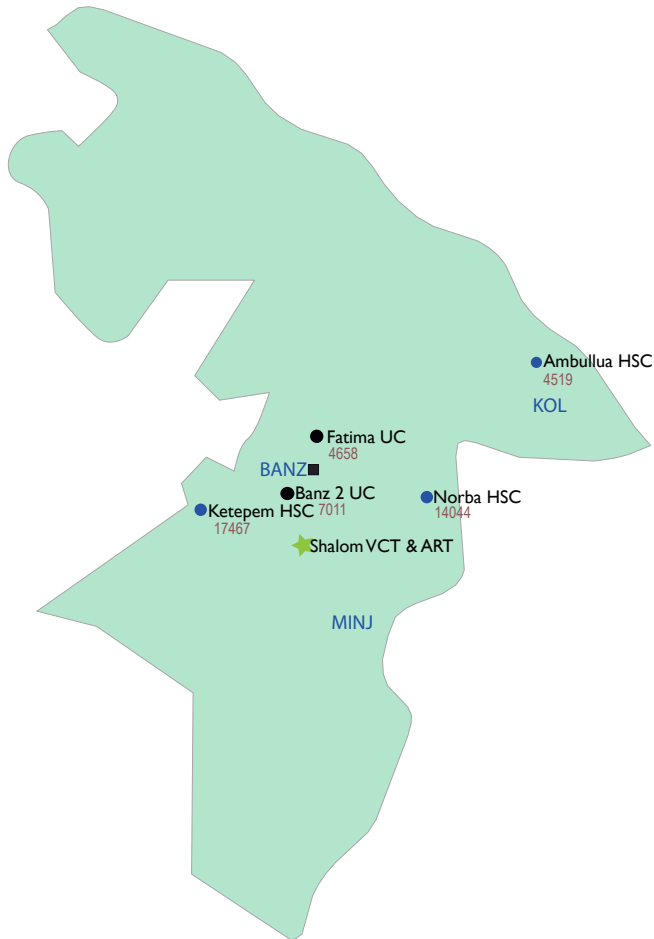


JIWAKA PROVINCE: ARCHDIOCESE OF MOUNT HAGEN

OVERVIEW

Jiwaka comes under Archdiocese of Mount Hagen. 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 Jiwaka under Archdiocese of Mount Hagen 47 700
- 1 BMU Sites in CCHS Jiwaka facilities
- 36 Beds in the Jiwaka CCHS Facilities
- 402 patients receiving HIV & Care and Treatment

TYPES OF FACILITY

Type	Number of Facilities	Registered	Pending Registration
Sub Centre	3	3	
Urban Clinic	2	2	

HEALTH STAFFING



FACILITY INFRASTRUCTURE



North-Waghi, all facilities are accessed strictly by road however only 2 out of the 3 facilities in North-Waghi have modes of transport. Amglimp-South Waghi, the only health centre found in this district has a mode of transport and can be reached via road only not bush or track. Jimi, the only health centre is accessible by air and bush-track only. There is no road access to the site. Mul-Baiyer, the only aid post in this district is accessible by road only and the facility does not have a mode of transport for staff use.



North-Waghi, there is no VHF radio available at any of the facilities and communication is via the use of cell phones as network coverage is available in the area. Amglimp-South Waghi, cell phones are the only mode of communication as both health centres have network coverage but no VHF radio is available for communication. Jimi, there is no VHF radio for communication. There is network coverage in the area and therefore the only mode of communication is via cell phones. Mul-Baiyer, there is no network coverage in the area, no use of cell phones and no VHF radio available.



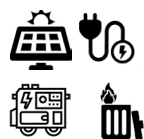
North-Waghi, 2 out of the 3 facilities have septic toilets and wash basins. All facilities have running water and a rain catchment system but no water tanks. Amglimp-South Waghi, there is no septic toilet, no pit toilet and no wash basin present at the facility. There is, however, running water and a rain catchment system but no water tank. Jimi, there is no septic toilet, pit toilet or wash basin at the facility. There is running water into the building and also a rain catchment system but no tank for water storage. Mul-Baiyer,

FACILITY INFRASTRUCTURE

the facility does not have septic or open pit toilets, no wash basin, no running water into the building or a rain catchment system.



North-Waghi, all three facilities have working cold chain equipment. Amglimp-South Waghi there is none. Jimi, there is a working cold chain system present at the facility. Mul-Baiyer, there is no cold chain system present at the aid post.



North-Waghi, 1 out of 3 facilities does not have power supply and 2 out of 3 facilities do not have solar power and backup generator or an incinerator for the combustion of biohazardous material. Amglimp-South Waghi, there is no power supply into the building, no solar power equipment and no generator. There is also no incinerator at the facility. Jimi, there is no power supply into the building and no generator. The facility powered by solar power. There is also no incinerator available for the burning of waste. Mul-Baiyer, although the facility does not have power supply or a generator, it does use solar power as the main source of electricity. No incinerator is available.

HEALTH DATA



Outpatient

0.69

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



Measles & Vaccine

21 %

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

4 %

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



Antenatal

45 %

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



Pneumonia

14 %

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



Outreach

0.41

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 Programs
- Nutrition Programs
- School Health
- Inpatient Care
- Supervision Programs
- Child Health
- Material and Minor Surgical
- Midwifery Services
- Family Planning
- Health Promotion & Prevention
- Clinical Support Services Rural
- Other Services