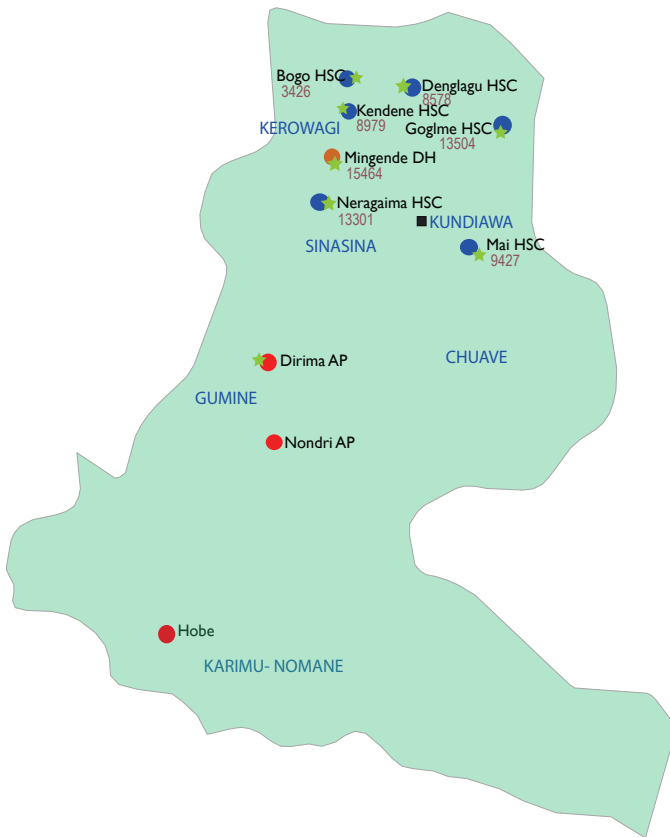


SIMBU PROVINCE: DIOCESE OF KUNDIAWA

OVERVIEW

Kundiawa Diocese erected on June 8 1982 established in 1966 is the catholic headquarters in Simbu 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.



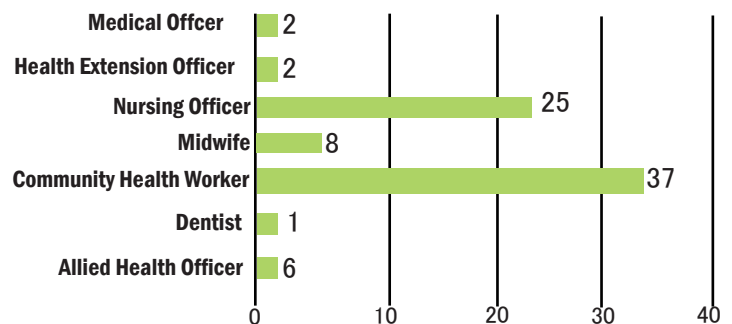
FACTS

- ☑ Population coverage for health services in Diocese of Kundiawa 72 679
- ☑ 1 BMU Sites in CCHS Simbu facilities
- ☑ 205 Beds in Kundiawa Diocese CCHS facilities
- ☑ 473 patients receiving HIV & Care and Treatment

TYPES OF FACILITY

Type	Number of Facilities	Registered	Pending Registration
Health Centre	6	6	
Aid Post	3	3	
Rural Hospital	1	1	

HEALTH STAFFING



FACILITY INFRASTRUCTURE



Kerowagi, 3 out of the 4 facilities do not have a mode of transport with Mindenge being the only facility with a facility vehicle. All facilities are accessible by road and also by bush-track. Goglime and Denglagu are the two facilities in Kundiawa. Both facilities have a mode of transport in place and both are accessible by road and by bush-track. Mai is the only health facility in the district of Sinasina. The facility comes equipped with a vehicle and its accessible by road and bush-track. Dirima and Nondri are the two facilities found in the district of Gumini. The facilities don't have a mode of transport and are accessible by road and bush-track. Hobe is the only health facility located in the district of Karamui. The facility is only accessed by bush-track and therefore has no mode of transport by road.



Kerowagi, all facilities have network coverage, modes of communication including cell phones and VHF radio. Kundiawa, Both facilities have network coverage and modes of communication that include cell phones and VHF radio. Sinasina, there is network coverage in the area, modes of communication present, both cell phones and VHF radio. Gumini, there is no network coverage in Nondri however both facilities come equipped with VHF radio. Karamui, The facility does not have network coverage and therefore has no method of communication via cell phone. No VHF radio is available.



Kerowagi, all facilities come equipped with operating septic toilets and wash basins. 2 out of the 4 facilities have running water supply into the building but all have a rain catchment system in place. Kundiawa, both facilities have septic toilets and no open pit toilets. Goglime has running water into the building and both facilities also have a rain catchment system but no water storage tanks. Sinasina, the facility has operating septic toilets and wash basin but no running water supply into the facility. A rain catchment system is

FACILITY INFRASTRUCTURE



in place. Gumini, both facilities have septic toilets installed with wash basins but no running water supply into the building, rather they use a rain catchment system to collect water for patients and staff use. Karamui, there is a septic toilet present at the facility but no running water into the building, rather a rain catchment system to collect water is in place for staff and patients.



Kerowagi, all facilities have an operating cold chain system for vaccine storage. Kundiawa, both Goglme and Denglagu have operating cold chain systems in place. Sinasina, the health post has an operating cold chain system in place. Gumini, due to the limited power supply, both facilities do not have a cold chain system available to the storage of life saving vaccines. Karamui, due to the shortage of power supplies, there is no cold chain system at the Hobe facility.



Kerowagi, 2 of the 4 facilities have power supply into the building with only Neragaima and Kendene without power supply or generators. Incinerators are present in all four facilities. Kundiawa, both facilities have power supply and also generators. Goglme has solar panels present for backup power and Denglagu is without solar power. Both facilities have incinerators for waste combustion. Sinasina, there is power supply into the building, working solar panels and a backup generator. There is a working incinerator at the facility. Gumini, there is no power supply into either facility, no usage of solar power and no backup generator. There is also no incinerator available. Karamui, there is no power supply into the building and no solar equipment or generator to provide power into the building. Biohazardous material is discarded using an open pit.

HEALTH DATA



Outpatient
0.41

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
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
38 %

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
57 %

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
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.



Outreach
244

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
- Pathology
- Nutrition Programs
- School Health
- Dental Health
- Inpatient Care
- Supervision Programs
- Child Health/Paediatric care
- Material and Minor Surgical
- Midwifery service
- Family Planning
- Disease Control
- Health Promotion & Prevention (Health Island Concepts)
- Clinical Support Services Rural
- Other Services