HELA PROVINCE: DIOCESE OF MENDI



OVERVIEW

Hela Province comes under Mendi Diocese. 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.

FACTS

- ☑ Population coverage for health services in Hela Province 16 113 under Mendi Diocese

TYPES OF FACILITY

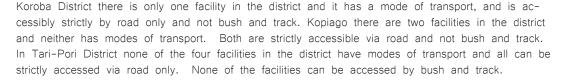
Туре	Number of Facilties	Registered	Pending Registration
Health Centre	1		1
Sub Centre	1		1
Community Health Post	1		1
Aid Post	2		2
VCCT	2		2

HEALTH STAFFING



FACILITY INFRASTRUCTURE







Koroba no network coverage and therefore no use of cell phones. There is also no working VHF radio. Communication is limited. Kopiago district 1 out of 2 facilities does not have network coverage and neither facility has working VHF radios. Tari-Pori 1 out of 4 facilities don't have network coverage and communication is via cell phones only since there are no functioning VHF radio.



There is no septic toilet or open pit toilet for staff and patient use. There is running water supply and a fixed wash basin at the facility. A rain catchment system is also in place. In Tari- Pori 3 out of 4 facilities don't have operating septic toilets and only one facility has an open pit toilet. All facilities have fixed wash basins and running water supply, together with a rain catchment system for back up water supply but no tanks for water storage. In Kopiago only one facility has an operating

FACILITY INFRASTRUCTURE





septic toilet and neither facility has open pit toilets. There are fixed wash basins and running water supply into both buildings together with rain catchment systems. None of the facilities have tanks for water stor-



Koroba there is also present functioning cold chain system for the storage of vaccines. Tari-Pori 1 out of 4 facilities does not have a working cold chain system for the storage of life saving vaccines.





Koroba there is no power supply, however the facility is powered using a generator and solar power. A working incinerator is present for the burning of waste material. Tari- Pori 2 out of 4 facilities have power supply into the buildings together with back up generators, however only one facility in the district has solar power equipment. Only two facilities have incinerators for the burning of waste material.

HEALTH DATA



0.87

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 84 %

Percentage of children under one year 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 39 %

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



51 %

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.



0

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



0.71

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 Programs
- Outreach/Mobile Services
- Medical Services
- Well Baby Clinic
- TB Clinics
- HIV Clinics
- Malaria Prevention Programs
- HIV Prevention Pro-
- Nutrition Programs
- School Health
 - Inpatient Care

- Supervision Programs
- Child Health
- Material and Minor Surgical
- Family Planning
- Health Promotion & Prevention
- Clinical Support Services Rural
- Other Services