

PNG's chronic humanitarian emergency

by Julia Newton-Howes

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This blog is contributed by Julia Newton-Howes, Chief Executive Officer CARE Australia.

Recent press reports have highlighted PNG's cholera emergency in the small town of Daru. Much less attention has been given to PNG's chronic humanitarian emergency, namely the plight of its poorest citizens.

CARE, with support from AusAID and private donations from the Australian public, is piloting approaches to address poverty in those regions which successive household surveys in PNG have identified as disadvantaged.

As part of our work in these disadvantaged communities we are just finalizing the analysis of a survey of 260 households in Yelia local level government (LLG) in Eastern Highlands province (highlighted in the map above). A full report will be released shortly. The data gives some disturbing insights into the lives of people in these disadvantaged areas.

The survey was conducted in February and March this year. The data was collected through household surveys, focus group discussions with men and women, adults and youth, and interviews with key informants such as staff at health and education facilities and ward development committees. 250 households were surveyed in 4 areas of Yelia LLG, and 37 sets of discussions were held.

The survey work unveiled five features of life and poverty in Yelia.

1. Demographic challenges. 47% of the population is under 15. In the under-15 age group, there are 94 girls for every 100 boys indicating that girls have a worse survival rate in infancy and childhood than boys. However, in the 15-29 age group, there are 1.4 women for every man, indicating a very significant outmigration of young men from this area, and much lower outmigration of women.

2. Educational outcomes are low. 71% of the population has no formal education. 17% of boys and 7% of girls have completed grade 6 primary education. Only 2%

have completed secondary school to grade 10. Of the group interviewed, that 2% was made up of 51 males and 4 females.

3. Reasonable access to health facilities, but high mortality. The majority of people report being within one hour of a health facility. Only around 15% of people are more than 2 hours from a health facility. 28% of people reported being ill in the last month with the most common illness being fever. Despite reasonably good access to health facilities, we estimate the infant mortality at around 191 per 1000 live births, close to twice the national figure.

4. Nutrition and hunger are problems. We did not collect information on malnutrition and stunting, but we did collect very interesting information on nutrition by asking households what they had eaten the day before the interview.

- Over 50% of households had consumed only one staple food: sweet potato.
- Only around 5% of people had consumed animal protein.
- Around 30% had consumed vegetable protein as either peanuts or beans.

There was limited consumption of vegetables and even less fruit consumption, even though the interviews took place at a time when household gardens were starting to be harvested. Clearly, the people interviewed in Yelia had very little variety in their diets which were lacking in both animal and vegetable protein as well as fat.

Respondents were also asked if and when they went hungry. Depending on the weather, there can be two 'hungry times' during the year, from June to September and December to March.

5. Limited income earning opportunities. The main income is from coffee with most families receiving a single payment during the coffee seasons. The average household income is around K20/month, which is from the sale of 1-2 bags of coffee.

Overall, the people of Yelia clearly have few income earning opportunities and very limited and poor diet and low educational attainment, particularly for women. What little government-funded services they have access to seem to make very little difference to their lives. Young men are leaving this area in significant numbers, but there is very little remittance of money back into the area, suggesting that they are not successful in finding reasonably paid employment.

The people of Yelia are representative of around 15% of PNG's population who live in remote and disadvantaged districts. From work by Mike Bourke and others at the ANU, it has been identified that around one million people or close to 15% of the population live in areas on the fringes of the highlands and inland lowland areas in

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situations of considerable deprivation. Generally, in the work of Bourke and his colleagues, this is described as having an annual per capita income of less than 100 Kina, a very restricted diet based on subsistence farming, and poor access to basic services. Resulting from this is a low life expectancy and high infant and maternal mortality.

The mission of Australia's aid program is to fight poverty. There is a very strong rationale for the aid program to give priority to supporting the 15% of the population living in disadvantaged areas, like Yelia, to realize their human rights and to fulfill their potential as active participants in PNG's future. Successive surveys across disadvantaged areas over the last 30 years have shown the nutritional, health and education status in these areas is very low. Disadvantage is being passed from generation to generation. Addressing the humanitarian emergency of chronic poverty should be at the core of Australia's aid program to PNG.

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