

# GULF PROVINCE: DIOCESE OF KEREMA



## OVERVIEW

Kerema Diocese established in 1971 is the catholic headquarters in Gulf 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.

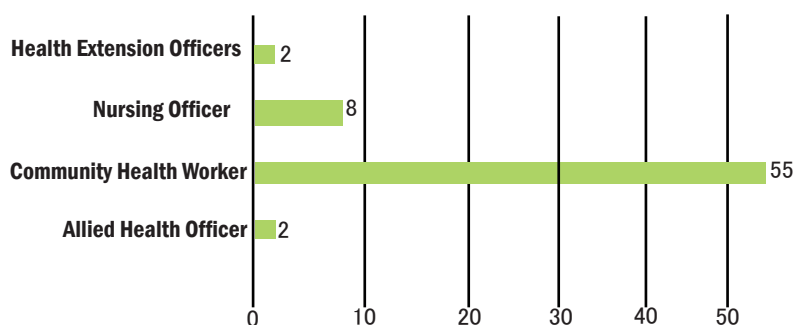
## FACTS

- Population coverage for health services Kerema Diocese 59 224**
- 1 BMU site in Kerema Diocese**
- 43 beds in all Kerema Diocese Health Facilities**

## TYPES OF FACILITY

Type	Number of Facilities	Registered	Pending Registration
Health Centre	6	4	2
Sub Centre	0		
Community Health Post	0		
Aid Post	16		16
VCCT	1		1

## HEALTH STAFFING



## FACILITY INFRASTRUCTURE



Not one of the twenty facilities in the district of Kerema has a mode of transport. Two (2) out of the 20 facilities are accessed by road and every facility but Yaukua is accessed by bushtrack. Kikori, none of the six facilities have a mode of transport. All facilities can only be accessed by bush and track with the exception of Consolata access by air.



Kerema 3 out of 20 facilities have network coverage, and none of them have VHF radio. Communications is limited for all 20 facilities. Kikori no network coverage and no VHF radio available at all six facilities.

## FACILITY INFRASTRUCTURE



Only 1 out of 20 facilities, Bema health post, has an installed septic toilet and 19 out of the 20 facilities have open pit toilets for the staff and patients use. Eighteen (18) out of the 20 facilities do not have running water rather they use a rain catchment system and all facilities don't have a mode of water storage. In Kikori 5 out of 6 facilities have no septic toilets and no wash basins with the exception of the Consolata Health Post. All facilities are also without an open pit toilet, running water or a rain catchment system.



Of the 20 facilities in the district of Kerema, only Kanabea, Bema, Hawabango and Terapo have cold chain equipment's used for storing vaccines. Not one facility has a cold chain system for storing vaccines.



No facility has power supply into the building, no back up generator and no solar power equipment, with the exception of the Kanabea Health Post. All facilities don't have power supply, solar equipment or back-up generators.



No facility has an incinerator to burn biohazardous material all facilities bury biohazardous waste and plasmas.

## HEALTH DATA



**Outpatient**  
**0.99**

Number of outpatients 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**  
**4 %**

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**  
**8 %**

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**  
**35 %**

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**  
**2**

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**  
**1**

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



## HEALTH SERVICES PROVIDED

- Outpatient
- Antenatal Clinic
- Community Base Program
- Medical Services
- Well Baby Clinics
- TB Clinics
- HIV Clinics
- Malaria Prevention Programs
- HIV Prevention Programs
- Nutrition Programs
- School Health
- Inpatient Care
- Supervised Programs
- Child Health Care
- Natural Family Planning
- Disease Control
- Health Promotion
- Clinical Support Services Rural
- Other Services