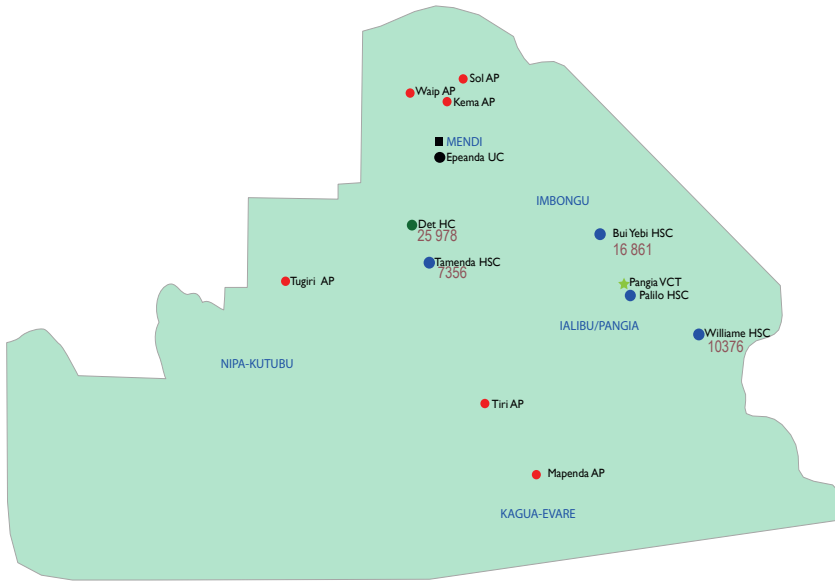


SOUTHERN HIGHLANDS PROVINCE: DIOCESE OF MENDI

OVERVIEW

Mendi Diocese established erected on November 13 1958 in 1966 is the catholic headquarters in Southern Highlands 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.



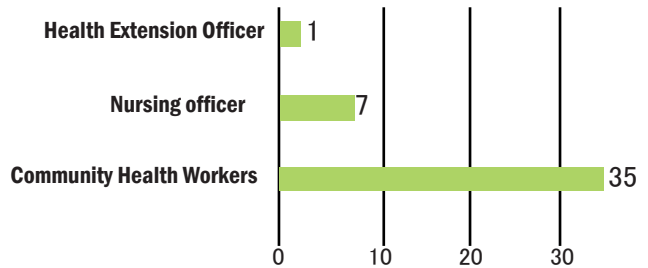
FACTS

- ☑ Population coverage for health services Diocese of Mendi 60 570
- ☑ 90 beds in Mendi Diocese CCHS Facility
- ☑ 1 BMU site in Diocese of Mendi CCHS facility
- ☑ 1349 patients receiving HIV & Care and Treatment
- ☑ Kumin Community Health Worker Training School of Nursing

TYPES OF FACILITY

Type	Number of Facilities	Registered	Pending Registration
Health Centre	2	2	
Sub Centre	2	2	
Aid Post	6	5	1
Urban Clinic	1	1	

HEALTH STAFFING



FACILITY INFRASTRUCTURE



Nipa all facilities can be accessed by road, bush and track and all have modes of transportation. The only facility in Pangia is Willame Health Centre. It has a mode of transport and is accessible by road, bush and track. Imbongu 2 out of 3 facilities does not have modes of transport. All three facilities can be accessed by road, bush and track. The only facility in Kagua is the Mapenda Aid Post which does not have a mode of transport but can be accessed by road and bush-track. Mendi all facilities don't have a mode of transport but can be accessed by road, bush and track.



Nipa has no network coverage and only 2 out of the 3 facilities have working VHF radio. Pangia there is no network coverage but communication is via VHF radio. There is no network coverage in the district of Imbongu and 2 out of 3 facilities. Kagua there is no network coverage and no VHF radio available but staff can travel a short distance to use cell phones for communication. In Mendi there is no network coverage and no VHF radio for communication at any of the facilities but the staff use cell phones by travelling a fair distance to pick up network coverage.



Nipa facilities have working septic toilets, open pit toilets and there is running water supply into the buildings. There is also rain catchment systems in place but no water tanks. In Pangia there is both septic and open pit toilets available for staff and patient use. The facility has running water supply and also a rain catchment system. Imbongu 1 out of 3 facilities does not have septic toilets but use an open pit toilet for patient use. All buildings have water supply and a rain catchment system and 2 out of 3 facilities have tanks for water storage. Kagua, septic and open pit toilets are present at the facility with a wash basin as there is running water that supplies the building. There is no rain catchment system available and no tanks for

FACILITY INFRASTRUCTURE



water storage. Mendi none of the facilities have septic toilets but use an open pit toilet instead. There are fixed wash basins and 2 out of 3 have water supply into the buildings. Only Waip Aid Post has a tank for water storage.



Nipa facilities have cold chain systems for vaccine storage. Pangia has working cold chain equipment at the facility. Imbongu 2 out of 3 facilities have working cold chain equipment except for Tiri Aid Post. Kagua has no functioning cold chain equipment for vaccine storage at any of the facilities. Mendi has no functioning cold chain equipment for vaccine storage at any of the facilities.



Nipa one facility Det Health Clinic has power supply and solar power. Tugiri Aid Post uses a generator for electricity. An incinerator is present at 2 of the 3 facilities. Pangia no power supply into the building and no generator but the facility uses solar power for electricity. An incinerator is present for the burning of biohazardous waste material. Imbongu 1 out of 3 facilities don't have power supply, generator, solar power equipment or an incinerator. Kagua facility does not have power supply nor does it use a generator, instead solar power is used to power the building. There is also no incinerator to burn waste material. Mendi no power supply into the building and no generator but 2 out of 3 facilities uses solar power for electricity. There is no incinerator present for the burning of biohazardous waste material at any of the facilities.

HEALTH DATA



Outpatient
0.29

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
23%

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
19%

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
6%

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
37

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 Services
- Family Planning
- Other Services