# MANUS PROVINCE: DIOCESE OF KAVIENG-LORENGAU



## **OVERVIEW**

Manus comes under the Diocese of Kavieng-Lorengau. All catholic services are Population coverage for health services 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 🗹 I BMU site in for CCHS in Manus 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

in Manus province under diocese of Kavieng -Lorengau 8551

✓ 29 beds in facilities

# **TYPES OF FACILITY**

1.1.	Number of Facilties	-	Pending Registration
Health Centre	2		2

#### **HEALTH STAFFING**



## **FACILITY INFRASTRUCTURE**



Lorengau, there are two facilities in the district of Lorengau and both have modes of transport. Both facilities cannot be accessed via road, however can only be strictly accessed by sea.



Lorengau has network coverage in the area and communication is by cell phones only as there is no VHF radio available.



One (1) out of 2 facilities have functioning septic toilets and neither facility has open pit toilets or fixed wash basins. There is no running water supply, although a rain catchment system in place but no tanks for water storage.

### FACILITY INFRASTRUCTURE

There is no functioning cold chain equipment at either facility for the storage of life-saving vaccines.

<u>≜</u>% ∰

There is no power supply at both facilities and only one facility has functioning generator and solar power equipment. No incinerator is present at either facility for the burning of waste material.

#### **HEALTH DATA**



0.88

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



Measles & Vaccine **44** %

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 15 %

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



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



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



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
- Other Services