

EAST NEW BRITAIN PROVINCE: ARCHDIOCESE OF RABAUL

OVERVIEW

The Metropolitan Archdiocese of Rabaul erected on May 10 1889 and established in 1966 is the catholic headquarters in East New Britain 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

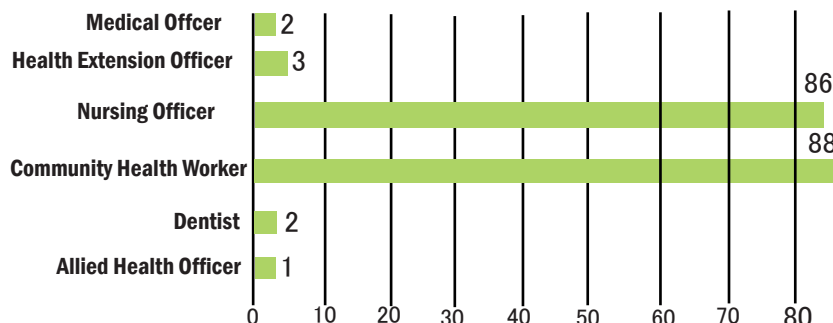
- Population coverage for health services in the province 87 129**
- 3 BMU site in for CCHS in ENB**
- 168 patients receiving HIV & Care and Treatment**
- 322 beds in facilities**
- St Mary's Vunapope School of Nursing**



TYPES OF FACILITY

Type	Number of Facilities	Registered	Pending Registration
Health Centre	2		2
Sub Centre	7	7	
District Hospital	1	1	

HEALTH STAFFING



FACILITY INFRASTRUCTURE



The only facility in Kokopo is St Mary's Vunapope hospital. The hospital is equipped with vehicles for staff and patient use and the facility can be easily accessed by road. Gazelle District 1 out of 3 facilities have no modes of transport and can only be accessed by bush-track. Pomio 2 out of 6 facilities don't have a mode of transport, one of which is strictly accessed by sea. All but one can be accessed by road, bush and track.



Vunapope has network coverage in the area and communication is by cell phone. Gazelle 2 out of 3 facilities are in range of network coverage and use cell phones as a means of communication. No facility has VHF radio communication. Pomio 5 out of 6 facilities don't have network coverage but staff use cell phones as a means of communication by travelling a fair distance to pick up coverage, as no facility is equipped with VHF radio.



In Kokopo, facility is fully equipped with septic toilets and wash basins as there is water supply into the building. The hospital also has a rain catchment system and tanks for water storage. Gazelle Only two facilities have septic toilets whilst the other has an open pit

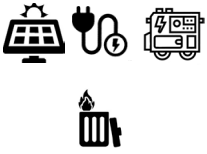
FACILITY INFRASTRUCTURE



toilet for patient and staff use. Wash basins are present in all three facilities however there is no running water into any of the buildings rather a rain catchment system is in place. Pomio 4 out of 6 facilities don't have septic toilets but use an open pit toilet. Only two facilities have running water into the building, however all have rain catchment systems in place.



Kokopo, the facility has a cold chain system for vaccine storage. Gazelle the three facilities have functioning cold chain equipment for storing vaccines. Pomio, all six facilities have cold chain equipment.



In Kokopo District only one facility for CCHS, the building has power supply, a backup generator as well as solar power. There is an incinerator at the site but no placenta pit. In Gazelle District, 1 out of 3 facilities don't have power supply or generators but use solar power to power the building. All buildings have working incinerators but 1 out of 3 facilities have placenta pits. Pomio District, one facility, Uvol health centre uses a generator to power the building, due to no power supply, or solar power for all six facilities. All facilities have working incinerators and 2 out of six facilities don't have placenta pits.

HEALTH DATA



Outpatient
1.36

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
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
118 %

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
120 %

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
40

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