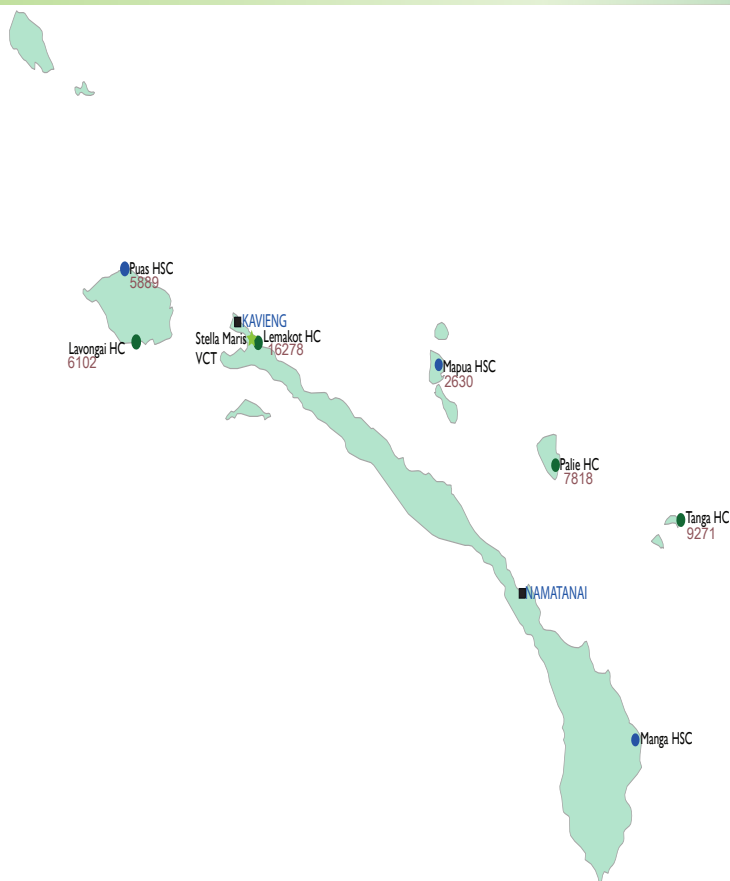


NEW IRELAND PROVINCE: DIOCESE OF KAVIENG-LORENGAU

OVERVIEW

Kavieng Diocese erected on July 5 1957 and established in 1966 is the catholic headquarters in New Ireland 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.



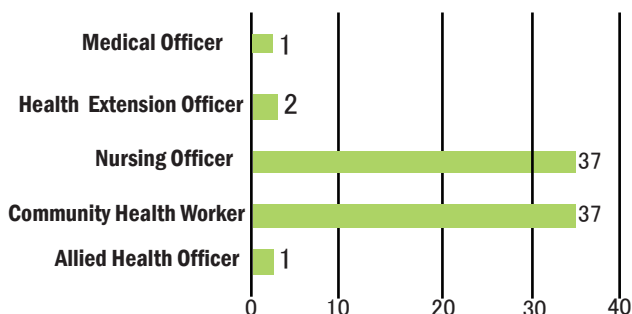
FACTS

- Population coverage for health services in the province 47 990
- 2 BMU site in for CCHS in ENB
- 2 patients receiving HIV & Care and Treatment
- 142 beds in facilities
- Scared Heart Lemakot School of Nursing & Community Health Worker. Diploma in General Nursing and CHW

TYPES OF FACILITY

Type	Number of Facilities	Registered	Pending Registration
Health Centre	4	4	
Sub Centre	3	3	
VCCT	1		1

HEALTH STAFFING



FACILITY INFRASTRUCTURE



Namatanai all five facilities in the district have modes of transport and 2 out of the 5, Lemakot and Manga are accessible by road only. None of them can be reached by bush and track. Lavongai and Puas are the two health facilities in Kavieng district. Both facilities have modes of transport however accessibility is strictly by sea and air.



Namatanai all facilities except for Manga are in network range and no facility has a working VHF radio. Kavieng, Neither facility has modes of communication, network coverage or VHF radio.



Namatanai, 5 out of 6 facilities have septic toilets with the exception of Manga that has an open pit toilet for patients and staff. Three facilities are without running water but all have a rain catchment system in place, with Lemakot, Palie and Tanga the only three facilities with tanks for water storage. Kavieng, both facilities have open pit toilets with only the Puas Health Sub Centre equipped with both open pit and septic toilets. There is no running water into either building but both facilities utilise a rain catchment system.

FACILITY INFRASTRUCTURE



Namatanaï all five facilities have a cold chain system in place for the storage of life-saving vaccines. Both facilities have installed working cold chain systems.



Namatanaï, no facility has power supplied to the building but all have backup generators and only Lema-kot has solar power. Kavieng, there is no power supply into either facility, no use of solar power and only Lavongai having backup generators. Neither facility has an incinerator but uses outdoor open pits to burn off waste material.



HEALTH DATA



Outpatient

0.50

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

43 %

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

23 %

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

41 %

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

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.



Outreach

18

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 service
- Family Planning
- Disease Control
- Health Promotion & Prevention
- Clinical Support Services Rural
- Other Services