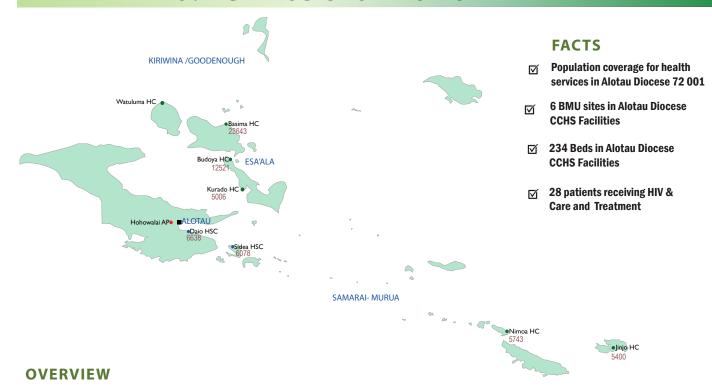
MILNE BAY PROVINCE: DIOCESE OF ALOTAU

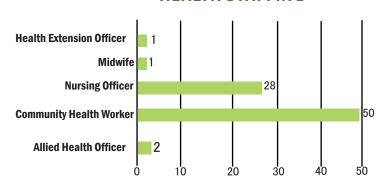


Alotau-Sideia Diocese erected on June13 1946 and established in 1966 is the catholic headquarters in Milne Bay Province. All catholic services are governed by the Bishop. Catholic Church Health Services is managed by a Health Manager who carries out all national health policies and plans under the guidance of the diocese health board. This profile shows a map with CCHS facilities situated in the province and the type of facilities with catchment population figures, it shows facilities registered and pending registration, number of staff and designations. The diocese health infrastructure gives an insight to what resources the facilities has and supports health in that district. The second part of the profile shows CCHS health data on outpatient, antenatal, measles, facility births, outreach and pneumonia. The data provides insight into how CCHS is performing with as per its reports in the 2019 National Information System (NHIS). All the information on this profile are based on 2019 NHIS, HIV SURV and CCHS Biodata.

TYPES OF FACILITY Type | Number of | Registered | Facilties |

Туре	Number of Facilties	Registered	Pending Registration
Health Centre	6	5	1
Sub Centre	2	2	
Aid Post	1		1
VCCT	1		1

HEALTH STAFFING



FACILITY INFRASTRUCTURE





The two facilities in the Alotau district have modes of transport and access is strictly via sea, bush and track. In Esa'ala none of the facilities can be accessed via road. All three facilities are accessible via sea, bush and track and all have modes of transportation. Kiriwina-Goodenough, Watuluma Health Centre is the only facility in the district. It has a mode of transport. The facility can be accessed via road, bush and track, and sea. Samarai-Murua both facilities in the district are not accessible by road but by sea, bush and track. Both have modes of transportation.



Alotau 1 out of 2 facilities have network coverage and neither facility has VHF radio available for communication. Esa'ala facilities don't have network coverage and the use of cell phones is non-existent. 2 out of 3 facilities don't have working VHF radio. Communication is by word of mouth. Kiriwina-Goodenough, there is no network coverage so the use of cell phones is limited however, communication is via VHF radio. Samarai-Murua 1 out of 2 facilities does not have network coverage or VHF radio. Communication is limited.

FACILITY INFRASTRUCTURE







Alotau both facilities have septic toilets only. There is no running water into the buildings however a rain catchment system is in place but no water tanks at either site. Esa'ala, 1 out of 3 facilities don't have septic toilets but all three facilities have open pit sea toilets for staff and patient use. There is no water supply into any of the buildings but rather a rain catchment system is in place. Kiriwina-Goodenough there are also no tanks in any of the facilities for water storage. There is a septic toilet and no open pit toilet. There is running water supply but no tanks for water storage. Samarai-Murua both facilities have septic toilets and no open pit toilets. There is also no running water into either building and water supply is strictly via a rain catchment system. There are also no water tanks for water storage.



Alotau only 1 out of 2 facilities has a functioning cold chain system. Esa'ala all facilities have working cold chain equipment. Kiriwina-Goodenough there is a functioning cold chain system for the storage of vital vaccines. Samarai-Murua both facilities have a cold chain system in good working condition.



Alotau both facilities have no power supply or generator. The buildings are powered using solar. Both facilities have working incinerators but in poor condition. Esa'ala there is no power supply into any of the facilities, 2 out of 3 facilities use solar power and 1 out of 3 facilities have a generator. All facilities have incinerators but in poor condition. Kiriwina-Goodenough the facility does not have power supply but uses a generator and solar power equipment to provide electricity. There is also an incinerator present for the burning of waste material. Samarai -Murua both facilities don't have power supply and generator but uses solar power. There is also no incinerator in the two facilities.

HEALTH DATA



0.79

Number of outpatients visits made by individuals during the course of a year. More then 2 visits per person per year is an indication that there is demand on accessibility and utilisation of health care services

Measles & Vaccine

53%

Percentage of children under one vear who have received 9-11 months dose of measles vaccine. Measles is the leading cause of childhood mortality from vaccine preventable disease. Provinces should aim to reach 80% and above to prevent future disease outbreaks.



Facility Births

24 %

The percentage of births that occur in a hospital and health centre. Access to skilled care during pregnancy and child birth prevents maternal and newborn deaths



32 %

The percentage of pregnant women that attended at least one antenatal visit at a hospital, health centre or outreached clinic. This prepares a woman and her families for a safe child birth.



1 %

The percentage of children under 5 years who die from pneumonia- good quality care (early and effective use of antibiotics) would minimise these deaths.



39

Number of outreach clinic per 1000 population under five years . Rural outreach provides an indication for preventative child healthcare and provinces should reach over 50



HEALTH SERVICES PROVIDED

- Outpatient
- Community Based Proarams
- Outreach/Mobile services
- Medical Services
- Well Baby Clinic
- Immunization
- TB Clinics
- HIV Clinics
- Malaria Prevention Programs
- HIV Prevention Programs
- Nutrition Programs
- School Health

- Inpatient Care
- Supervision Programs
 - Child Health
- Material and Minor Surgical
- Midwifery service
- Family Planning
- Other Services