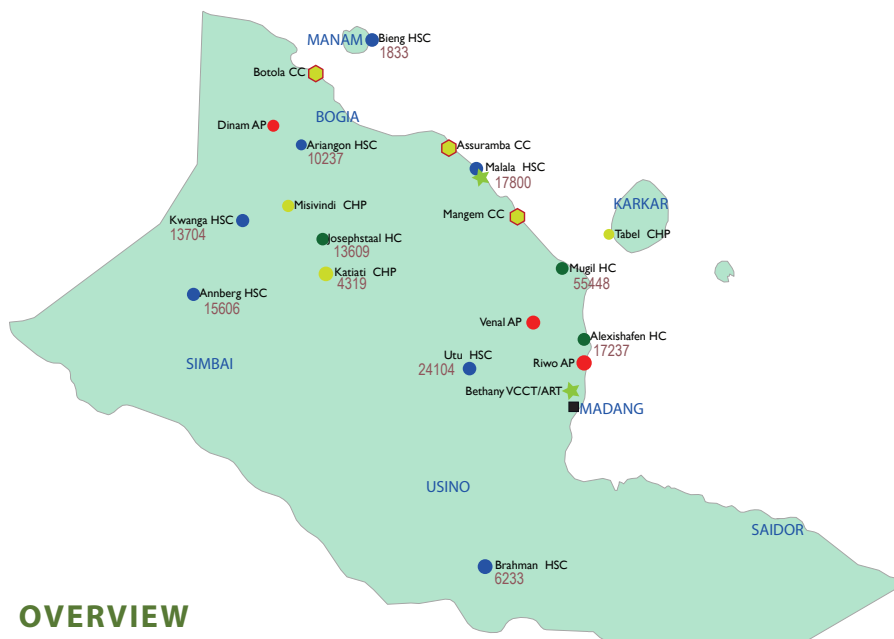


MADANG PROVINCE: ARCHDIOCESE OF MADANG



FACTS

- ✓ **Population coverage for health services in Archdiocese of Madang 18 0131**
- ✓ **135 Beds in Madang Archdiocese CCHS facilities**
- ✓ **3 BMU Sites in CCHS Madang facilities**
- ✓ **113 patients receiving HIV & Care and Treatment**

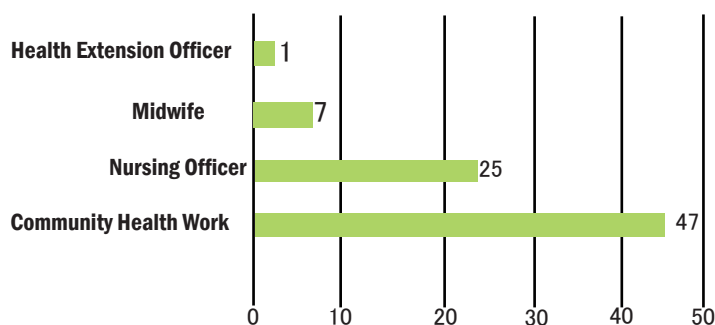
OVERVIEW

The Metropolitan Archdiocese of Madang erected on the 24 of February 1896 and established in 1966 is the catholic head-quarters in Madang 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.

TYPES OF FACILITY

Type	Number of Facilities	Registered	Pending Registration
Health Centre	3	3	
Sub Centre	9	9	
Community Health Post	5		5
Aid Post	3		3

HEALTH STAFFING



FACILITY INFRASTRUCTURE



Madang 2 out of 5 facilities don't have a mode of transport and all facilities are accessible via road, bush and track. Middle Ramu, 2 out of the 4 facilities don't have modes of transport and all facilities can be accessed via road, bush and track. Sumkar, both facilities found in the district have modes of transport and is accessible via road, bush and track. Bogia, 4 out of 8 facilities don't have modes of transport however all facilities are accessible via road, bush and track. Brahman Health Centre is the only facility in the district of Usino-Bundi. The facility is accessible via road, bush and track and has a mode of transportation.



Madang, 4 out of 5 facilities don't have network coverage and all communication is via VHF radio. Middle Ramu, none of the facilities are located in areas where network coverage is available. There is also no VHF radio available. Sumkar, there is no VHF radio at either facility, however communication is via cell phones as network coverage is in the area. Bogia, 7 out of 8 facilities don't have network so communication via cell phones only occurs if staff travel into an area with network coverage. There is also no VHF radio available at any of the sites. Usino-Bundi, There is network coverage in the area and so communication is via cell phone only as there is no VHF radio at the site

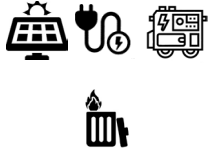


Madang, 2 out of 5 facilities don't have cold chain. Middle Ramu all four facilities have cold chain equipment for storing vaccines.. Sumkar, both facilities have cold chain equipment, Bogia, 4 out of 8 facilities don't have cold chain,

FACILITY INFRASTRUCTURE



Madang, 2 out of the 5 facilities don't have septic toilets but use open pit toilets for patient and staff. There are fixed wash basins at all facilities but 3 out of 5 don't have running water supply. All the facilities use a rain catchment system and only one facility has a tank for water storage. Middle Ramu, only half the facilities have working septic toilets and all have open pit toilets fixed with wash basins. There is no running water into any of the buildings but rain catchment systems are in place for staff and patient use. Sumkar, there are septic toilets and open pit toilets at both facilities, with installed wash basins. Only one facility, Tabel Community Health Post does not have running water supply. Bogia, only two facilities have functioning septic toilets and the rest use open pit toilets. All facilities have a fixed wash basin in place but only one facility has running water supply. A rain catchment system is in place in all facilities and water tanks only at two facilities. Usino-Bundi, there is a septic toilet and open pit toilet for staff and patient use, together with installed wash basins. There is no running water supply into the building but a rain catchment system in place for water supply.



Madang, 3 out of 5 facilities don't have power supply and only one facility has a back up generator. All but two facilities have solar power equipment. Middle-Ramu, none of the facilities have power supply, solar power or generators. There is also no incinerator at the facility for the burning of waste material. Sumkar, Bogia, 7 out of 8 facilities don't have power supply or generators but use solar power equipment for electricity. Usino-Bundi, there is no power supply at the facility however there is a generator and solar power equipment. No incinerator is present.

HEALTH DATA



Outpatient
0.57

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
18 %

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
33 %

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
19

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