



Participatory Approaches of Avian Influenza and Rabies Control

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The Concept

- Participatory tools and participatory processes serve as a platform for the rapid mobilization and coordination of animal health services in community-based HPAI and Rabies control programmes





The Concept: Participation

- Participatory processes build trust
- Participation provides a means of decision-making in a decentralized political system
- Participation as a means of mobilizing veterinary services to empower communities to prevent and control HPAI and Rabies
 - Training of PDSR teams
 - PDSR teams engaging with village communities



Community engagement

- Community engagement important for:
 - surveillance and reporting
 - response and control.
- Participatory approaches, engaging the community, are used by PDSR and PVUK for HPAI control, and by PDSR for Rabies control in Bali.

Participatory disease surveillance and control in Indonesia

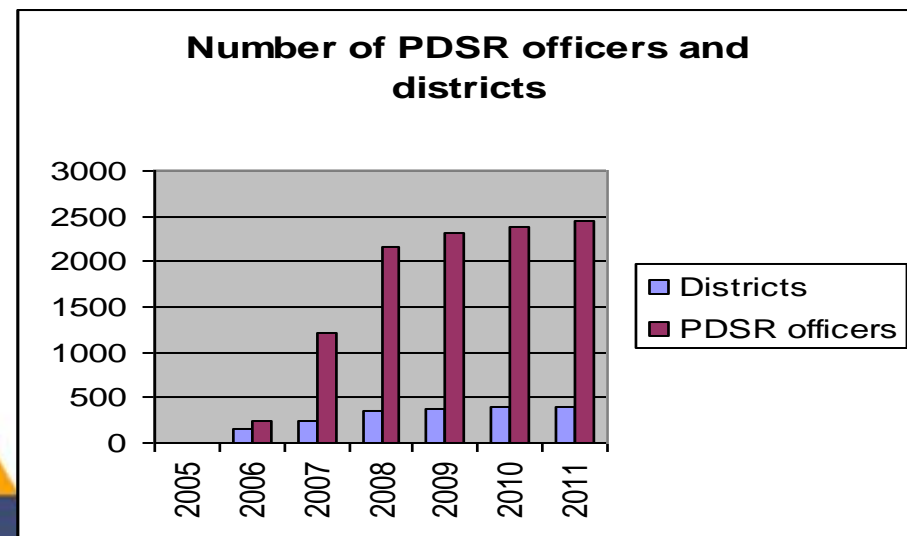
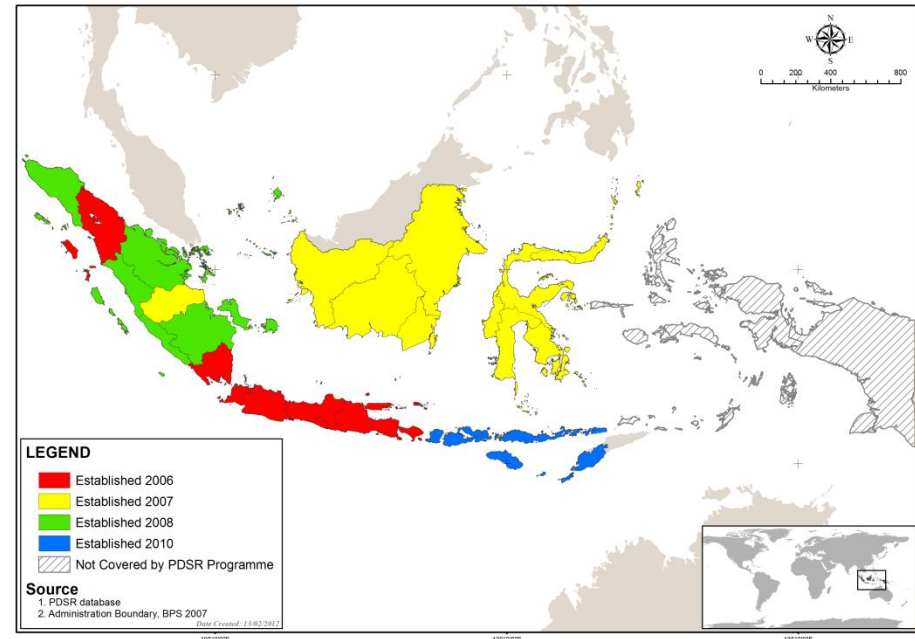


- Participatory Disease Surveillance and Response (PDSR)
 - Participatory tools used as a means of learning from communities and identifying community priorities
 - Semi-structured interviews
 - Participatory mapping
 - Proportional piling
 - **Listening**
 - Enables effective **passive surveillance**
 - Communities know **when** to call (when chickens die suddenly)
 - Communities know **who** to call (PDSR)
- Local Government Commercial Poultry Health Programme (PVUK)
 - PDSR participatory approach adapted to engage **commercial poultry farmers**
 - Focus on using participatory tools to build greater **trust** between local government veterinary services and farmers
 - Provides **technical support and advocacy** to farmers



Description of the PDSR

- Establishment of a nationwide Participatory Disease Surveillance programme for HPAI (PDSR) using participatory approaches to detect HPAI outbreaks
- The programme started in 2006 and is now covering 387 districts (86%) in 29 out of Indonesia's 34 provinces
- The programme includes both surveillance and response activities
- PDSR is using trained district veterinary staff to detect and investigate HPAI outbreaks at village level with the strong engagement and support of local communities



Description of the PDSR 2

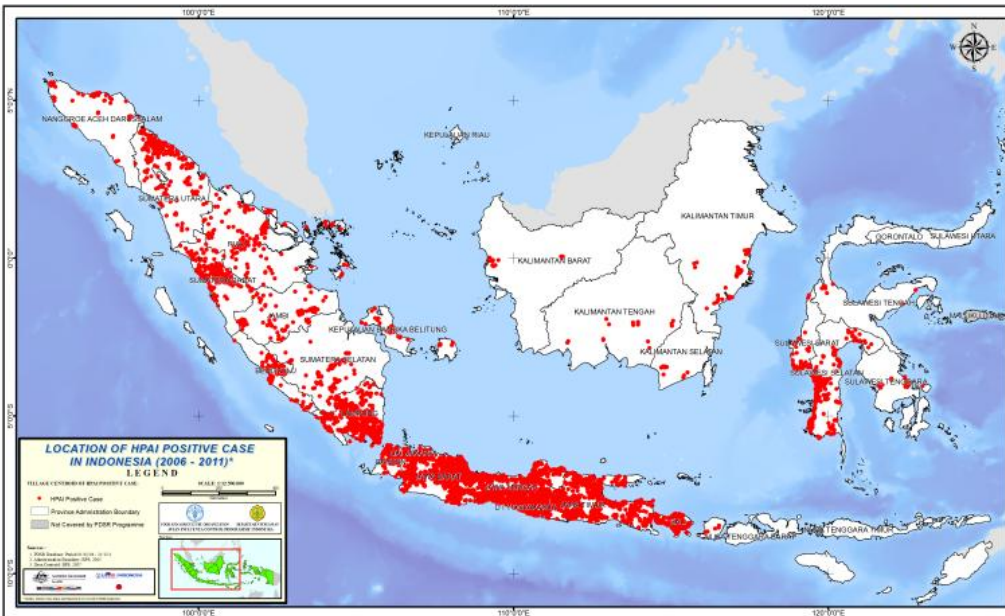


- Outbreaks are confirmed using Anigen© rapid test and exact location is recorded using GPS
- Surveillance and response data are sent to a Local Disease Control Centre (LDCC) at Provincial level where they are entered into a database and then merged nationally once weekly.
- SMS reporting for confirmed HPAI outbreaks was introduced as a modification to the PDSR system in 2010
- Rabies surveillance was included in PDSR in Bali in 2011 as a pilot to transition the PDSR system into a surveillance system for other priority diseases.



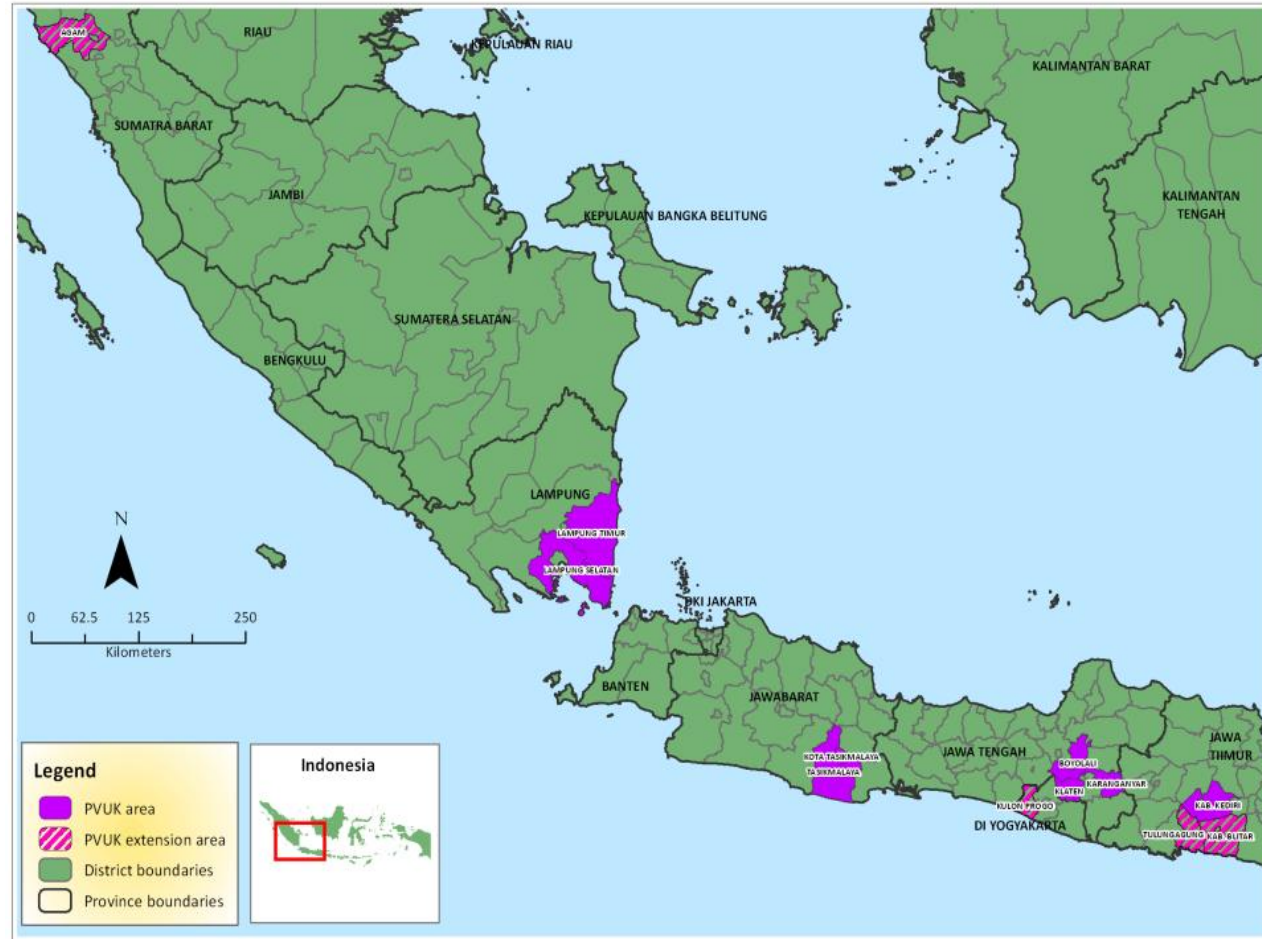
Qualitative and Quantifiable Outputs PDSR

- PDSR
- 33 LDCCs were established and equipped in 29 out of 34 Provinces in Indonesia
- 2,500 PDSR officers were trained in surveillance methods and equipped since 2006
- 59% of the 72,184 villages in the area covered by PDSR were visited since 2006
- >8,000 village HPAI outbreaks were recorded through PDSR since 2006



PVUK

- 12 Districts in Java / Sumatra
- Engaging with commercial poultry farmers and building trust
- Training on communication, participatory approaches, bio-security and vaccination, important poultry diseases, necropsy techniques and problem solving







Rabies control Bali

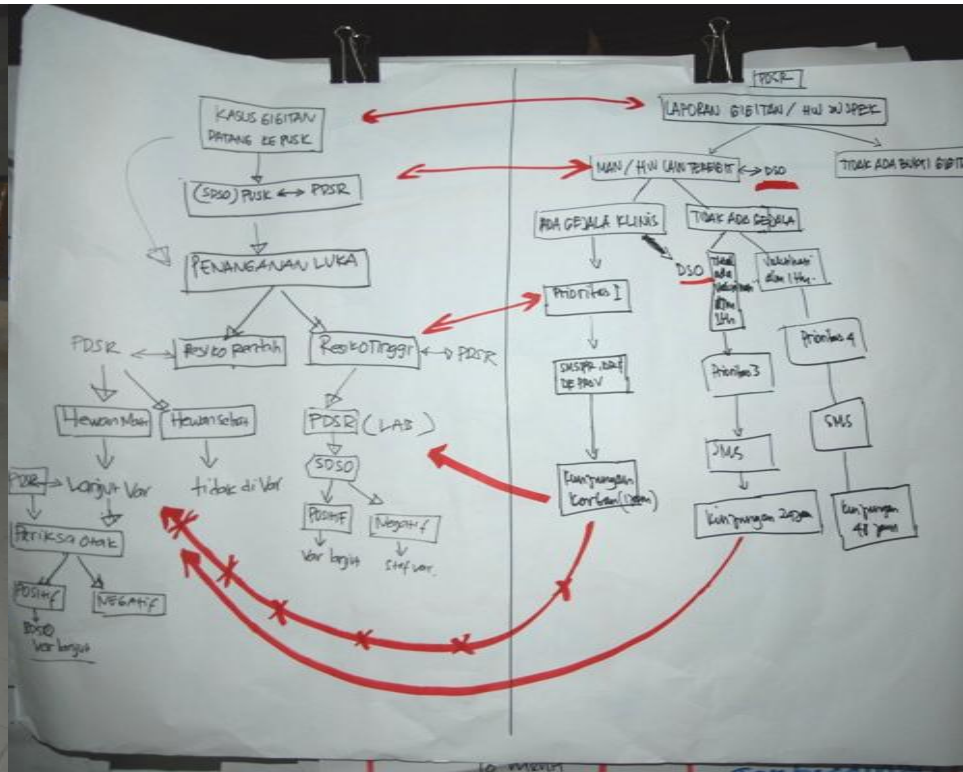
- Rapid establishment of local government capacity to control rabies on Bali
 - Implementation of island-wide dog vaccination campaign
 - Epidemiological principles of rabies control
 - Rapid response to human bites and suspect rabid animals
 - Community engagement and awareness-raising
 - Integrating human and animal health services in responding to human bites (ONE HEALTH)
 - Over 700 staff trained in 4 months

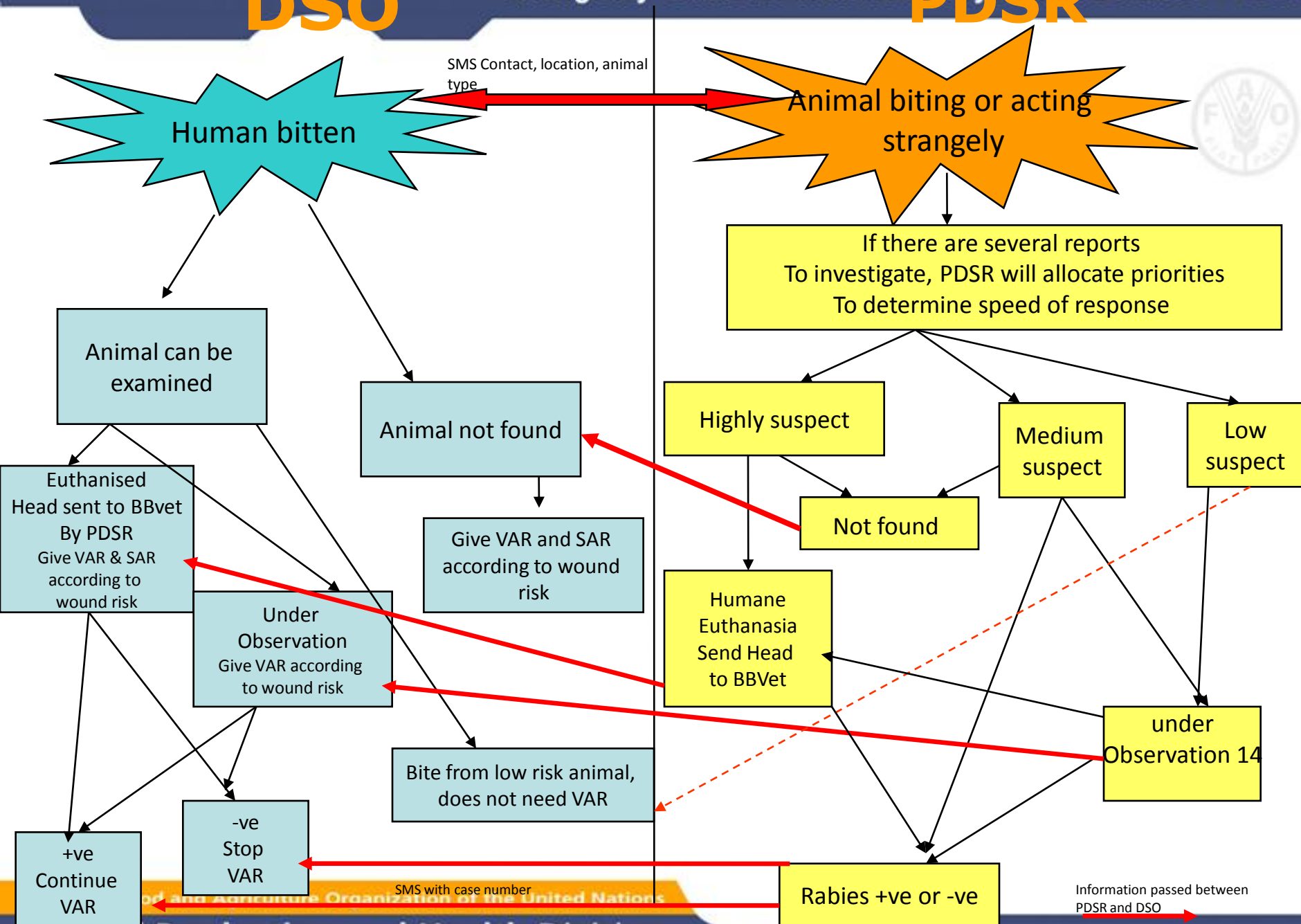


Integrated Bite Case Management

- Improved coordination and communication at the field level
- Increased response to bite cases
- Increased sample submissions
- Improved human case management
- Improved surveillance activities of suspect rabid animals

Joint flow chart DSO and PDSR 'ONE HEALTH'



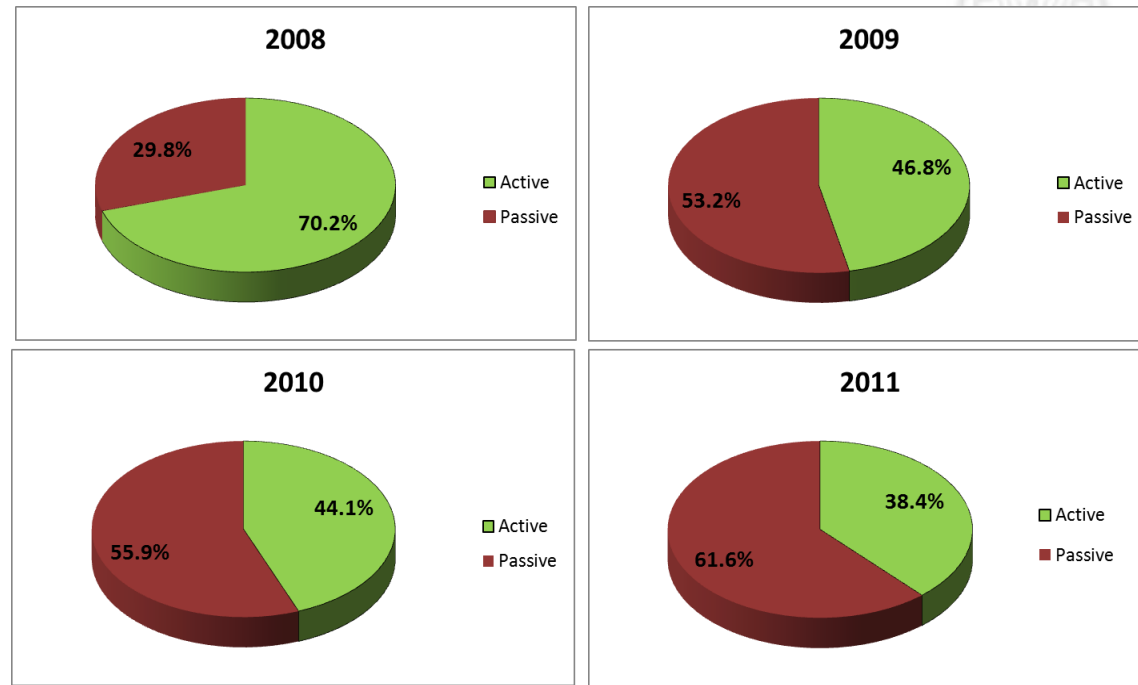




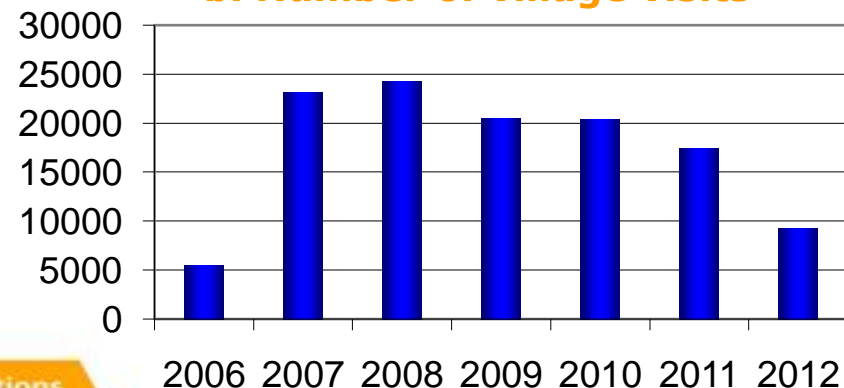
Transitioning PDSR

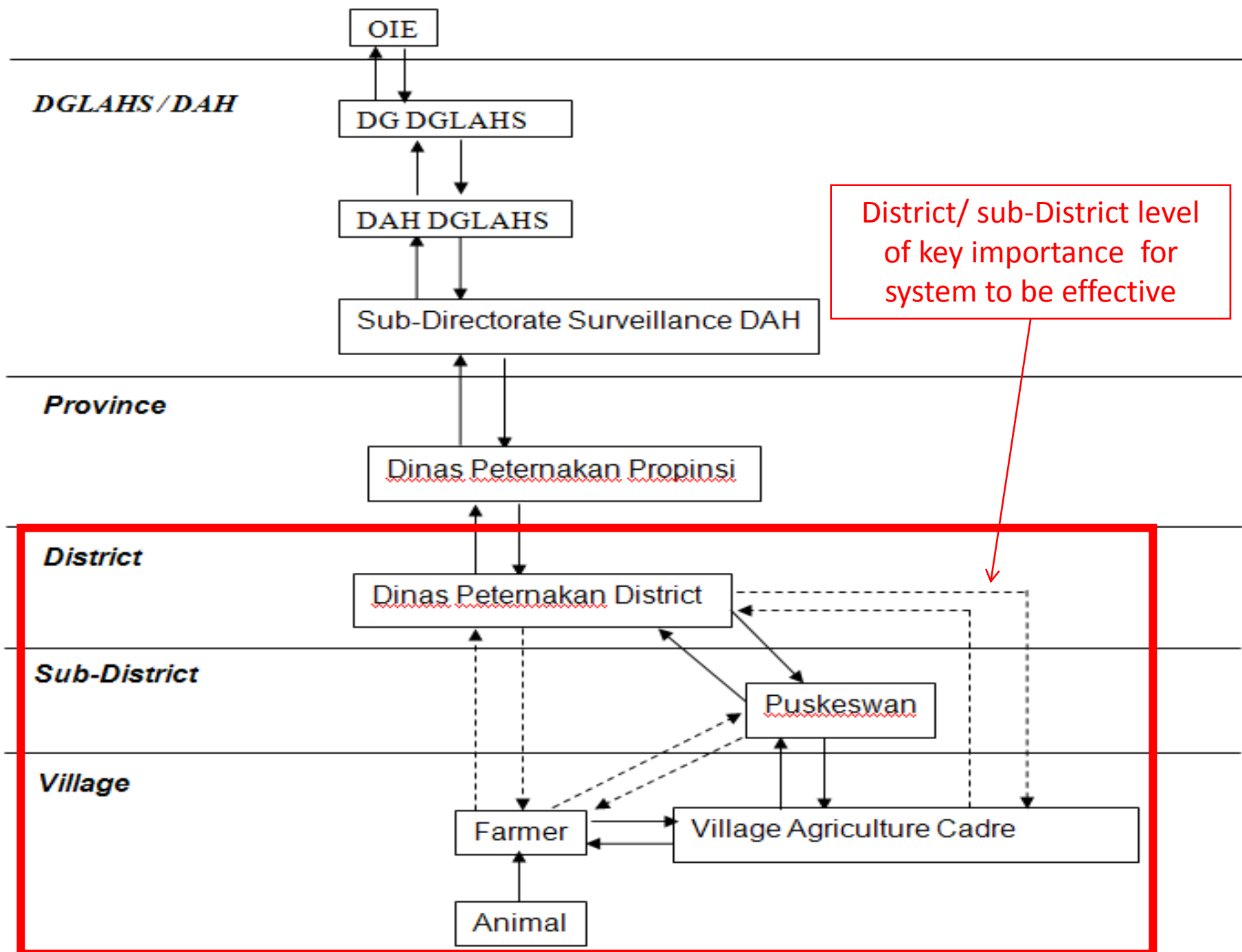
- PDSR transitioning into a multi-disease surveillance system (5+1 priority diseases)
- Reporting into SIKHNAS
- Mainly rely on passive surveillance for outbreak detection
- Strengthening district / sub-district level and Community engagement and participation key in strengthening the animal disease surveillance system

a. Passive vs active surveillance



b. Number of village visits







Farmer Motivation for Disease Reporting

- The primary motivation of a livestock owner to report a disease occurrence is to find a solution to his own problem.
- If government is unable to respond to their reports, then farmers will stop reporting.
- Lack of animal health services in rural areas goes hand in hand with a lack of animal health information



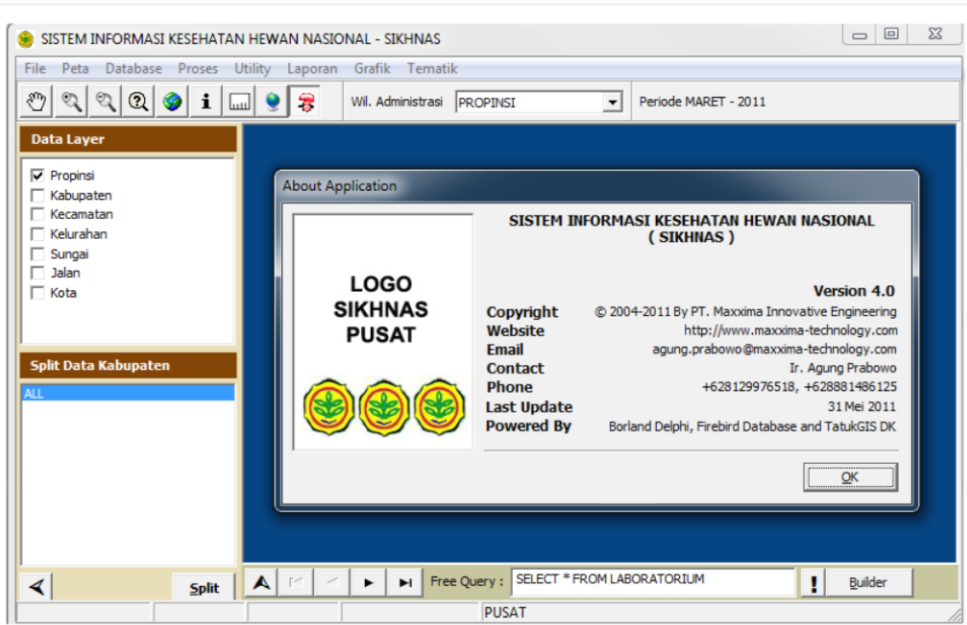
Disease Surveillance at sub-district level

- Regular contact needed between health care providers and farmers
- Syndromic surveillance preceding diagnosis, can signal an outbreak that warrants further response
- Use of rapid tests if available
- SOPs needed for priority diseases
- Provide animal health care for farmers at sub-district level
- Create awareness of priority diseases and importance of reporting disease events (IEC)
- SMS and paper reporting

New surveillance system in NVS



- NVS implemented in 3 pilot districts (Agam, Dumai, Klungkung)
- All Animal Health Officers in the Districts trained under NVS and involved in the system
- Puskesmas to play an important role in surveillance and reporting
- Enhance community reports / awareness creation



Thank you!

