

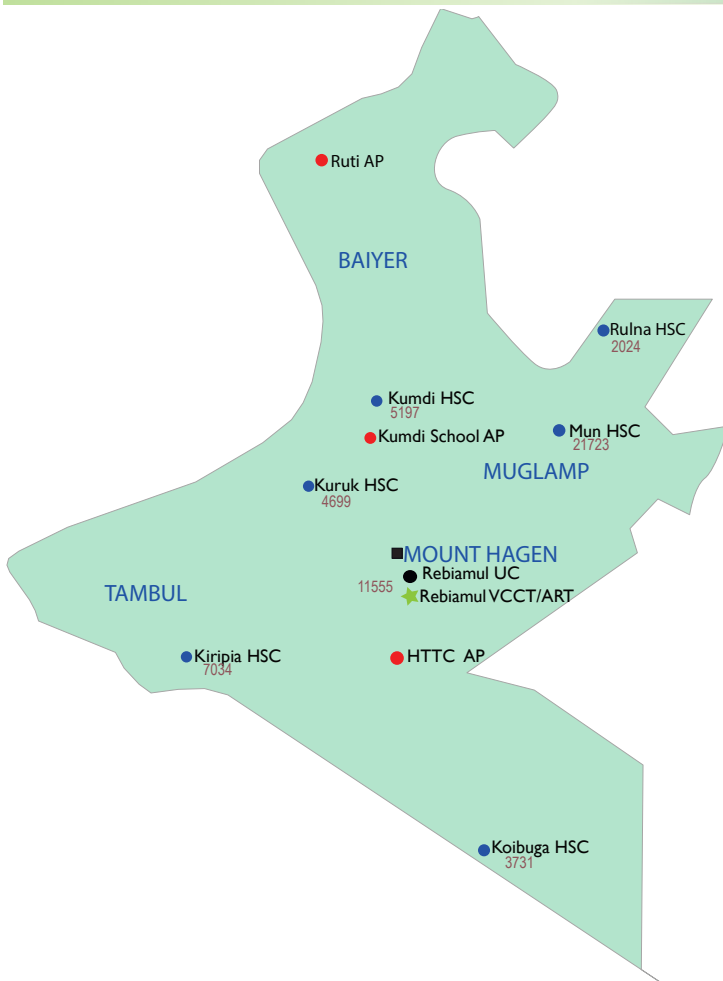
WESTERN HIGHLANDS PROVINCE: ARCHDIOCESE OF MT HAGEN

OVERVIEW

The Metropolitan Archdiocese of Mount Hagen erected on June 18 1959 established in 1982 is the catholic headquarters in Western 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

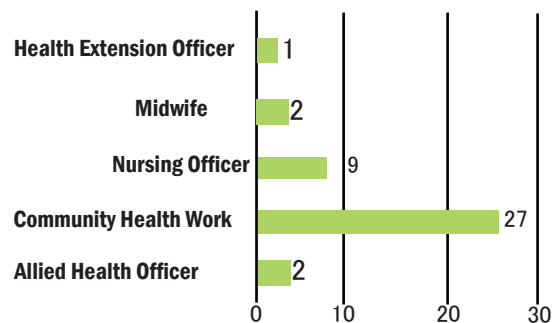
- Population coverage for health services in Archdiocese of Mount Hagen 55 964
- 1 BMU Sites in CCHS Archdiocese of Mount Hagen facilities
- 1926 patients receiving HIV & Care and Treatment
- 49 Beds in Archdiocese of Mount Hagen CCHS Facilities



TYPES OF FACILITY

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

HEALTH STAFFING



FACILITY INFRASTRUCTURE



Mul-Baiyer, two facilities, Kuruk and Kumdi Health centres have modes of transport and are accessible by road only. Dei both facilities have modes of transportation and only one can be accessed by bush and track. Tambul-Nebliyer, both facilities are strictly accessible by road only but only one, Kiripia, has a mode of transport. There are two facilities found in Hagen-Central, only one has a mode of transport although both are accessible by road.



Mul-Baiyer, both health centres have network coverage, and VHF radio. There is network coverage in the district of Dei, and communication is strictly by cell phone only as no VHF radio is available. Tambul-Nebliyer cell phones are the only mode of communication as both health centres have network coverage but no VHF radio is available for communication. Hagen-Central, there is network coverage in the district, and communication is strictly by cell phone only as no VHF radio is available.



Mul-Baiyer, both facilities have working septic toilets, wash basins and a running water supply into the buildings. They both also utilise a rain catchment system but don't have any tanks for water storage. Dei, 1 out of the 2 facilities has an operating septic toilet, with no open pit toilet available for patient and staff use. Tambul-Nebliyer, both facilities have no open pit toilets and only Kiripia health centre has a functioning septic toilet and wash basin. There is water supply into the buildings and a rain catchment system in place but

FACILITY INFRASTRUCTURE



neither facility have tanks for water storage. Hagen-Central, two facilities have functioning wash basins, septic toilets but no open pit toilet. There is running water into the building and also a rain catchment system.



Mul-Baiyer, both facilities have a functioning cold chain system used for storing vaccines. Dei, There is no cold chain equipment at either facility. Tambul-Nebliyer, both facilities have functioning cold chain systems. Hagen Central 1 out of the 2 facilities has a working cold chain system.



Mul-Baiyer, Both facilities have power supply to the buildings a have no solar power available and only Kuruk has a backup generator and an incinerator. Dei, None of the two facilities have power supply, solar power, backup generator or an incinerator. Tambul-Nebliyer, Both facilities have power supply, backup generator and only one of the two facilities in the district utilise solar power equipment and an incinerator. Hagen Central, there is power supply into both facilities but no solar power equipment for either building. Only one facility has a backup generator and incinerator.

HEALTH DATA



Outpatient
0.69

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
35 %

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
5 %

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
29 %

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
1.81

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



Rebihamul VCCT Clinic Staff recheck on ART medical Supply before ordering. The clinic has 1926 patients on ART.

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
- Eye Clinic
- Supervision Programs
- Child Health
- Material and Minor Surgical
- Midwifery Service
- Family Planning
- Health Promotion & Prevention
- Clinical Support Services Rural
- Other Services