

Papua New Guinea (PNG) is a land of contradictions. It's a diverse and beautiful country, rich in culture and natural resources. But according to the UK-based Chronic Poverty Research Centre, Australia's nearest neighbour is also "chronically poor". Stephanie Thomas visited PNG in February, and on her travels, discovered some of the many faces of poverty.

Rural poverty: isolation and lack of services

t's about 3:00pm when we arrive at the village of Yoot and we're late. We've been on the water for at least three hours today.

Monsoonal rains yesterday have disrupted our best-laid plans. We are supposed to return to Kiunga tonight but without lights it will be too dangerous to travel. So we'll be spending an extra night in another village a few hours up-river.

A small group of villagers hear our outboard motor and come to greet us at the riverbank. They are friendly but reserved, especially the children. They probably don't see white women very often, especially with red hair and freckles!

Yoot is one of many villages situated along the Fly River in PNG's vast and isolated Western Province. The Fly, the country's largest river, flows mostly through the Western Province, but for a small section, it forms the boundary between PNG and the Indonesian province of West Papua. It's in this section that Yoot is situated.

About 300 West Papuan refugees – also called "traditional border crossers" by the PNG and Indonesian Governments – live at Yoot.

Like other villages on the Fly, these people live a simple subsistence-based lifestyle outside the cash economy. Their housing – which uses timber and palm branches from the forest – is elevated above the ground on poles to protect families when the river floods.

To outsiders, the simplicity of this village lifestyle could seem idyllic, but it's not. The basic conveniences of urban living – electricity, communications, shops, or water and sanitation systems – do not exist. The main resources include a basic first aid post, a communal building for women, and a Catholic church, which also serves as a community gathering space.

Accompanied by Sister of Mercy, Maureen Sexton, a Community
Development Worker with Mercy Works Inc., and Moses Beng, a
Community Health Worker with the Diocese of Daru-Kiunga, I'm here to
meet women involved in a maternal and infant health care programme
being implemented in remote villages along the Fly. Throughout PNG,
maternal and infant mortality rates are excessively high, but in remote
and rural areas like the North Fly District, they are even higher.

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Moses is my translator. He introduces me to Irenee, a Village Birth Attendant, and her husband Nathalius, the village leader. We begin talking about life at Yoot, the issues affecting refugee families, and Irenee's voluntary role supporting women before and after their babies are born. The couple has lived here since this refugee village was established 11 years ago.

It soon becomes evident that Irenee has come directly from supporting a pregnant woman who has been in labour for nearly two days. After some anxious conversation between Irenee and Moses, I learn it is 22-year old Yulita's first pregnancy. Some complications seem to be emerging, and significantly, she hasn't had any contact with Irenee until now. Some women like Yulita still prefer traditional village deliveries, rather than getting support from trained Village Birth Attendants.

While Irenee has been trained to do safely assisted village deliveries, she is neither a doctor nor a midwife. The main part of her role as a Village Birth Attendant is to promote healthy pregnancies: to identify high-risk mothers and encourage them to attend clinics for antenatal screening and immunisations, and to work with village leaders and husbands to refer women to the nearest health clinic or hospital if they are at risk of complicated deliveries.

Unfortunately, Irenee is asked to assist when Yulita's labour is problematic and the local women supporting her don't know how to proceed. Based on the sketchy information available, it appears the

baby is premature and not positioned correctly for a natural delivery – a scenario that is far from ideal in this remote setting.

Moses and Irenee examine Yulita and agree she needs to get to the nearest health clinic at Niogamban, or even better, to the hospital at Kiunga, a small port town on the Fly. But both destinations are a four or six-hour boat trip and the village doesn't have an outboard motor; their dug-out canoes rely on paddle power! So Yulita will travel with us.

We leave Yoot at about 5:00pm. Our four-metre runabout is filled to capacity with nine bodies plus supplies. Yulita lies at the front, comforted by her aunt. There are times during the trip when she rests, but Yulita is agitated mostly, and clearly, her pain levels are intense.

Moses calmly monitors Yulita's progress. As a Community Health Worker supporting villages in the North Fly District, he works closely with women and their families. This is amazing in a culture where giving birth is women's business, but Maureen says Moses is totally accepted in his role. As I look on, it's obvious he is comfortable helping Yulita and she is at ease with him.

At around 7:00pm, darkness descends and our ability to move at a decent speed is hampered. Sony, our reliable driver, navigates his way through the floating logs and other debris, while two of us try to help with torches. In these conditions, it will be too dangerous to continue to Kiunga tonight. In PNG, rain is never far away and Yulita's contractions are increasing.

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We arrive at Niogamban at about 9ish. It's very dark and no one is expecting us. A few fires and kerosene lamps flicker in the distance. Niogamban is the oldest of the refugee villages along the Fly. Between 800 and 1,000 people live here. The village has a better equipped aid post-cum-health clinic than Yoot, plus a resident Community Health Worker.

While we unpack the runabout and head to the village womens' house, Yulita begins the long walk with Moses to the aid post on the other side of the village. But she doesn't get very far.

In a grassy area on the bank of the Fly River, Yulita gives birth after about an hour. A tiny baby boy is delivered capably by Moses, with assistance from Maureen and Yulita's aunt. Appropriately, the baby is named Moses!

Thankfully, both mother and baby are okay. It's a relief that threatening problems have disappeared, but Maureen warns: "They are not out of the woods yet". Other complications, especially infection, could develop. It will be important for mother and baby to be monitored at the clinic for a few days before returning to Yoot.

This incredible story had a positive outcome but significant challenges remain for the estimated 6,000 West Papuan refugees in the North Fly District, many of whom have been living in exile along the Fly River for nearly 30 years. Without assistance from the Diocese of Daru-Kiunga and partners like Mercy Works Inc., they would have no access to health and education services. With support from Mercy Works, the diocese's Social Programme for Refugees and Catholic Health Agency will continue to train Village Birth Attendants like Irenee in safe motherhood practices until 2010.

For Maureen Sexton, who has been working in Kiunga and along the Fly since 2003, poverty exists here because people are unable to access health and education services. And while her work focuses on the needs of West Papuan refugees, she believes PNG Nationals in the area are just as disadvantaged.

"The poverty here is hidden from the view of many because it's just so remote," explains Maureen. She says there is a desperate need for the government to increase health and education services.

Consistent with worldwide trends, poverty levels in PNG are greater in rural and isolated areas than in urban areas. It's not surprising then, that migration to towns and cities continues to increase. But for a vast number of those who migrate to urban areas, their hopes are often dashed when they slide into another disturbing experience of poverty.











From left: Max, Gaye Lennon RSM, Lapsun and Mariska Kua RSM.

Some people in Goroka are second or third generation settlers.

Urban poverty: overcrowding and lack of opportunities

apsun and Max are victims of urbanisation that has gone tragically wrong. These two young men, aged in their early twenties, live in Goroka, the capital of the Eastern Highlands Province.

During the last 40 years, Goroka, like other large urban centres in PNG, has experienced an influx of people from rural areas and other provinces. But the town's infrastructure has been unable to support this rapid migration of people, resulting in the establishment of squatter settlements.

Genoka is one of Goroka's oldest settlements and probably the worst. Here, about 800 families live in appalling conditions in close proximity to one another. While the people have access to a water supply, there is no electricity or sanitation. To make matters worse, Goroka's sewerage system runs through the settlement and often its pipes are broken.

Unemployment in Genoka is widespread. Traditionally, most Papua New Guineans have relied on agriculture to survive, but at Genoka there is little space for people to have gardens to feed their families or to earn an income selling produce at the markets.

Hunger and desperation lead to stealing, assaults and gambling. Women resort to prostitution to feed their children and send them to school. Very often anger, frustration and hopelessness are released

through drug use and violent behaviour. Despite it being illegal, very potent supplies of marijuana are easily sourced in the Highlands. Here, marijuana is cheaper to buy than cigarettes.

The settlement is a dangerous place to live and to visit. Violence, including domestic violence, rape and tribal fighting, are common.

Lapsun and Max were born and raised in this environment. They are second generation Genoka settlers and their stories are not isolated cases. The two are friends and have been members of PNG's notorious raskol gangs - groups of young men who incite fear in the community through often violent crimes.

From a young age their education opportunities were sabotaged because their parents couldn't afford to pay the boys' school fees. Education in PNG is supposed to be compulsory, but it's certainly not free.

Max, age 20, left school in Grade Four, but Lapsun, age 22, never went to school. He says it felt like his parents didn't care for him.

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Not being at school gave Lapsun a license to roam the community with his friends and do whatever he wanted. He tells me his attitude was: "If we end up in prison, so what?"

"Living in the settlement is so difficult," says Max. "It is so hard to survive. You have to work hard to have something in your stomach."

For Max and Lapsun, their survival has been dependent on stealing. They say they "didn't have a choice". Both have had several stretches in prison for offences such as petty theft, assault and armed robbery.

"There is no hope and freedom in prison," says Lapsun. Each time he has returned to prison he knows it's not right, but says he can't see another way of getting out of the situation.







ABOUT MERCY WORKS PNG

Mercy Works PNG is a project of the Sisters of Mercy PNG with support from Mercy Works Inc., Caritas New Zealand, Caritas Australia and Australian Volunteers International.

The people of PNG need our support. Can you help? Please contact Mercy Works Inc. Ph: (02) 9564 1911.

According to Lapsun and Max, connecting with the Mercy Works PNG Project has been a significant turning point in their lives. A community development initiative of the Sisters of Mercy PNG and Mercy Works Inc., the project is helping men, women and their families in Goroka and nearby Mount Hagen to address the increasing problems of unemployment, domestic violence and HIV-AIDS.

Drop-in and referral centres have been established in Goroka and Mount Hagen which offer training programmes, support groups, and advocacy services. The project has become so well known and valued that they are also doing outreach to other communities.

Lapsun says coming to the project and attending the training programmes has changed the course of his life. He says he has given up his "previous activities" and wants to "help himself and to be a better person in society".

"They've counselled me and helped me to get out of bad ways," says Max. "Coming here gives me strength and hope to survive... somebody cares and listens."

Lapsun and Max have completed a training course in carpentry, but finding employment remains a serious challenge. Max says he feels a sense of hopelessness when opportunities are not given to him to test his skills.

"The Government needs to provide job opportunities... We do our training and come back and no job. Therefore we go back to old ways," he explains.

Presently, Lapsun has some casual work with a security company, but he is desperate to find full-time work as a carpenter. Another hurdle for the pair is that they have very few carpentry tools. In PNG, tradesmen are required to bring their own tools to work. The two don't mention it, but their criminal records would also be a deterrent to employers.

The barriers for Lapsun and Max seem endless, but they appear determined to improve their lives. There's an amazing honesty and vulnerability about these young men that strips away their raskol identity. These days they refer to themselves as "mercy boys".

A strong bond exists between them and the staff at the Mercy Works project. I sense, that perhaps for the first time in their lives, the boys have been supported and encouraged to make something of their lives.

Lapsun and Max say they are happy to share their stories to let others know about their situation. They tell me rather hopefully: "Maybe the government will recognise the situation and do something about it."

For the sake of Lapsun, Max and the hordes of young people throughout PNG who face extreme unemployment levels, let's hope the government can respond, and do it very soon.

The writer is grateful to the Mercy Works PNG Team in Goroka: Sisters Mariska Kua RSM, Maryanne Kolkia RSM, Theresia Boyek RSM, Gaye Lennon RSM, Brother Alu Aisi SVD and Father Bogdan Cofalik MSF; and to the Mercy Works Inc. field workers in Kiunga: Sisters Maureen Sexton RSM and Catherine Corbett RSM. Without their gracious hospitality and valuable input, this article would not be possible.

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