three members of PMI (including a medical doctor). Soon after the team expanded to include two doctors, two nurses, a nutritionist and several support personnel. Furthermore, Dr. Fred Rumawas of the Bogor Agricultural Institute (IPB) and a long-term adviser to both BPPT and WATCH, was employed by the project in the role of agricultural adviser.

In Jayawijaya the ICRC and PMI activities were initially focused on the Mapenduma area but they subsequently expanded their activities to include the three Star Mountains Sub-districts of Ok Sibil, Ok Bibab and Kiwirok. WATCH were able to work closely with the PMI-ICRC project and through WATCH's coordination meetings were able to coordinate their work with other organisations as well. In addition, WATCH advised the PMI-ICRC project staff about working under local conditions and assisted them with some field survey activities.

#### **5.7.7 PREVENTATIVE ALTERNATIVE TECHNOLOGY FOR HEALTH (PATH)**

PATH is a US based NGO who launched a major AIDS research and prevention program in Irian Jaya in the mid-1990s. As WATCH staff did not work in this area, opportunities for collaboration with PATH were limited however they did maintain links with PATH and also became involved in several activities sponsored by them.

During WATCH II the project funded several health workers from Jayawijaya to attend training on AIDS research and prevention conducted by PATH and YKB in Jayapura. In 1997 several staff of the WATCH project collaborated with a local anthropologist priest on a research project into Dani beliefs and behaviours relating to AIDS and other sexually transmitted diseases (cf. Lokobal 1997). WATCH, CHN3 and PATH jointly published the results of this research. Also, at the beginning of 2000 WATCH personnel participated in a training workshop conducted by PATH in Wamena. This workshop focused on the production of locally appropriate training or IEC materials. As this had been a major area of activity for WATCH they were able to make some considerable contributions to this workshop.

#### **5.7.8 OTHERS**

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and proto-nationalism. For further discussion on cargo cults in Irian Jaya refer to Godschalk & Strelan (1989), Godschalk and Dumatubun (1989) and Godschalk and Giay (1993). For more contemporary anthropological perspectives on Melanesian cargo movements see Errington and Gewertz (1995) and Lawson (1992).

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Aside from the organisation already outlined, WATCH also developed minor linkages with a range of other organisations. These included:

***Yayasan Indonesia Sejahtera (YIS)*** or the Prosperous Indonesia Foundation based in Solo, Central Java. During WATCH III representatives of a number of local NGOs were sent by WATCH to attend training with YIS.

***Centre for Applied Sustainable Energy (CASE)*** an alternative technology centre associated with a University in Western Australia. During WATCH III it was proposed that several WATCH cadres would attend a training workshop run by CASE in Makki. Unfortunately, due to the deteriorating political situation in Irian Jaya in 1999 – 2000, CASE staff were unable to complete the implementation of these activities.

**The *Bina Swadaya Foundation*** is one of the largest NGOs in Indonesia. WATCH personnel frequently discussed development issues and approaches with the directors and staff of this organisation in their office in Jakarta and later in their branch office in Wamena.

***Yayasan Pembinaan dan Pengembangan Wirausaha di Irian Jaya (YPPWI)*** or the Foundation for the Promotion and Development of Entrepreneurialism. This organisation was founded in the early 1990s and is principally involved in micro-credit schemes for women around Sentani in Jayapura District. As WATCH and YPPWI shared an interest in women's empowerment and socio-economic development in Irian Jaya, the two organisations maintained close communications. WATCH also collaborated with YPPWI in conducting feasibility studies for home industry activities.

## **5.8 EDUCATIONAL AND RESEARCH INSTITUTIONS**

### **5.8.1 CENTRE FOR TECHNOLOGICAL RESEARCH AND DEVELOPMENT**

#### **BALAI PENELITIAN DAN PENERAPAN TEKNOLOGI - BPPT**

The BPPT or Centre for Technological Research and Development is a statutory institution for applied research. BPPT reports directly to the president and up until 1997 the Director of BPPT was Mr. B.J. Habibie. BPPT have an office in Wamena but their program in Jayawijaya is focused on the Tiom area. The aim of their project in Tiom is to design an inter-sectoral model of village community development for Jayawijaya. Specific activities supported through this program include rabbit raising, bee keeping, coffee growing, market gardening, community capacity building, etc. They have also been involved in a range of post-harvest processing activities. In particular they have been helping the Tiom community process, package and market commodities including coffee and honey.

BPPT provided extensive guidance and support to WATCH throughout the project period. Most notably they assisted WATCH in training cadres during the inter-village visits to Tiom in 1995-1996. BPPT also provided their agronomist consultant, Dr. Fred Rumawas, to provide consulting services to WATCH free of charge.

In the aftermath of the 1997-1998 ENSO drought WATCH again collaborated with Dr. Fred. Rumawas of BPPT as well as staff of the International Potato Centre (CIP) in Bogor, and the Faculty of Agriculture at UNCEN Manokwari. The purpose of this collaboration was to increase food security and community self-reliance in the face of future disasters and famines through the development of new cultivars of sweet potato. In particular they sought to select and breed sweet potato cultivars with greater frost resistance, higher concentrations of proteins in tubers and leaves and/or which would grow faster and produce a greater weight of tubers.

### **5.8.2 LEMBAGA ILMU PENGETAHUAN INDONESIA – NATIONAL ACADEMY OF SCIENCES (LIPI)**

LIPI or the Indonesian Academy of Sciences maintains a permanent research station in Wamena. Their programs include a combination of applied research (ie. what variables determine the success of bee keeping, sustainable agriculture and mixed farming etc.) with more 'pure' empirical investigations. From the mid 1990s LIPI have also been developing a Biological Gardens and Agricultural Model Farm at Gunung Susu a few kilometres south-west of Wamena. LIPI and WATCH collaborated in conducting training in appropriate technology and bee keeping as well as through the running of gender awareness activities. LIPI also helped WATCH by providing extra utensils for appropriate technology training including corn grinding mills, peanut huskers and sweet potato slicers.

### **5.8.3 UNCEN**

WATCH collaborated with staff and students from UNCEN (see section 1.11 of this section for a description of UNCEN). In January 1995 Dra. Ivone Poli, a staff member from UNCEN, worked with WATCH personnel and the ethnographic consultant (Naniek Kasnyah) from UGM in conducting research into the factors causing delays in the treatment of respiratory tract infections among the Dani (cf. Kasnyah 1995). More substantial collaboration with UNCEN occurred in later in 1995 when a group of anthropology lecturers and students participated in a ethnographic workshop and field study run by WATCH and the Canadian anthropologist Leslie Butt (1995).

WATCH also collaborated with the Agriculture Faculty in Manokwari especially in relation to the development of sweet potato flour based food supplements and the development of improved cultivars of sweet potatoes.

### **5.8.4 UNIVERSITAS GADJAH MADA – UGM**

Located in the Central Javanese city of Yogyakarta, UGM is one of the largest and most respected universities in Indonesia. In particular, during WATCH II a number of consultants to the project were drawn from UGM including Dr. Michael Dibley (the WATCH I reviewer), Dr. Mohammad Hakimi (Maternal and child health expert), Dra. Naniek Kasniyah (ethnographer), Dr. Haripurnomo Kushadiwijaya (epidemiologist), Eka Surya (computer programmer) and Dr. Tonny Sadjimin (nutritionist), Drs. Abdul Wahab, MPh., as a HIS program reviewer. After the visit of the computer programmer in 1995, the WATCH Monev Coordinator also travelled to Yogyakarta and worked with him on programming the Jayawijaya HIS. Two WATCH personnel, the Counterpart Project Manager, Dr. Zulfian Muslim, and the GAD Coordinator, Ms. Susana Sрни also completed their Masters Theses with UGM during the later stages of the project.

#### **5.8.5 UNIVERSITAS INDONESIA (UI)**

Universitas Indonesia (UI) is one of the most prestigious universities in Indonesia. In 1993 WATCH collaborated with Drg. Yulia Maria, a Medical Antropologist from UI in order to conduct a training workshop on an anthropological approach to community health services. This workshop was attended by staff of the DHS, doctors and other paramedics.

#### **5.8.6 OTHERS**

WATCH also worked with a number of other educational and research institutions. The most notable of these was the Bogor Agricultural Institute (Institut Pertanian Bogor - IPB) with whom WATCH personnel maintained linkages through the person of Dr. Fred Rumawas (Refer to section I / 5.6.1 above for more details on the collaboration between Dr. Rumawas and WATCH). During WATCH II several WATCH personnel also spent time at the Centre for Development of Food Technology (Pusbangtepa) at the IPB learning about different post harvest processing technologies and products.

In the aftermath of the ENSO drought in 1997-1998 WATCH personnel also collaborated with Mr. Gordon Prain, Ibu Sicilia and Dai Peters of The International Potato Centre (CIP), also located in Bogor, in conducting sweet potato selection and breeding activities for food security in Jayawijaya.

During WATCH II a number of cadres were sent to the Ciawi Livestock Research Centre (Balai Penelitian Ternak Ciawi - BPTC) for training in organic agriculture and animal husbandry, whilst during WATCH III CD cadres were also sent for similar training to the Centre for Environmental Education (Pusat Pendidikan Lingkungan Hidup – PPLH) in East Java.

## **6. SIGNIFICANT EVENTS DURING THE PROJECT PERIOD**

Throughout the course of the project a number of notable events occurred in Jayawijaya which significantly impacted upon the implementation and outcomes of WATCH.

## **6.1 MAPENDUMA HOSTAGE CRISIS – 1996**

In December 1995, four British, two Dutch, one German and four Indonesian nationals were taken hostage from the village of Mapenduma (Tiom subdistrict) by members of the Free Papua Organisation (*Organisasi Papua Merdeka* – OPM). As part of the Cambridge University Lorentz 95 British and Indonesian people were in the area to conduct biological research. The Dutch and German citizens were staff of the World Wide Fund for Nature (WWF) who were in the area to discuss the proposed extension of the Lorentz National Park. The OPM group, which took them hostage, was comprised of a mixture of Nduga, Lani and Amungme people under the leadership of Kelly Kwalik (Amungme) and Yudas Kogoya (Lani). The German national was released after a few days, along with a number of local hostages, but the remaining ten hostages were held captive for almost four months.

The ICRC and local church leaders were involved in negotiating for their release, but after coming very close to achieving this goal negotiations suddenly collapsed and a military option was pursued instead. This ultimately resulted in the release of 8 hostages with two of the Indonesian nationals being killed by their captors as they attempted escape. During this period a number of separate but related incidents of violence also occurred including the killing of several Indonesian soldiers by Lani men near Kwiyawagi (Tiom Sub-district) and an incident in Timika, Mimika District, where a soldier shot his own commanding officer and six other people. Apparently the incident in Timika was related to psychological stress over the killings in Kwiyawagi.

This hostage crisis caused considerable set backs for WATCH in several ways. Firstly, in response to this incident many areas of Jayawijaya were temporarily closed off. This included most of Tiom Sub-district and the three Star Mountains Sub-districts, Ok Sibil, Ok Bibab and Kiwirok. Consequently the activities of WATCH, including the baseline survey for WATCH II, were interrupted. It also directly impacted upon the community development activities, which WATCH had been supporting in the Mapenduma area. Most notably, WATCH had been successful in establishing rabbit raising in this area. When the hostage crisis came, nearly all of the livestock in the area, including the rabbits provided by WATCH, were promptly killed and eaten by local people. This was because they feared that if they did not eat them they would be taken either by the OPM or by the Indonesian soldiers who were operating in the area.

## **6.2 ENSO DROUGHT – 1997 - 1998**

In 1997-1998 much of Jayawijaya was severely effected by a drought which has been linked to the phenomenon known as the El Nino Southern Oscillation (ENSO). This drought, and the associated

frosts and wild fires<sup>27</sup>, led to serious disruptions of agriculture in many areas and many more people had difficulty locating clean drinking water. Consequently, there was a significant increase in the incidence water borne diseases as well as an increase in other diseases including malaria. This drought coincided with the Interim Extension Phase and it dictated much of the course of interventions during this period, which became more focused on supporting relief efforts, helping to conduct surveys to identify areas in urgent need of assistance and maintaining links with community development groups.

The 1997-1998 drought was not an isolated incident. Indeed there is evidence that a number of similar droughts effected areas right across Irian Jaya and neighbouring Papua New Guinea in 1914-15, 1941-42, 1972-73 and 1982-83<sup>28</sup>. As not many conclusions can be drawn from this evidence, observations of the most recent drought combined with accounts of past incidents from local people, missionaries and others suggest that there is a fairly predictable pattern of droughts in Irian Jaya. In all of these droughts it seem to be the case that the most severely effected regions were on the south face of the ranges and also that severity increased from west to east. The worst affected areas seem to have been around Ok Sibil and Langda on the south face of the range close to the PNG border. The southern part of Kurima Sub-district and the Silimo and Nduga tribal areas were other areas that were affected badly by the drought. Particularly steep terrain as well as karst or cavernous limestone terrain and also seem to have increased the severity of the drought by increasing the rate of surface run off. Furthermore, settlements above 2,200 meters altitude experienced particularly heavy frosts that destroyed their sweet potato crops. On the north face of the ranges the situation was less critical. However, mortality rates still seem to have risen considerably during this period and food shortages and malnutrition were experienced across Jayawijaya.

### **6.3 ASIAN ECONOMIC CRISIS / COLLAPSE OF THE NEW ORDER GOVERNMENT & CHANGES TO POLITICAL AND ADMINISTRATIVE SYSTEM**

The impact of the Asian Economic Crisis of 1997-1998 upon the economy of Jayawijaya has already been discussed in section 1.13 of this document. As communities in Jayawijaya are not heavily dependant upon the cash economy, the political and administrative changes set in motion by the Economic Crisis and the ensuing fall of the New Order Government were of more significance for locals. In particular since 1997 the GOI has been working towards the establishment of a more autonomous system for provincial and district level government and administration. Irian Jaya has been singled out as an area that should be granted special autonomy, in other words it should have greater local control over planning, governance, administration and finance. The proposal to grant

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<sup>27</sup> For reports on the conditions in Irian Jaya and Papua New Guinea during the 1997 ENSO drought refer to Allen & Bourke (1997), Ballard et al (1997) Ballard, Cook & Wignal (1998), WWF (1997) and Turukna et al. (1997).

<sup>28</sup> For information regarding the impacts of past ENSO events in central New Guinea refer to Ballard (1999), Waddell (1972, 1975) and Bourke (1988).

Irian Jaya special autonomy status was in part a response to the growing calls for Irian Jaya to be separated from the Republic of Indonesia. However, it was also proposed in recognition of the facts that Irian Jaya is one of the few provinces in Indonesia that has a level of GDP high enough to support full autonomy and also because Jakarta is poorly equipped to directly administer such a remote and unique province. The increasing commitment to grant greater autonomy to Irian Jaya has provided a window of opportunity for WATCH to showcase some of their approaches and outcomes and thus attempt to influence the future of the government health services in Irian Jaya. Indeed in 1997-1998 WATCH personnel were also asked to make a presentation on the Jayawijaya HIS to a general briefing for 32 districts that were to be given autonomy to determine their own health budgets.

#### **6.4 RISE OF THE PAPUAN SEPARATIST MOVEMENT**

Since the collapse of New Order government in 1997 calls for Irian Jaya to be separated from Indonesia have been raised regularly and a pro-independence militia group known as the SATGAS Papua or Papua Task Force has been formed. It is interesting to note that the SATGAS have received much of their initial funding from a youth organisation associated with ruling party (GOLKAR). In the Highlands region a second organisation known as the “*Koteka* (Penis Gourd) Parliament” was formed because many highlanders felt that their needs and agendas were not being adequately represented by the SATGAS leaders. The *Koteka* Parliament is part of SATGAS yet they also maintained their right to establish a separate leadership lobby.

These lobby groups enjoyed a minor victory when President Wahid granted permission for a congress of Papuan Leaders to be held in Jayapura and for their Morning Star flag to be flown, on condition that it flew alongside and slightly lower than the Indonesian flag. After the congress, which was held in June 2000, relations between the separatist leaders and the government in Jakarta began to deteriorate, as many factions within the separatist movement became increasingly defiant of Jakarta. In one incident at the beginning of August, members of the SATGAS took over the Wamena airport for several days and destroyed part of the annual census that was being sent to Jayapura. Later on in August there was word that flying the Morning Star flag would no longer be tolerated. Tension between police, who were required to obey orders from Jakarta and remove all flags in the province, and the separatist leaders were heightened. At the time this document was written, the concerned parties were still involved in negotiating a non-violent settlement to this impasse.

The increased momentum of the separatist movement in Irian Jaya raised a number of problems for WATCH personnel, particularly in WATCH III. Firstly, as some cadres became involved in the SATGAS and neglected their duties with WATCH, the progress of community development activities was much slower than had been planned. Secondly, WATCH personnel were concerned that some of their activities, especially in the area of community capacity building and empowerment, were viewed

suspiciously. However, project staff cannot be held responsible for what the skills they have developed in their communities are ultimately used for.

The separatist movement also caused problems for travelling around the Kanggime and Kembu-Mamit subdistricts. Fears for personal safety motivated staff to often delay their travel plans or cut down on unnecessary field trips, particularly around dates planned for flag raisings or other key events. Perhaps less apparent is that problems with field travel arose because the SATGAS rapidly established reporting protocols for travelling around villages. Consequently, WATCH personnel found that they were suddenly required to report newly self-appointed local authorities who were both numerous and loquacious. Although dealing with the new SATGAS authorities was not an overtly dangerous process, it did prove to be quite time consuming.

### **October 2000 Uprising**

On the 6<sup>th</sup> of October 2000 police used chainsaws to chop down poles flying the Morning Star flag at SATGAS posts near Wamena. As police attempted to cut down the flag at Pikhe, a group of SATGAS supporters attacked the police with axes, machetes, bows and spears and several SATGAS supporters were shot and killed by the police. In response to these deaths a large group of indigenous people besieged the town of Wamena and went on a rampage, looting shops, vandalising government offices and killing around 30 people from other areas of Indonesia. This level of violence had not been experienced in Jayawijaya since a similar uprising that took place, mostly amongst the Lani community, in 1977. Not long after this incident in several villages, including Tiom and Karubaga, school teachers and other non-Papuans were also taken hostage for a short while. This incident occurred a few weeks prior to the final date for WATCH III. However most project staff were evacuated from Wamena as it was considered unsafe for non-Papuans to remain there. Moreover, it was unlikely that further field activities would be possible given the circumstances. At the time of the incident the Project Manager and several other staff were actually in the field in Kanggime. They experienced no hostility from the local community in relation to the incident and were not prevented from returning to Wamena. This can be interpreted as testament to the good reputation of WATCH amongst those they worked with.

The implications of these events for the future of Jayawijaya are as yet not clear. At the time this report was written a settlement seemed to have been reached in Wamena between separatist leaders and police. However, tensions are still very high with several hostages still being held in Karubaga and some groups are still planning to raise the Morning Star flag again on the 1<sup>st</sup> of December 2000. In addition Jayawijaya is now facing a severe human resources crisis as many non-Papuans have left or are planning to leave the district. This included over 2,000 teachers who requested transfers to Western Indonesia as well as many health workers, government administrative personnel and private entrepreneurs.