

# National Health Plan 2021 - 2030

Volume 2B  
Provincial &  
District Profiles  
(2011-2020)



Government of  
Papua New Guinea

JUNE 2021

**BUILDING THE HEALTH OF OUR PEOPLE  
LEAVING NO-ONE BEHIND IS EVERYBODY'S BUSINESS**



# Contents

<b>National Overview</b>	<b>1</b>
--------------------------	----------

---

## **Southern**

---

Western	5
Gulf	15
Central	23
National Capital District	35
Milne Bay	45
Northern (Oro)	57

## **Momase**

---

Morobe	65
Madang	88
East Sepik	104
West Sepik	120

## **Highlands**

---

Enga	132
Hela	146
Southern Highlands	156
Western Highlands	170
Jiwaka	182
Chimbu	192
Eastern Highlands	208

## **New Guinea Islands**

---

West New Britain	229
East New Britain	237
Manus	249
New Ireland	255
Autonomous Region of Bougainville	263





**National Department of Health**

# PROVINCIAL AND DISTRICT HEALTH PROFILES

Data for decision-makers

---

## NATIONAL OVERVIEW

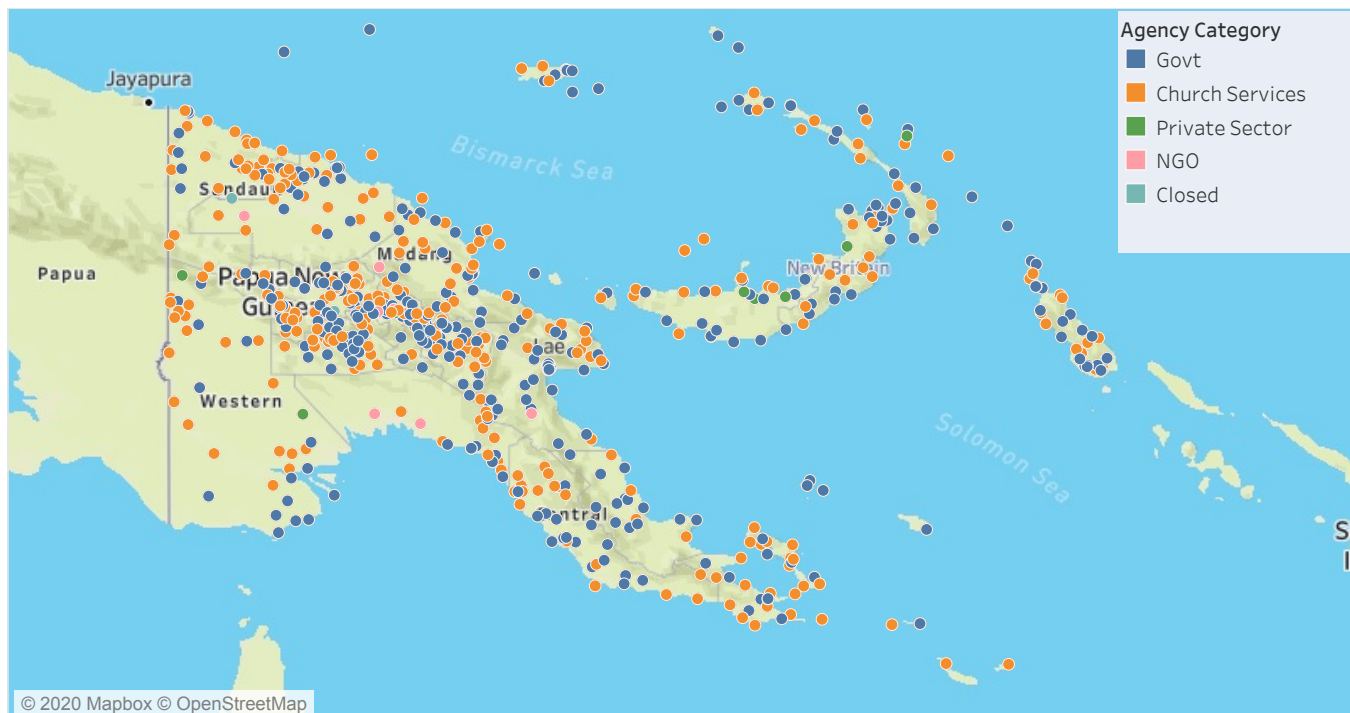
---

Bougainville Central  
West New Britain New Ireland Northern Enga  
East New Britain Southern Highlands  
Milne Bay Eastern Highlands Madang  
Manus  
National Capital Western Highlands Hela  
Sandaun East Sepik Chimbu Morobe  
Western Gulf Jiwaka

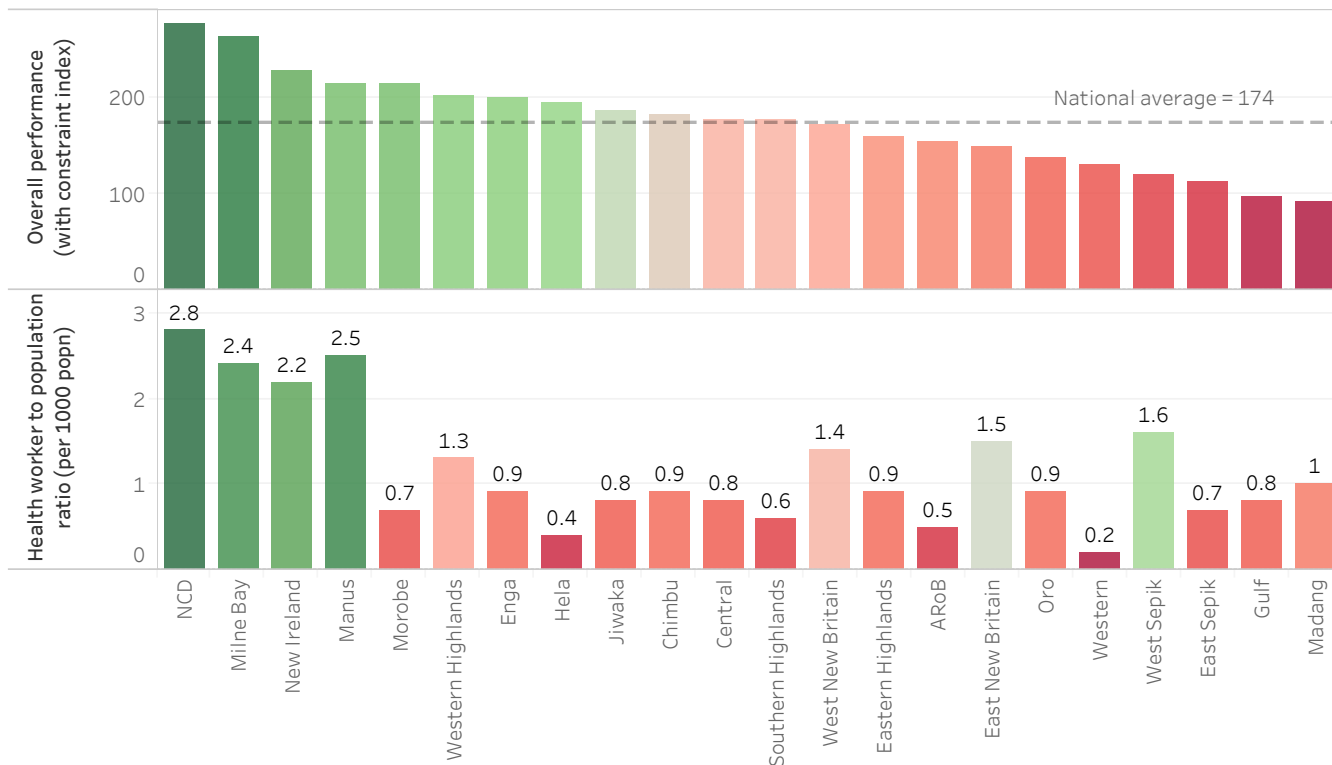


# NATIONAL PROFILE

## Papua New Guinea Health Systems and Performance Indicators



Weighted Provincial Ranking, based on health indicators (2019 SPAR)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce ratio includes clinicians only



# NATIONAL PROFILE

## Papua New Guinea Health Systems and Performance Indicators

### Outpatient Visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine

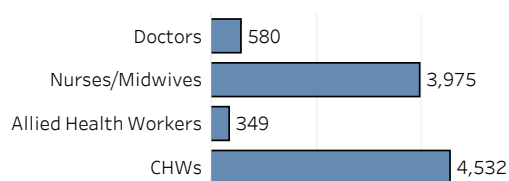


of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

### Number of Health Facilities

Type	Govt	Church Services	Private Sector	NGO	Data not available	Closed	Grand Total
National referral hospital	1						1
Regional referral hospital	3						3
Provincial Hospital	16		1				17
District Hospital	10	2					12
Rural hospital	2	2					4
Urban Health Center	53	22	10	7		1	93
Health Center	145	70	3	2			220
Health Sub Center	164	256	4	2		3	429
Comm Health Post	33	7			1		41
Aid Post					2,193	968	3,161
Data Unavailable					1		1
<b>Grand Total</b>	<b>427</b>	<b>359</b>	<b>18</b>	<b>11</b>	<b>2,195</b>	<b>972</b>	<b>3,982</b>

### Health Workforce (govt)

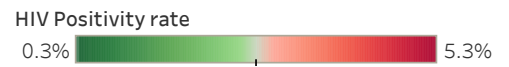
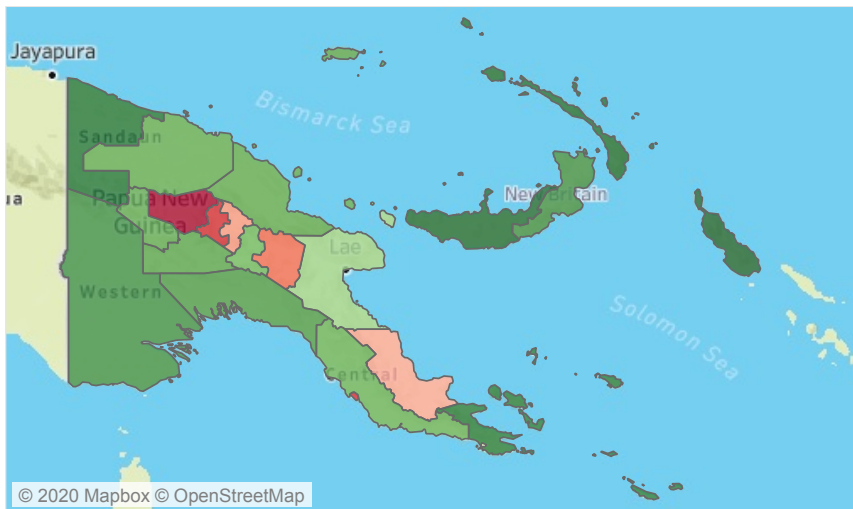


Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report, 2020



# COMMUNICABLE DISEASE PROFILE

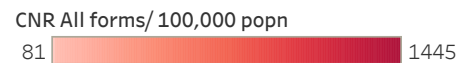
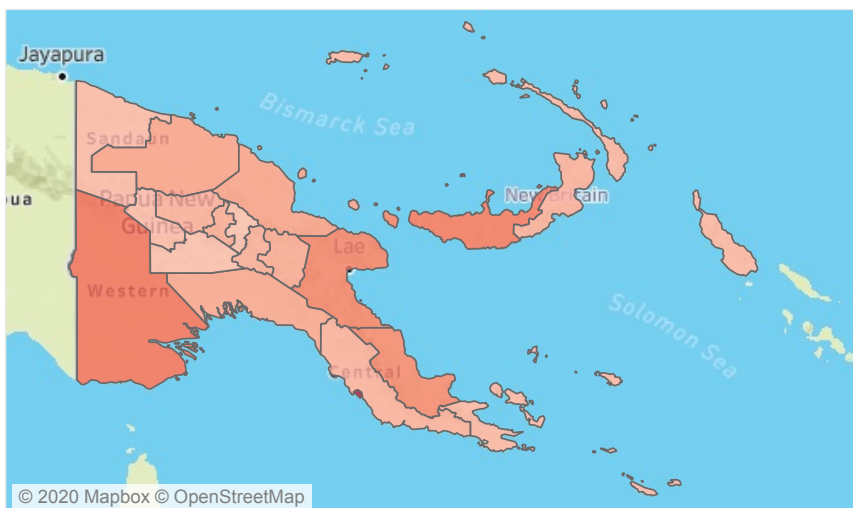
## HIV positivity rate



HIV positivity rate is the percentage of new identified positives among clients (15-49 years) tested for HIV in a specific time (2019). In 2019, PNG had in total, 179 805 persons, of 15-49 years, tested for HIV, with approximately 3% (2.9%) of the clients tested, found to be HIV positive.

In 2019 NCD (30310 tested), Enga (12198 tested), Western Highlands (11468 tested), Eastern Highlands (15368 tested), Jiwaka (8634 tested) and Oro (962 tested) had HIV positivity rates of 3.0% or more.

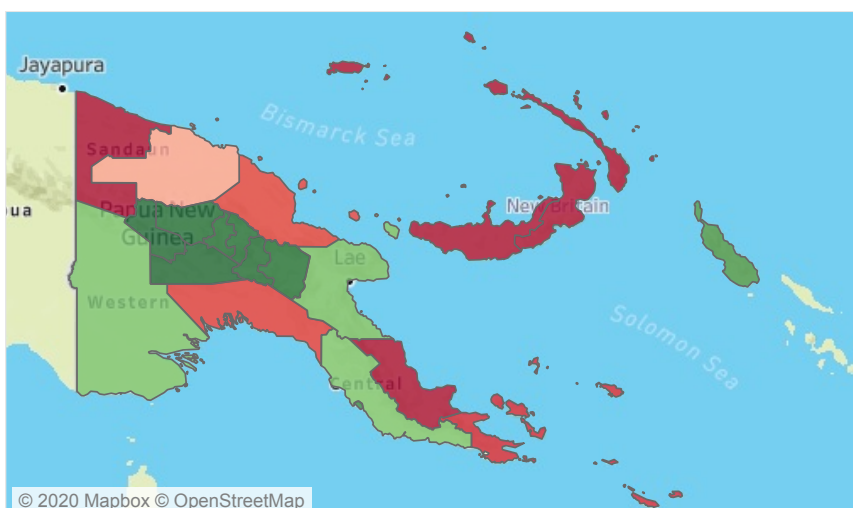
## TB incidence



This indicator measures the TB incidence per 100,000 population over a 12 month period (2019). It is based on 'notified' cases - in other words those that have been found, so there is likely to be under-reporting by some provinces.

In 2019 Oro (532), Morobe (566), West New Britain (651), Western (699) and NCD (1,445) had TB (all forms) Case Notification Rates well above the 2019 national average of 345. The data includes all provinces and most of the districts, with some districts yet to be mobilised in the NTB program.

## Malaria incidence



This indicator includes the number of confirmed (by slide or RDT) and probable (not tested, but treated) cases of malaria per 1,000 population.

As published in the 2019 Sector Performance Annual Review, PNG has largely maintained (since 2015) a malaria incidence rate in the range of 100 - 120 per 1,000 population - 97 in 2015 to 112 in 2019. Coastal areas are most affected with Milne Bay, Oro, East & West New Britain, New Ireland, Manus and West Sepik having significantly higher incidences of malaria.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## WESTERN PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## Western Province

Provincial Population

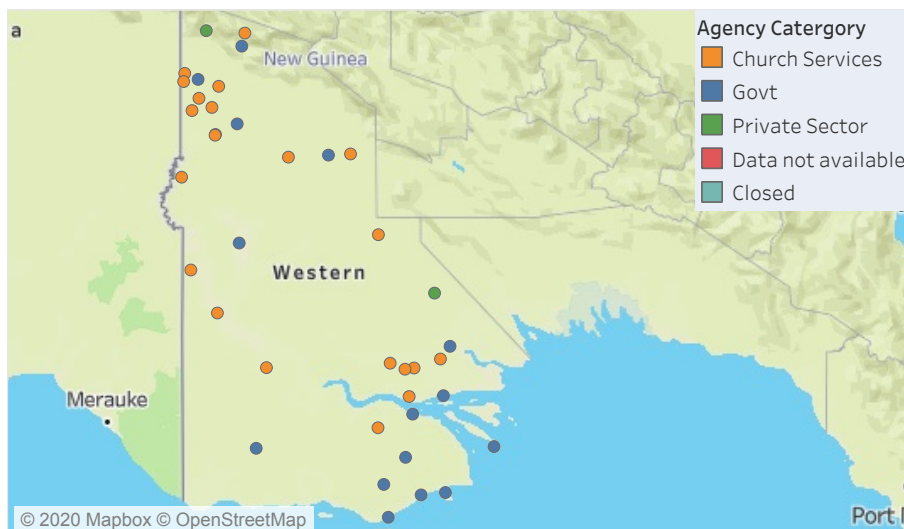
**290,069**

Growth Rate

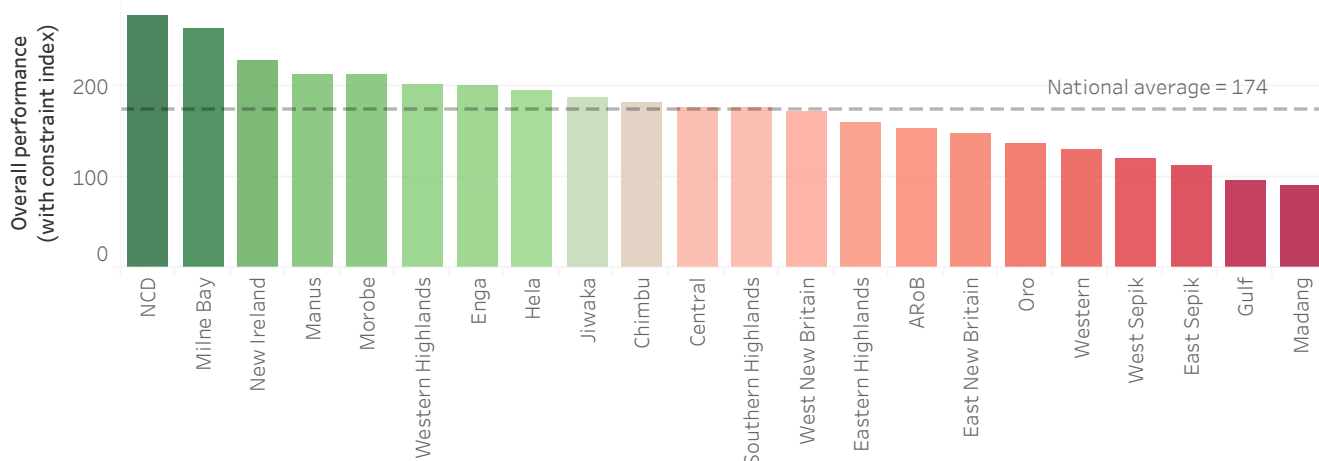
**2.5%**

Health worker to population ratio

**0.2 per 1000**



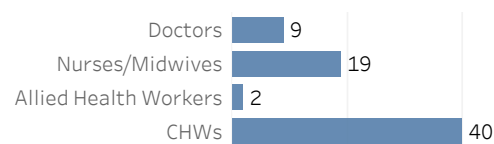
### Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Private Sector	Data not available	Closed	Grand Total
Provincial Hospital	1					1
Rural hospital		1				1
District Hospital	1					1
Urban Health Center	3	1				4
Health Center	9	2	1			12
Health Sub Center	6	17	1			24
Aid Post				90	47	137
<b>Grand Total</b>	<b>20</b>	<b>21</b>	<b>2</b>	<b>90</b>	<b>47</b>	<b>180</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. Western



# Provincial Profile

## Western Province

### Outpatient Visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



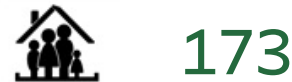
of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Middle Fly	2.2	3	77%
	North Fly	2.2	18	67%
	South Fly	1.1	1	67%
Province	Western	1.9	7	71%
National	National	1.1	31	53%

# Provincial Profile

## Western Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Middle Fly	12%	13%
	North Fly	25%	24%
	South Fly	9%	16%
Province	Western	16%	17%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Middle Fly	29%	36%	130
	North Fly	41%	44%	237
	South Fly	25%	27%	154
Province	Western	32%	36%	173
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Middle Fly	3.4%	153	28%
	North Fly	2.5%	439	21%
	South Fly	3.1%	147	23%
Province	Western	3.0%	246	22%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Middle Fly	8.6%	38	40
	North Fly	11.5%	67	194
	South Fly	11.4%	33	36
Province	Western	10.0%	46	90
National	National	7.0%	35	112

# District Profile

## Middle Fly District, Western Province

Population  
**105,680**

Growth rate  
**2.5%**



Outpatient visits  
**2.2**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births  
**29%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care  
**36%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning  
**130**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine  
**13%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition  
**27.7%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine  
**12%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics  
**3**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths  
**3.4%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES

- Improve rural and hospital health services
- Improve partnerships with churches and private sector
- Get more health workers to meet population needs
- Make sure women have access to and give birth in a health facility
- Increase the number of children immunised against diseases
- Refurbish and upgrade poor and unsafe infrastructure
- Expand services to address high levels of family violence
- Increase family planning options; children by choice, not chance

**Why invest DSIP funds in health?**

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

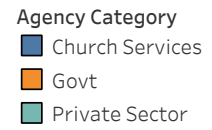
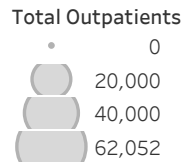
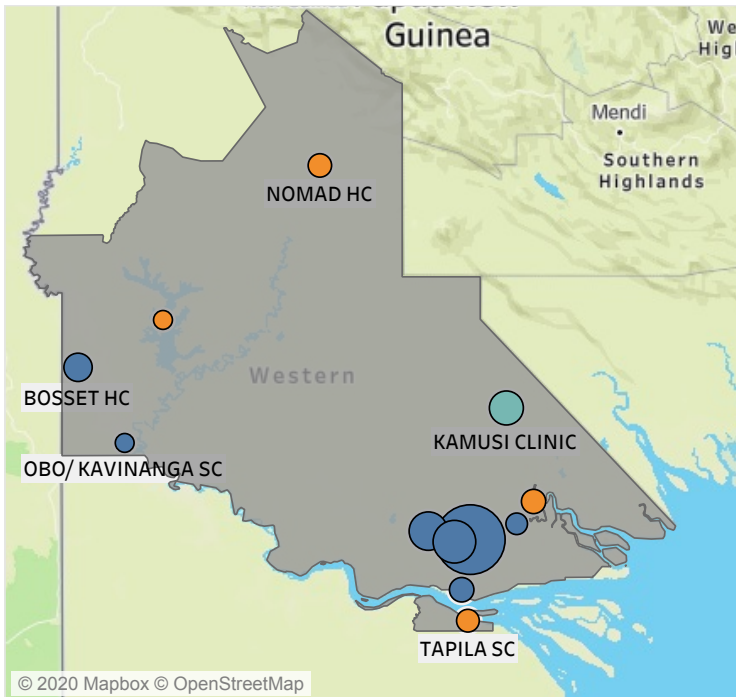
Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report. Middle Fly



# District Profile

## Middle Fly District, Western Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
District Hospital			1	1
Urban Health Center	1			1
Health Center	5			5
Health Sub Center	8			8
Aid Post	27	19		46
<b>Grand Total</b>	<b>41</b>	<b>19</b>	<b>1</b>	<b>61</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
District Hospital	BALIMO HSPTL	GOVERNMENT	NA
Urban Health Center	BALIMO UC	GOVERNMENT	12
Health Center	BALIMO HC	ECPNG	12
	BOBOA/LAKE MURRAY HC	GOVERNMENT	8
	BOSSET HC	CATHOLIC	12
	EMETI HC	GOVERNMENT	12
	NOMAD HC	GOVERNMENT	9
	Health Sub Center	ADIBA	ECPNG
AWABA SC		ECPNG	12
KAMUSI CLINIC		RH	12
MAPADO SC		ECPNG	12
OBO/ KAVINANGA SC		ECPNG	12
TAPILA SC		GOVERNMENT	12
WASUA SC		ECPNG	12
WAWOI SC		ECPNG	12

0K 10K 20K 30K 40K 50K 60K

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## North Fly District, Western Province

Population

96,335

Growth rate



2.5%



Outpatient visits



2.2

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



41%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



44%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



237

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



24%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



20.9%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



25%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



18

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.5%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

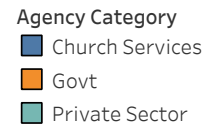
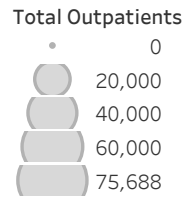
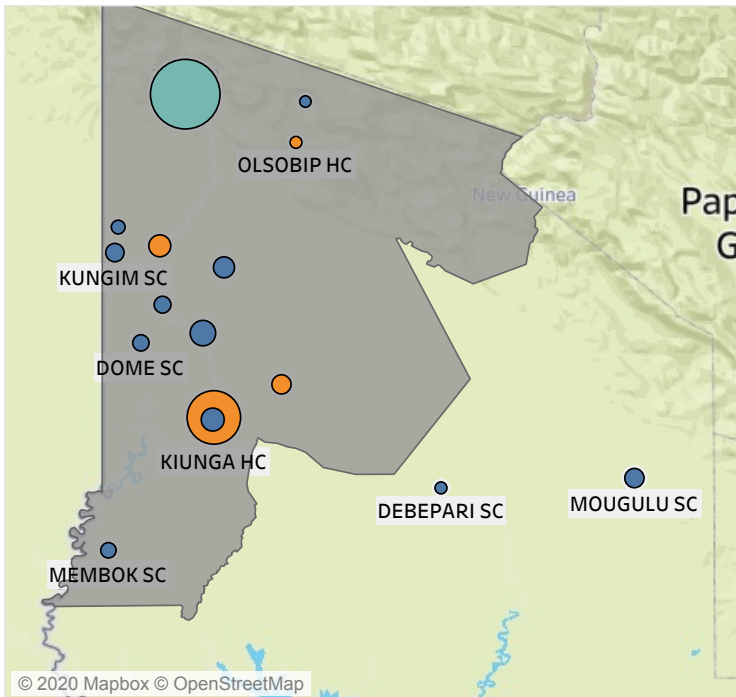
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## North Fly District, Western Province

Map of health facilities



Number of health facilities

Type	Open	Grand Total
Rural hospital	1	1
Urban Health Center	2	2
Health Center	4	4
Health Sub Center	10	10
Aid Post	35	35
<b>Grand Total</b>	<b>52</b>	<b>52</b>

List of health facilities

Type	Name of Facility	Agency	Reports Received
Rural hospital	RUMGINAE HC	ECPNG	12
Urban Health Center	KIUNGA CATHOLIC UC	CATHOLIC	10
	TABUBIL URBAN CLINIC	GOVERNMENT	12
Health Center	KIUNGA HC	GOVERNMENT	12
	NINGERUM HC	GOVERNMENT	8
	OLSOBIP HC	GOVERNMENT	9
	TABUBIL (OTM LTD) HC	OTM LTD	11
Health Sub Center	DEBEPARI SC	ECPNG	8
	DOME SC	ECPNG	11
	GOLGOBIP SC	ECPNG	12
	HAEWENAE SC	CATHOLIC	12
	IOWARA SC	GOVERNMENT	12
	KUNGIM SC	CATHOLIC	12
	MATKOMNAI SC	CATHOLIC	12
	MEMBOK SC	CATHOLIC	11
	MOUGULU SC	CATHOLIC	12
	TARAKBITS SC	CATHOLIC	11

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## South Fly District, Western Province

Population

**88,053**

Growth rate



**2.5%**



Outpatient visits



**1.1**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



**25%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



**27%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



**154**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



**16%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



**22.8%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



**9%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



**1**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



**3.1%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

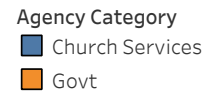
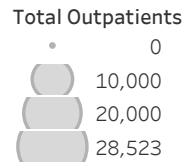
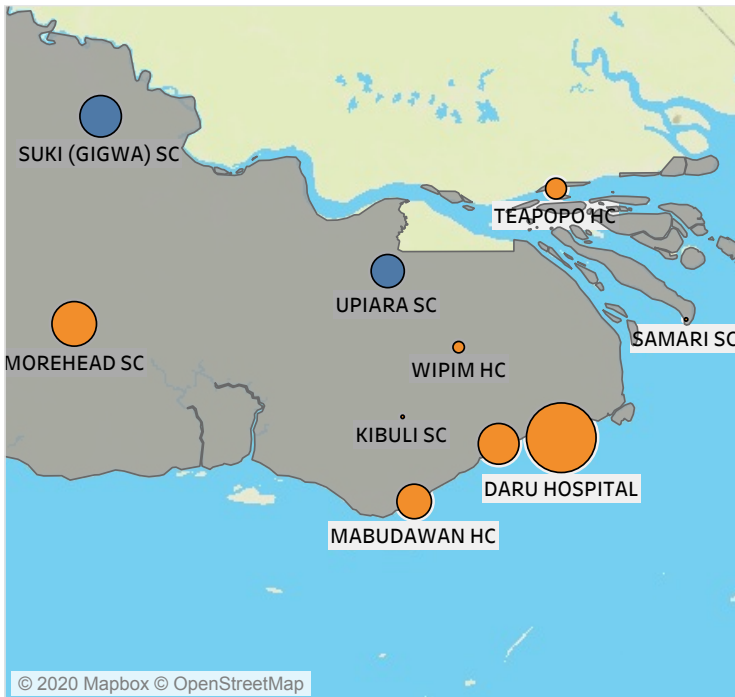
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## South Fly District, Western Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Provincial Hospital	1			1
Urban Health Center	1			1
Health Center	3			3
Health Sub Center	4		2	6
Aid Post	28	28		56
<b>Grand Total</b>	<b>37</b>	<b>28</b>	<b>2</b>	<b>67</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	DARU HOSPITAL	GOVERNMENT	12
Urban Health Center	DARU UC	GOVERNMENT	12
Health Center	MABUDAWAN HC	GOVERNMENT	12
	TEAPOPO HC	GOVERNMENT	12
	WIPIM HC	GOVERNMENT	3
Health Sub Center	KIBULI SC	GOVERNMENT	NA
	KUNINI SC	GOVERNMENT	9
	MOREHEAD SC	GOVERNMENT	12
	SAMARI SC	GOVERNMENT	NA
	SUKI (GIGWA) SC	ECPNG	12
	UPIARA SC	ECPNG	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## GULF PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central



# Provincial Profile

## Gulf Province

Provincial Population

**185,118**

Growth Rate

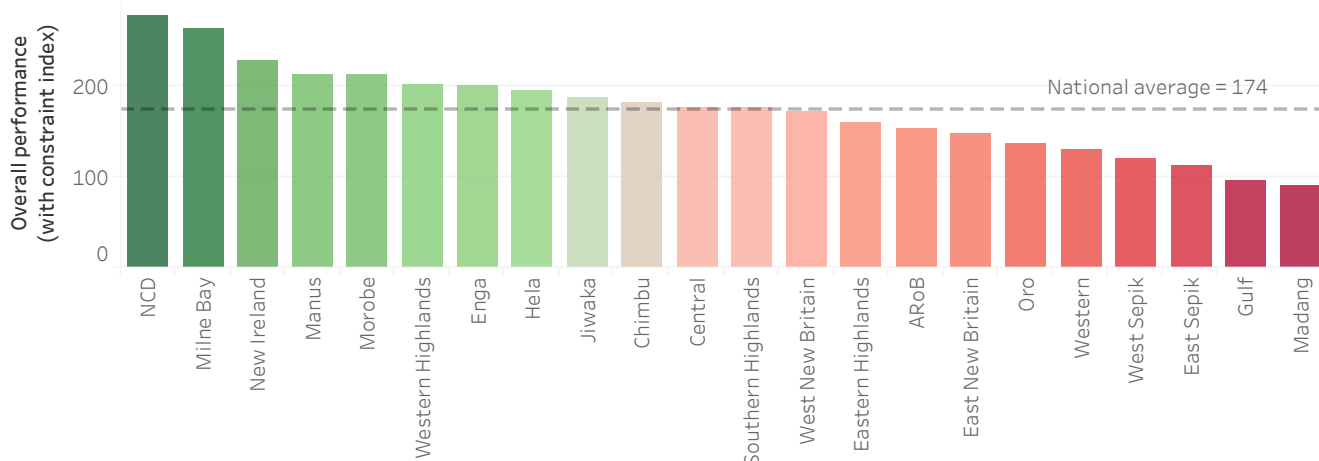
**3.6%**

Health worker to population ratio

**0.8 per 1000**



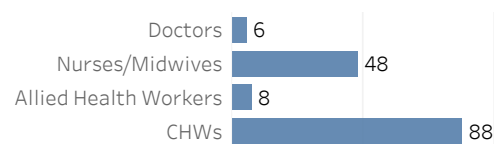
### Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	NGO	Data not available	Closed	Grand Total
Provincial Hospital	1					1
Urban Health Center	1					1
Health Center	6	2	2			10
Health Sub Center	1	8				9
Aid Post				68	24	92
<b>Grand Total</b>	<b>9</b>	<b>10</b>	<b>2</b>	<b>68</b>	<b>24</b>	<b>113</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff.

# Provincial Profile

## Gulf Province

### Outpatient Visits



1.9

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



22%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



39%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



130

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



34%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



19%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



3

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



1.8%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



23%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Kerema	2.1	2	74%
	Kikori	1.6	3	78%
Province	Gulf	1.9	3	77%
National	National	1.1	31	53%

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Kerema	12%	18%
	Kikori	31%	30%
Province	Gulf	19%	23%
National	National	34%	42%

# Provincial Profile

## Gulf Province

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Kerema	19%	44%	99
	Kikori	26%	30%	180
Province	Gulf	22%	39%	130
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Kerema	2.2%	318	39%
	Kikori	0.0%	172	31%
Province	Gulf	1.8%	261	34%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Kerema	8.1%	42	247
	Kikori	8.6%	46	104
Province	Gulf	8.0%	44	191
National	National	7.0%	35	112

# District Profile

## Kerema District, Gulf Province

Population

113,424

Growth rate



3.6%



Outpatient visits



2.1

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



19%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



44%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



99

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



18%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



38.7%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



12%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



2

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.2%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

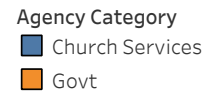
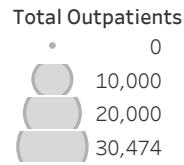
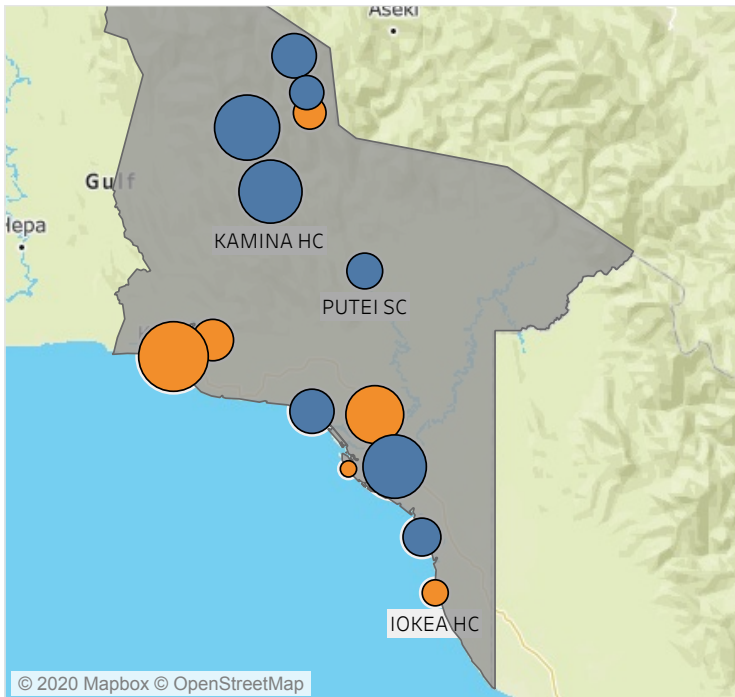
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Kerema District, Gulf Province

Map of health facilities



Number of health facilities

Type	Open	Closed	Grand Total
Provincial Hospital	1		1
Urban Health Center	1		1
Health Center	6		6
Health Sub Center	7		7
Aid Post	38	10	48
<b>Grand Total</b>	<b>53</b>	<b>10</b>	<b>63</b>

List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	KEREMA HOSPITAL	GOVERNMENT	12
Urban Health Center	KEREMA UC	GOVERNMENT	12
Health Center	IOKEA HC	GOVERNMENT	12
	KAINTIBA HC	GOVERNMENT	12
	KAMINA HC	CATHOLIC	12
	KANABEA DIST HOSP	CATHOLIC	12
	KUKIPI HC	GOVERNMENT	3
	MALALAU HC	GOVERNMENT	12
	Health Sub Center	BEMA SC	CATHOLIC
HAWABANGO SC		CATHOLIC	12
KOARU SC		UNITED CHURCH	12
LESE AVIHARA SC		UNITED CHURCH	9
MURUA SC		GOVERNMENT	12
PUTEI SC		CATHOLIC	11
TERAPO SC		CATHOLIC	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Kikori District, Gulf Province

Population

71,693

Growth rate



3.6%



Outpatient visits



1.6

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



26%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



30%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



180

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



30%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



31.5%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



31%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



3

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

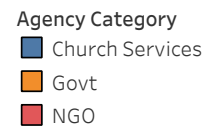
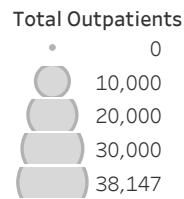
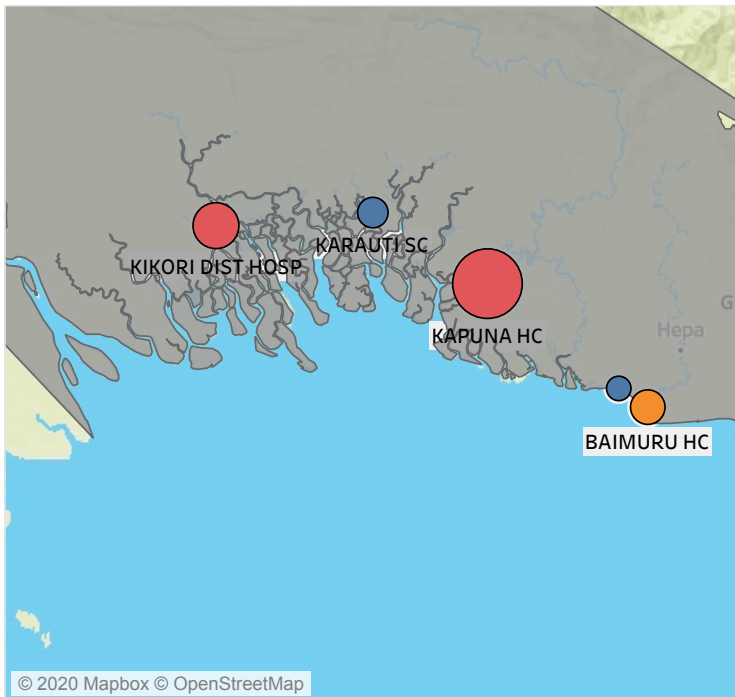
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Kikori District, Gulf Province

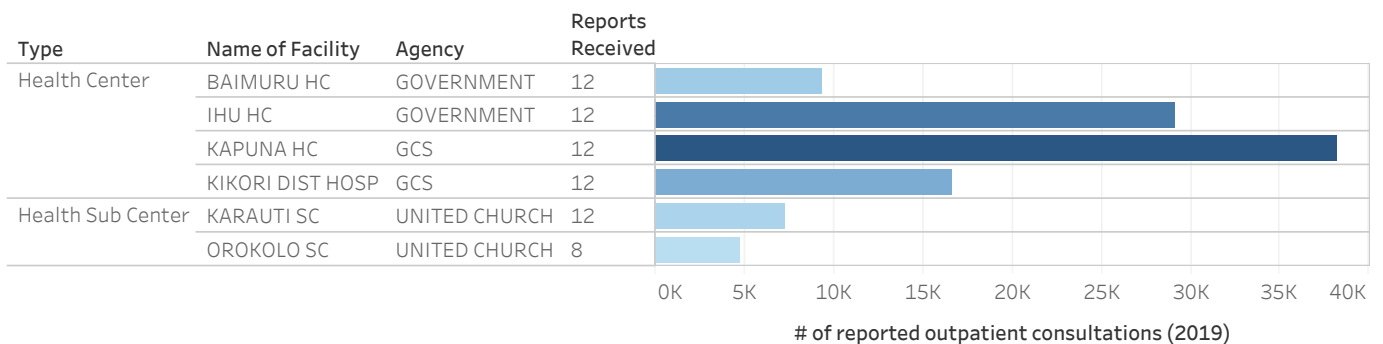
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	4		4
Health Sub Center	2		2
Aid Post	30	14	44
<b>Grand Total</b>	<b>36</b>	<b>14</b>	<b>50</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## CENTRAL PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## Central Province

Provincial Population

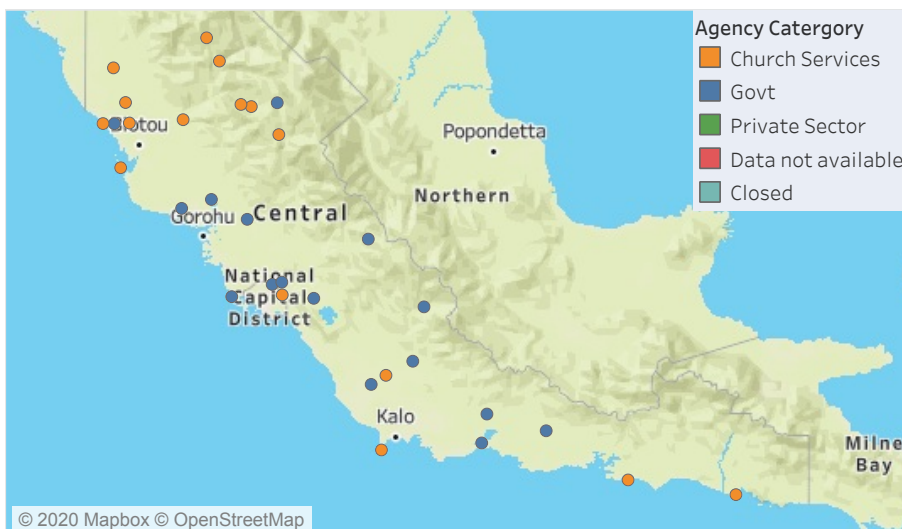
**309,883**

Growth Rate

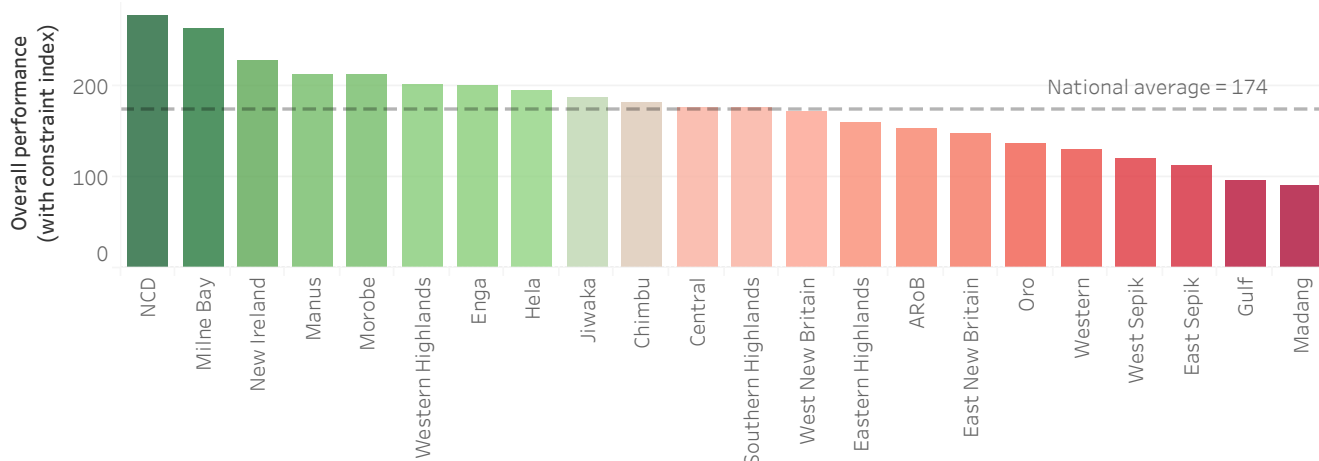
**3.5%**

Health worker to population ratio

**0.8 per 1000**



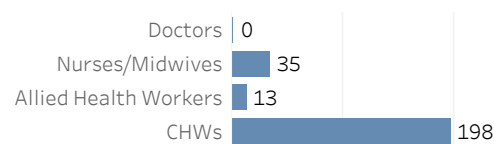
### Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Private Sector	Data not available	Closed	Grand Total
Provincial Hospital	1					1
Urban Health Center	1					1
Health Center	5	3				8
Health Sub Center	12	18	1			31
Comm Health Post		1				1
Aid Post				58	36	94
<b>Grand Total</b>	<b>19</b>	<b>22</b>	<b>1</b>	<b>58</b>	<b>36</b>	<b>136</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. Central

# Provincial Profile

## Central Province

### Outpatient Visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Abau	0.5	44	60%
	Goilala	0.9	13	48%
	Kairuku-Hiri	1.3	45	55%
	Rigo	0.8	40	46%
Province	Central	1.0	39	53%
National	National	1.1	31	53%



# Provincial Profile

## Central Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Abau	27%	31%
	Goilala	7%	8%
	Kairuku-Hiri	33%	39%
	Rigo	36%	55%
Province	Central	28%	36%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Abau	19%	37%	145
	Goilala	2%	19%	3
	Kairuku-Hiri	31%	51%	72
	Rigo	53%	45%	58
Province	Central	28%	42%	74
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Abau	3.3%	68	9%
	Goilala	1.8%	189	54%
	Kairuku-Hiri	0.0%	232	21%
	Rigo	9.1%	128	18%
Province	Central	2.8%	169	21%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Abau	6.4%	8	35
	Goilala	6.3%	22	34
	Kairuku-Hiri	2.6%	28	171
	Rigo	4.7%	22	29
Province	Central	4.0%	22	92
National	National	7.0%	35	112

# District Profile

## Abau District, Central Province

Population

64,640

Growth rate



3.5%



Outpatient visits

0.5

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



19%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



37%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



145

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



31%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



9.2%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



27%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



44

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



3.3%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

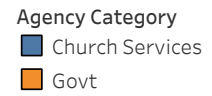
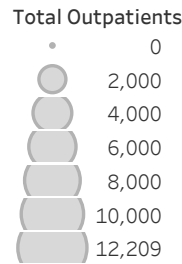
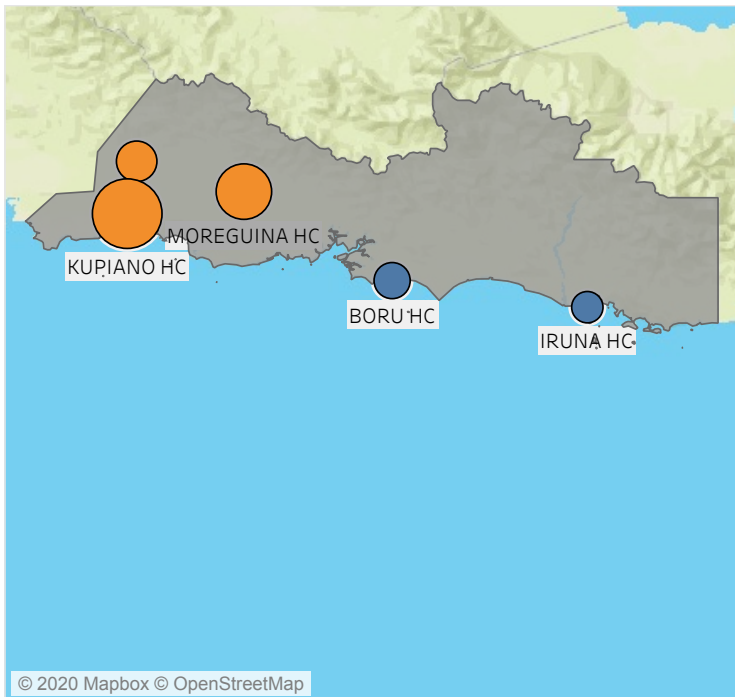
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Abau District, Central Province

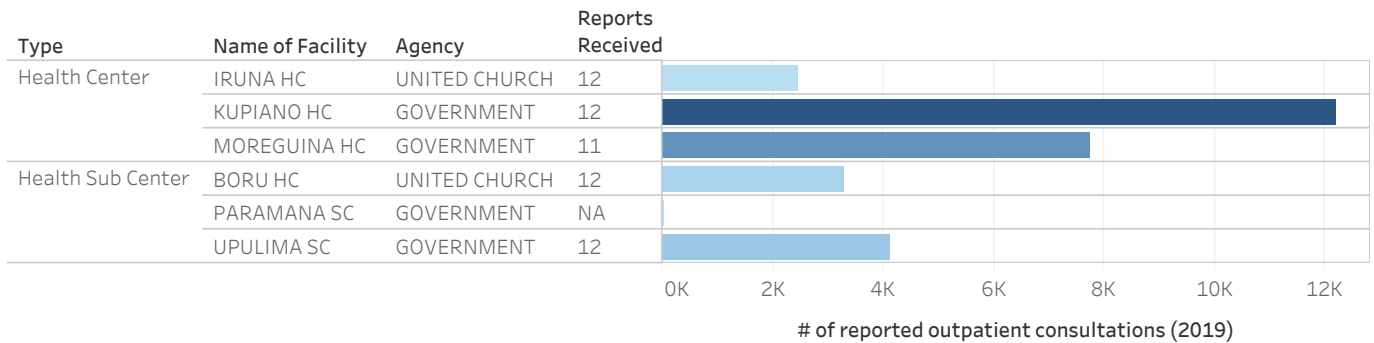
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	3			3
Health Sub Center	2		1	3
Aid Post	13	10		23
<b>Grand Total</b>	<b>18</b>	<b>10</b>	<b>1</b>	<b>29</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Goilala District, Central Province

Population

46,057

Growth rate



3.5%



Outpatient visits



0.9

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



2%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



19%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



3

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



8%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



53.6%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



7%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



13

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



1.8%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

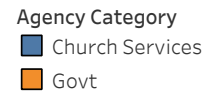
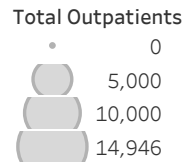
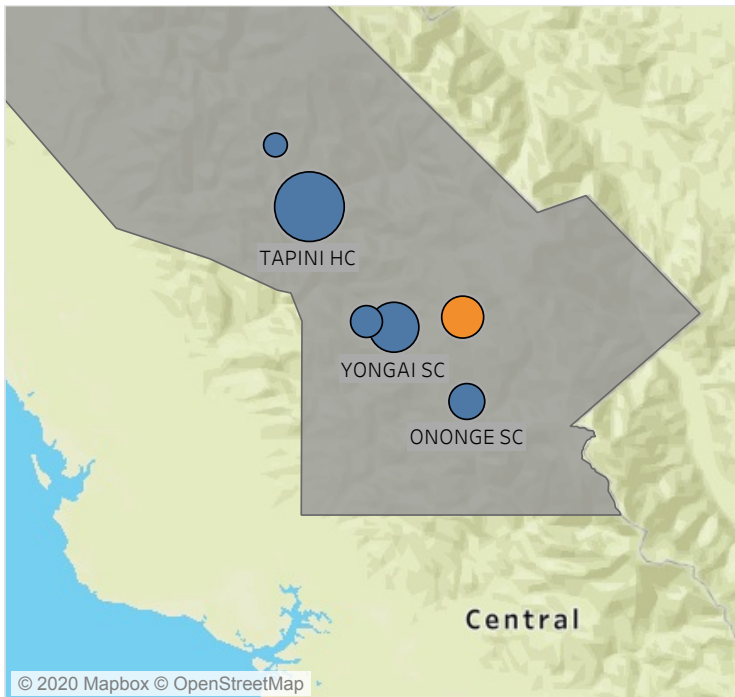
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Goilala District, Central Province

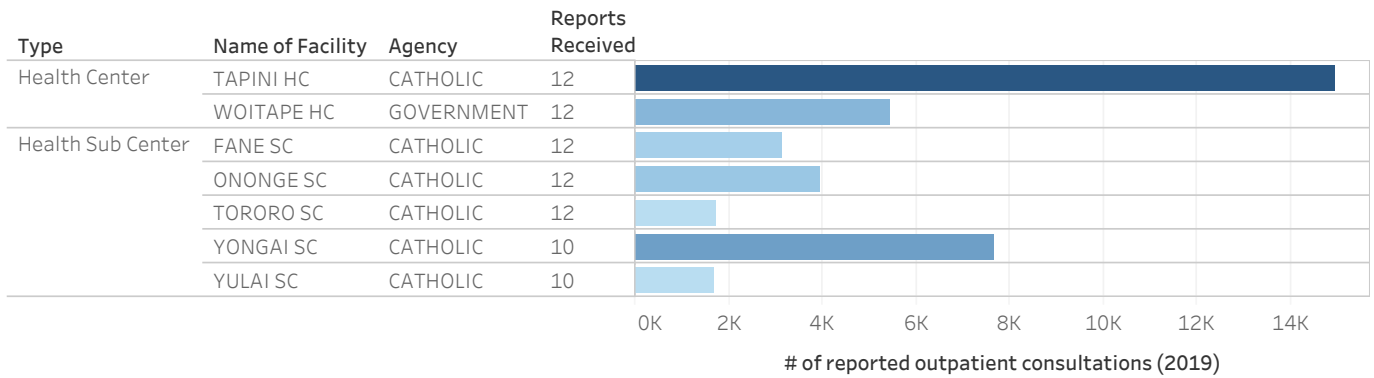
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	2		2
Health Sub Center	5		5
Aid Post	2	14	16
<b>Grand Total</b>	<b>9</b>	<b>14</b>	<b>23</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Kairuku-Hiri District, Central Province

Population

132,696

Growth rate



3.5%



Outpatient visits



1.3

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



31%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



51%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



72

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



39%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



21.4%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



33%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



45

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

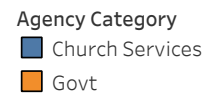
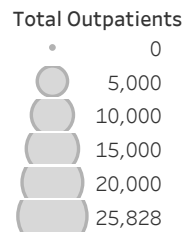
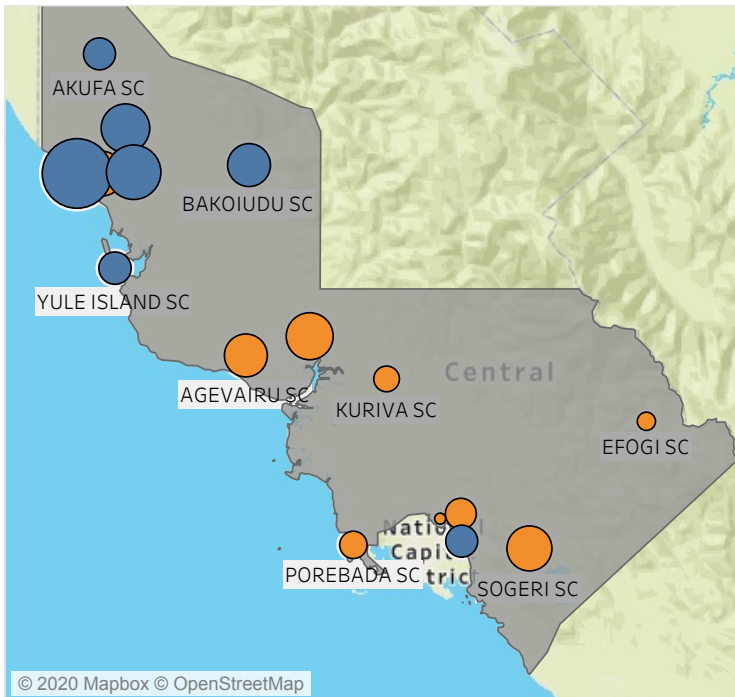
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Kairuku-Hiri District, Central Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Provincial Hospital	1			1
Urban Health Center	1			1
Health Center	2			2
Health Sub Center	17			17
Comm Health Post	1			1
Aid Post	19	11	1	31
<b>Grand Total</b>	<b>41</b>	<b>11</b>	<b>1</b>	<b>53</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	LALOKI HOSPITAL	GOVERNMENT	2
Urban Health Center	RMC UC	GOVERNMENT	12
Health Center	BEREINA HC	GOVERNMENT	12
	VEIFA'A HC	CATHOLIC	12
Health Sub Center	AGEVAIRU SC	GOVERNMENT	12
	AKUFA SC	CATHOLIC	12
	BAKOIUDU SC	CATHOLIC	12
	DOA SC	GOVERNMENT	12
	EFOGI SC	GOVERNMENT	12
	GOLDIE SC	PNGDF	12
	INAWAIA SC	CATHOLIC	12
	KUBUNA SC	CATHOLIC	12
	KURIVA SC	GOVERNMENT	12
	MANARI SC	SDA	11
	PAPA SC	GOVERNMENT	12
	PAU SC	SDA	12
	POREBADA SC	GOVERNMENT	11
	SOGERI SC	GOVERNMENT	12
TUBUSEREIA SC	ST. J/AMBULANCE	12	
WAIMA SC	CATHOLIC	12	
YULE ISLAND SC	CATHOLIC	12	
Comm Health Post	KANOSIA CHP	CATHOLIC	10

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

Kairuku-Hiri

# District Profile

## Rigo District, Central Province

Population

66,490

Growth rate



3.5%



Outpatient visits



0.8

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



53%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



45%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



58

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



55%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



18.1%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



36%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



40

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



9.1%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

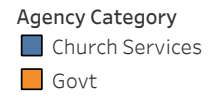
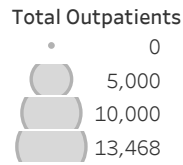
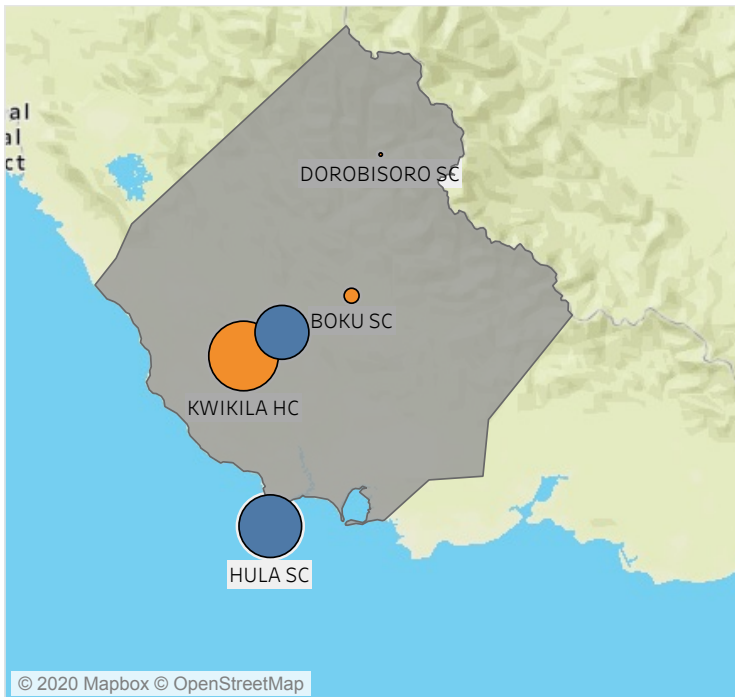
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Rigo District, Central Province

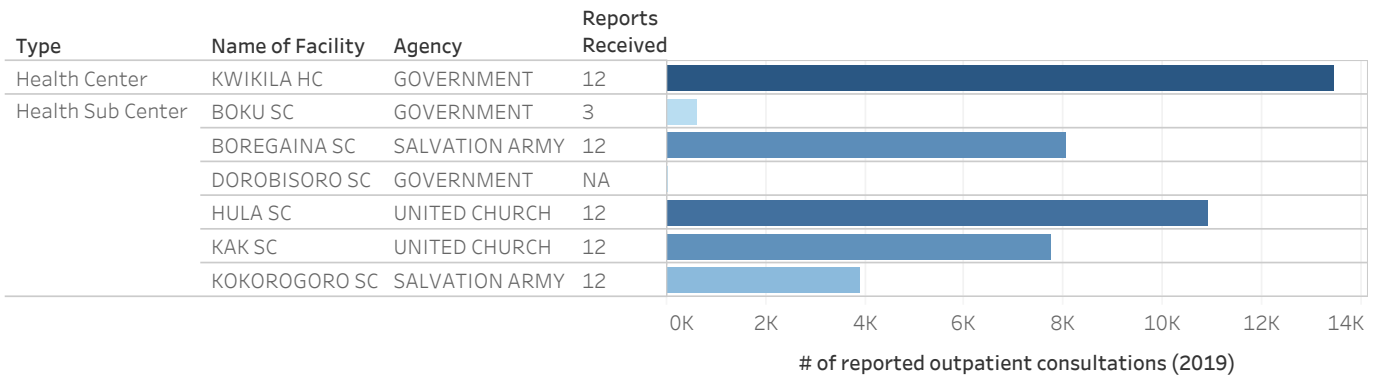
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	1		1
Health Sub Center	6		6
Aid Post	18	6	24
<b>Grand Total</b>	<b>25</b>	<b>6</b>	<b>31</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## NATIONAL CAPITAL DISTRICT

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central



# Provincial Profile

## National Capital District

Provincial Population

**437,695**

Growth Rate

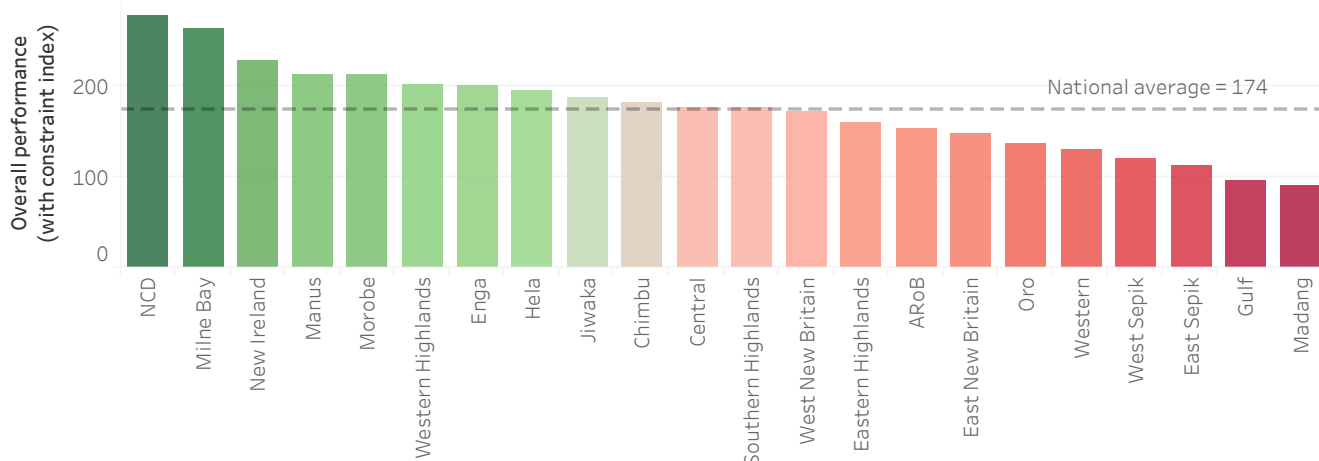
**3.3%**

Health worker to population ratio

**2.8 per 1000**



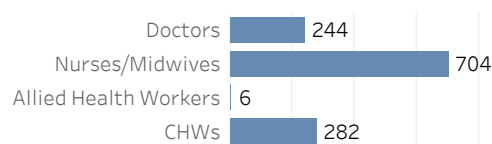
Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Private Sector	NGO	Closed	Grand Total
National referral hosp..	1	0	0	0	0	1
District Hospital	1	0	0	0	0	1
Urban Health Center	14	8	1	2	1	26
<b>Grand Total</b>	<b>16</b>	<b>8</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>28</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. National Capital

# Provincial Profile

## National Capital District

### Outpatient Visits



1.1

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



112%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



113%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



135

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



9%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



63%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



1

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



1.7%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



98%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Moresby North East	1.0	0	86%
	Moresby North West	1.2	0	92%
	Moresby South	1.0	3	74%
Province	NCD	1.1	1	84%
National	National	1.1	31	53%

# Provincial Profile

## National Capital District

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Moresby North East	64%	104%
	Moresby North West	67%	103%
	Moresby South	57%	83%
Province	NCD	63%	98%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Moresby North East	291%	135%	186
	Moresby North West	0%	115%	103
	Moresby South	0%	79%	106
Province	NCD	112%	113%	135
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Moresby North East	2.3%	334	7%
	Moresby North West	0.5%	395	8%
	Moresby South	0.0%	322	14%
Province	NCD	1.7%	350	9%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Moresby North East	9.1%	36	17
	Moresby North West	0.0%	40	83
	Moresby South	0.0%	49	18
Province	NCD	9.0%	41	40
National	National	7.0%	35	112

# District Profile

## Moresby North East, National Capital District

Population  
**167,149**

Growth rate  
**3.3%**



Outpatient visits  
**1.0**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births  
**291%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care  
**135%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning  
**186**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine  
**104%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition  
**7.2%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine  
**64%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics  
**0**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths  
**2.3%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

#### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Moresby North East, National Capital District

### Map of health facilities



Total Outpatients

Agency Category

### Number of health facilities

Type	Open	Grand Total
National referral hosp..	1	1
Urban Health Center	8	8
<b>Grand Total</b>	<b>9</b>	<b>9</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
National referral hospital	PORT MORESBY GENERAL	GOVERNMENT	NA
Urban Health Center	6 Mile UC	GOVERNMENT	12
	9 MILE UC	GOVERNMENT	12
	BOMANA UC	POLICE/GOV	12
	CIS BOMANA	CIS/GOV	12
	GORDONS UC	ST. J/AMBULANCE	12
	JACKSON'S AIR BASE	PNGDF	12
	PNG EDUCATION INSTITUTE CLINIC	GOVERNMENT	10
	SUSU MAMAS	NGO	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Moresby North West, National Capital District

Population  
**156,060**

Growth rate  
**3.3%**



Outpatient visits  
**1.2**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births  
**0%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care  
**115%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning  
**103**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine  
**103%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition  
**8.0%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine  
**67%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics  
**0**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths  
**0.5%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES

- Improve rural and hospital health services
- Improve partnerships with churches and private sector
- Get more health workers to meet population needs
- Make sure women have access to and give birth in a health facility

- Increase the number of children immunised against diseases
- Refurbish and upgrade poor and unsafe infrastructure
- Expand services to address high levels of family violence
- Increase family planning options; children by choice, not chance

**Why invest DSIP funds in health?**

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report. Moresby North West



# District Profile

## Moresby North West, National Capital District

### Map of health facilities



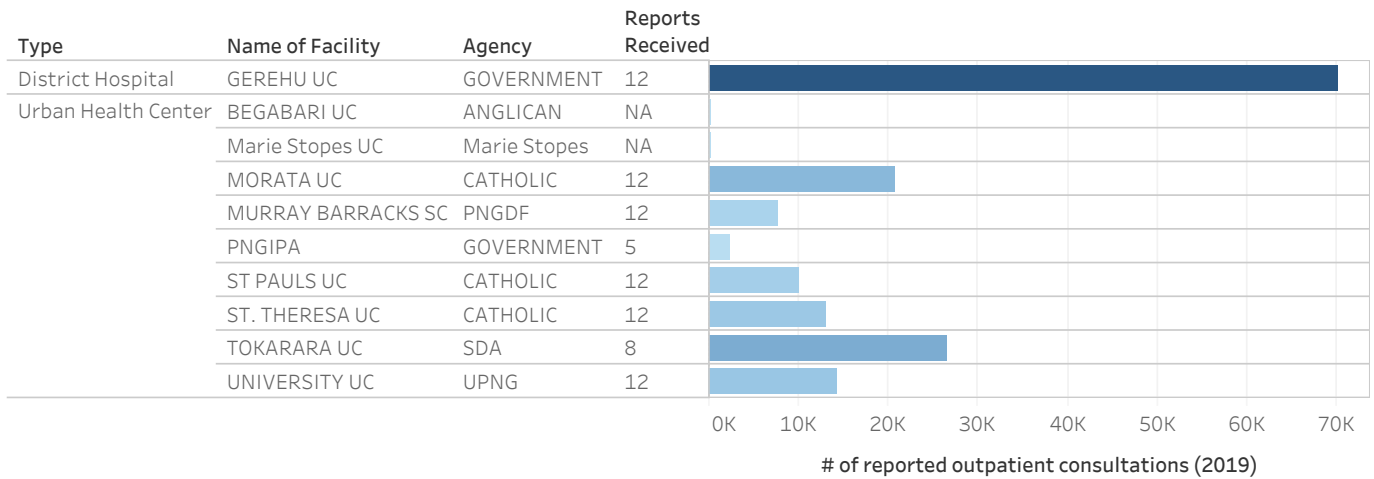
Total Outpatients

Agency Category

### Number of health facilities

Type	Open	Status not known	Grand Total
District Hospital	1		1
Urban Health Center	7	2	9
<b>Grand Total</b>	<b>8</b>	<b>2</b>	<b>10</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Moresby South, National Capital District

Population

**114,487**

Growth rate



**3.3%**



Outpatient visits



**1.0**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



**0%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



**79%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



**106**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



**83%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



**13.8%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



**57%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



**3**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



**0.0%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Moresby South, National Capital District

### Map of health facilities



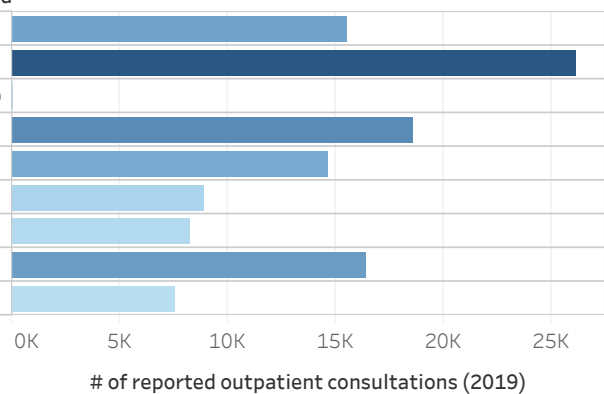
Total Outpatients      Agency Category

### Number of health facilities

Type	Open	Closed	Grand Total
Urban Health Center	8	1	9
<b>Grand Total</b>	<b>8</b>	<b>1</b>	<b>9</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Urban Health Center	BADILI UC	GOVERNMENT	11
	KAUGERE 4 SQUARE CL.	FOUR SQUARE	12
	KILA KILA UC	GOV/MISSION	CLOSED
	LAWES ROAD UC	GOVERNMENT	12
	PARI UC	GOVERNMENT	12
	PNGDF TAURAMA UC	PNGDF	12
	SALVATION ARMY KOKI UC	SALVATION ARMY	12
	ULAMAGI NAZARENE CLINIC	NAZARENE	12
	VABUKORI UC	GOVERNMENT	12



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## MILNE BAY PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## Milne Bay Province

Provincial Population

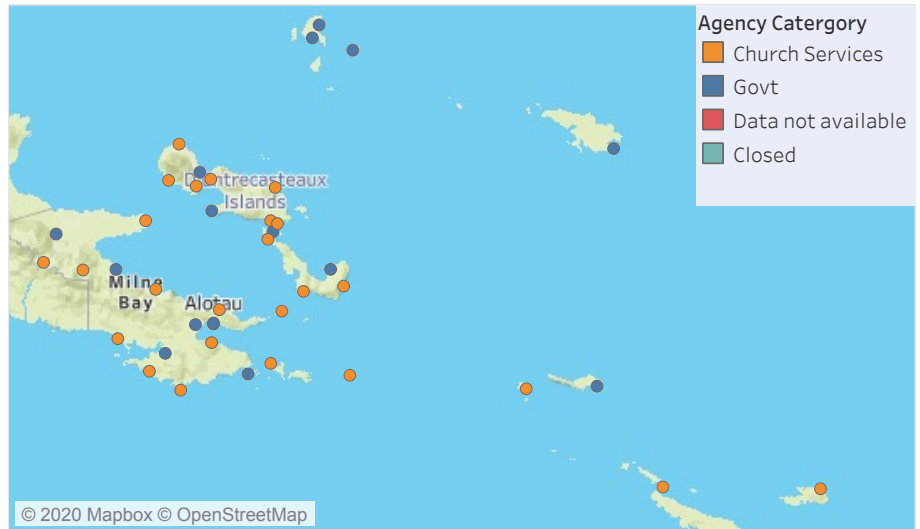
**339,599**

Growth Rate

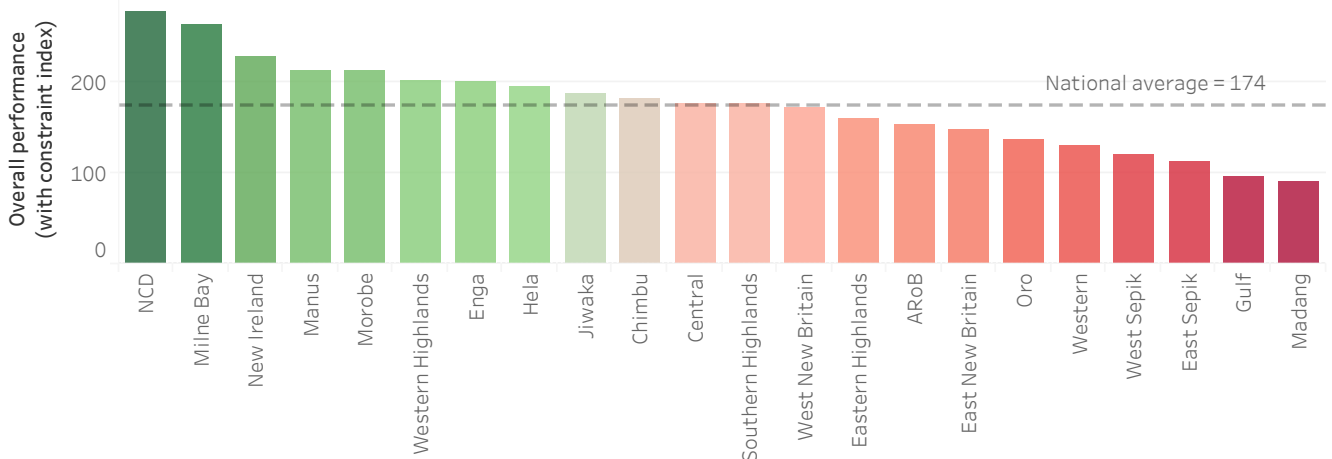
**2.5%**

Health worker to population ratio

**2.4 per 1000**



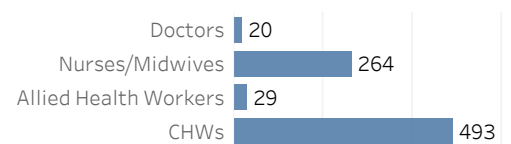
### Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Data not available	Closed	Grand Total
Provincial Hospital	1				1
District Hospital	1				1
Urban Health Center	1				1
Health Center	13	23			36
Health Sub Center		2			2
Comm Health Post	3				3
Aid Post			113	37	150
<b>Grand Total</b>	<b>19</b>	<b>25</b>	<b>113</b>	<b>37</b>	<b>194</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. Milne Bay

# Provincial Profile

## Milne Bay Province

### Outpatient Visits



1.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



43%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



59%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



209

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



22%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



65%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



70

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



2.1%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



68%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Alotau	1.7	62	46%
	Esa'ala	1.6	61	50%
	Kiriwina-Goodenough	2.3	81	37%
	Samarai-Murua	1.2	79	44%
Province	Milne Bay	1.7	70	45%
National	National	1.1	31	53%



# Provincial Profile

## Milne Bay Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Alotau	52%	65%
	Esa'ala	66%	62%
	Kiriwina-Goodenough	67%	78%
	Samarai-Murua	85%	68%
Province	Milne Bay	65%	68%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Alotau	59%	70%	273
	Esa'ala	37%	53%	107
	Kiriwina-Goodenough	24%	53%	237
	Samarai-Murua	43%	56%	166
Province	Milne Bay	43%	59%	209
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Alotau	1.9%	92	20%
	Esa'ala	1.5%	43	27%
	Kiriwina-Goodenough	2.8%	127	17%
	Samarai-Murua	1.6%	57	33%
Province	Milne Bay	2.1%	83	22%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Alotau	11.9%	77	343
	Esa'ala	13.0%	56	359
	Kiriwina-Goodenough	9.7%	51	172
	Samarai-Murua	15.0%	58	119
Province	Milne Bay	12.0%	63	203
National	National	7.0%	35	112

# District Profile

## Alotau District, Milne Bay Province

Population  
**120,473**

Growth rate  
**2.5%**



Outpatient visits  
**1.7**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births  
**59%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care  
**70%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning  
**273**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine  
**65%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition  
**20.4%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine  
**52%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics  
**62**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths  
**1.9%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES

- Improve rural and hospital health services
- Improve partnerships with churches and private sector
- Get more health workers to meet population needs
- Make sure women have access to and give birth in a health facility
- Increase the number of children immunised against diseases
- Refurbish and upgrade poor and unsafe infrastructure
- Expand services to address high levels of family violence
- Increase family planning options; children by choice, not chance

**Why invest DSIP funds in health?**

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

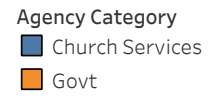
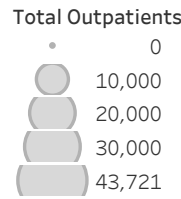
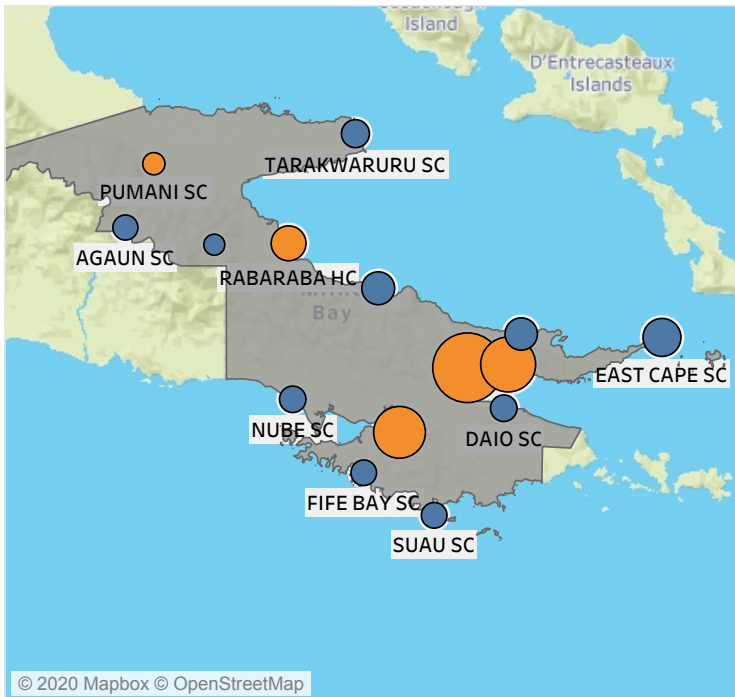
*For further information, contact your PHA CEO*

Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report. Alotau

# District Profile

## Alotau District, Milne Bay Province

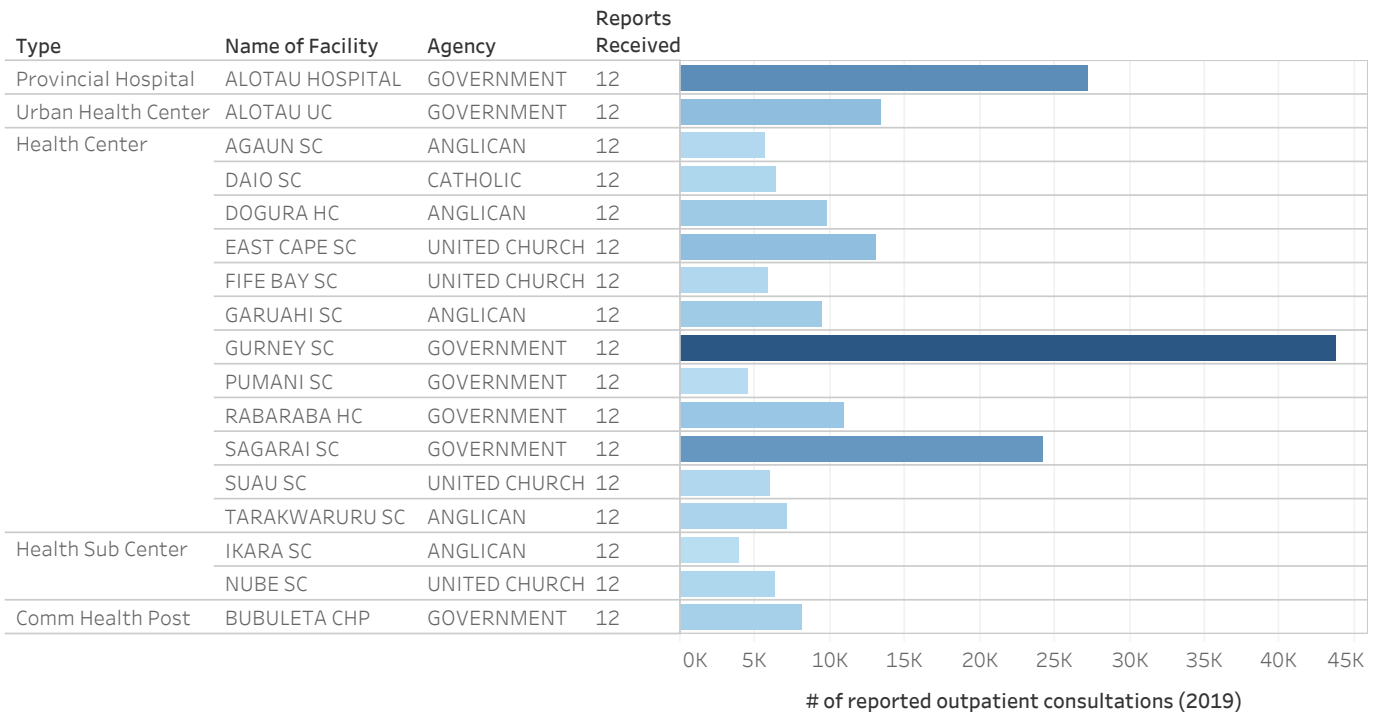
Map of health facilities



Number of health facilities

Type	Open	Closed	Grand Total
Provincial Hospital	1		1
Urban Health Center	1		1
Health Center	12		12
Health Sub Center	2		2
Comm Health Post	1		1
Aid Post	29	23	52
<b>Grand Total</b>	<b>46</b>	<b>23</b>	<b>69</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Esa'ala District, Milne Bay Province

Population  
**68,826**

Growth rate  
**2.5%**



Outpatient visits  
**1.6**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births  
**37%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care  
**53%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning  
**107**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine  
**62%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition  
**27.0%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine  
**66%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics  
**61**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths  
**1.5%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES

Improve rural and hospital health services

Increase the number of children immunised against diseases

Improve partnerships with churches and private sector

Refurbish and upgrade poor and unsafe infrastructure

Get more health workers to meet population needs

Expand services to address high levels of family violence

Make sure women have access to and give birth in a health facility

Increase family planning options; children by choice, not chance

#### Why invest DSIP funds in health?

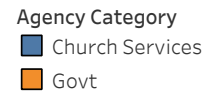
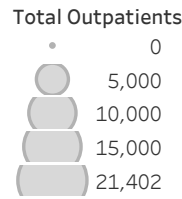
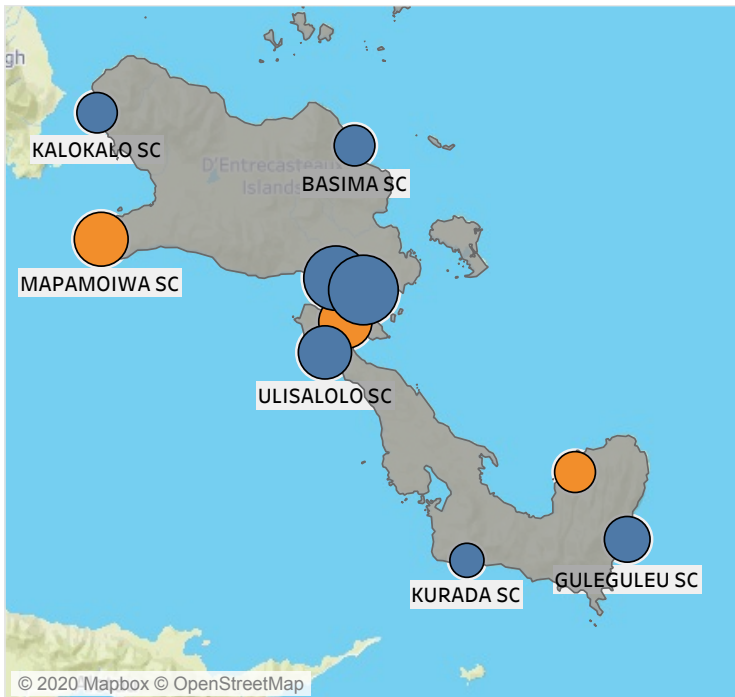
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Esa'ala District, Milne Bay Province

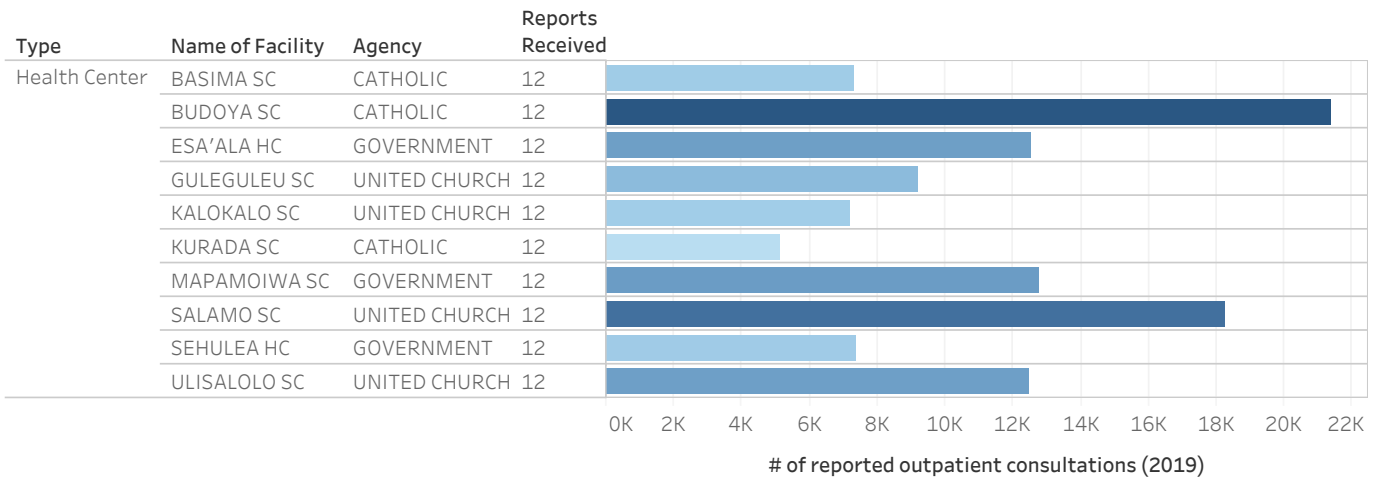
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	10		10
Aid Post	32	1	33
<b>Grand Total</b>	<b>42</b>	<b>1</b>	<b>43</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Kiriwina-Goodenough District, Milne Bay Province

Population

80,644

Growth rate



2.5%



Outpatient visits



2.3

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



24%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



53%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



237

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



78%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



16.7%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



67%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



81

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.8%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

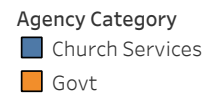
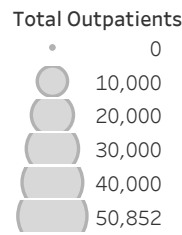
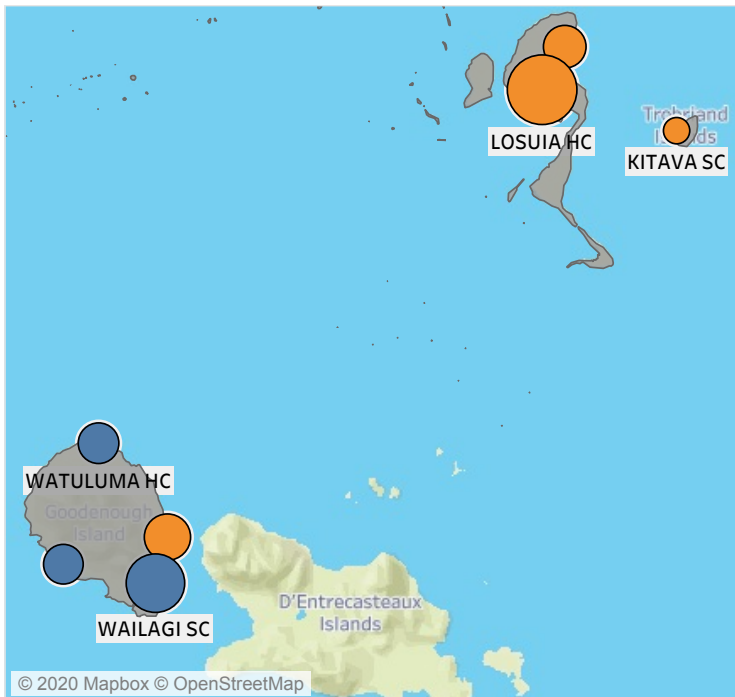
*For further information, contact your PHA CEO*



# District Profile

## Kiriwina-Goodenough District, Milne Bay Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	7		7
Comm Health Post	2		2
Aid Post	17	7	24
<b>Grand Total</b>	<b>26</b>	<b>7</b>	<b>33</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	BOLUBOLU HC	GOVERNMENT	12
	KITAVA SC	GOVERNMENT	12
	LOSUIA HC	GOVERNMENT	12
	MORATAU SC	UNITED CHURCH	12
	OMARAKANA SC	GOVERNMENT	12
	WAILAGI SC	UNITED CHURCH	12
	WATULUMA HC	CATHOLIC	12
Comm Health Post	KADUWAGA CHP	GOVERNMENT	12
	SINAKETA CHP	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Samarai-Murua District, Milne Bay Province

Population  
**69,656**

Growth rate  
**2.5%**



Outpatient visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

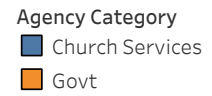
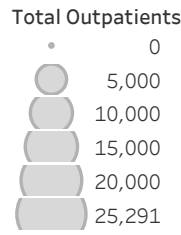
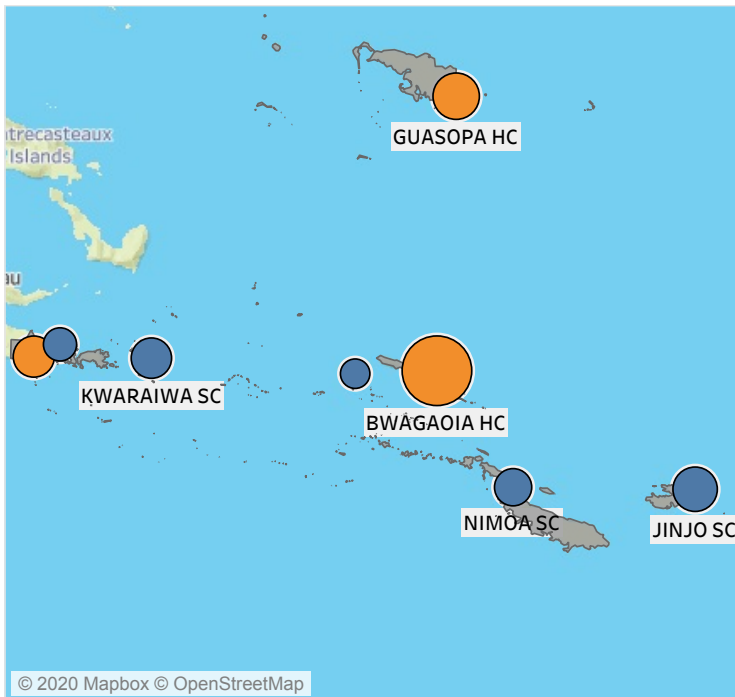
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Samarai-Murua District, Milne Bay Province

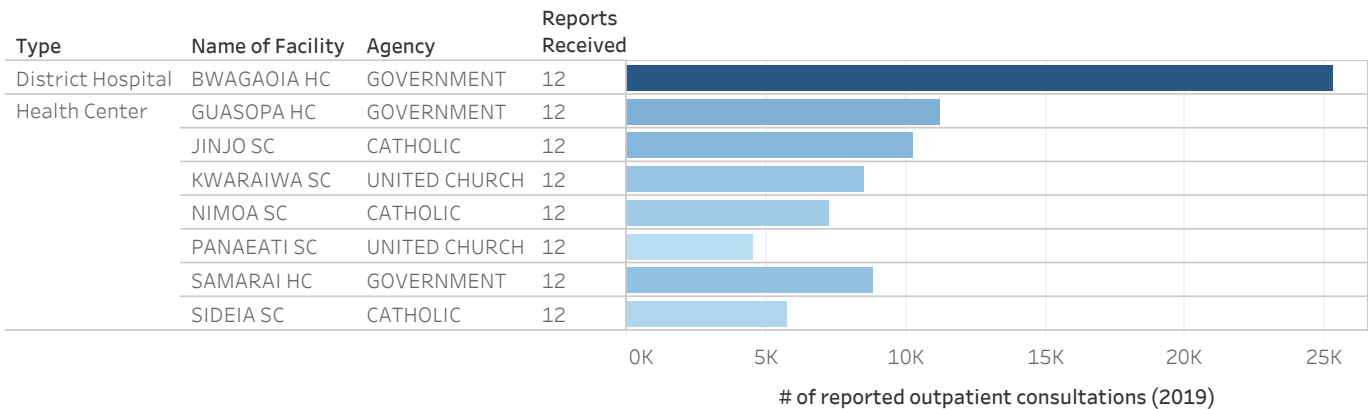
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
District Hospital	1			1
Health Center	7			7
Aid Post	17	9	15	41
<b>Grand Total</b>	<b>25</b>	<b>9</b>	<b>15</b>	<b>49</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## NORTHERN (ORO) PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

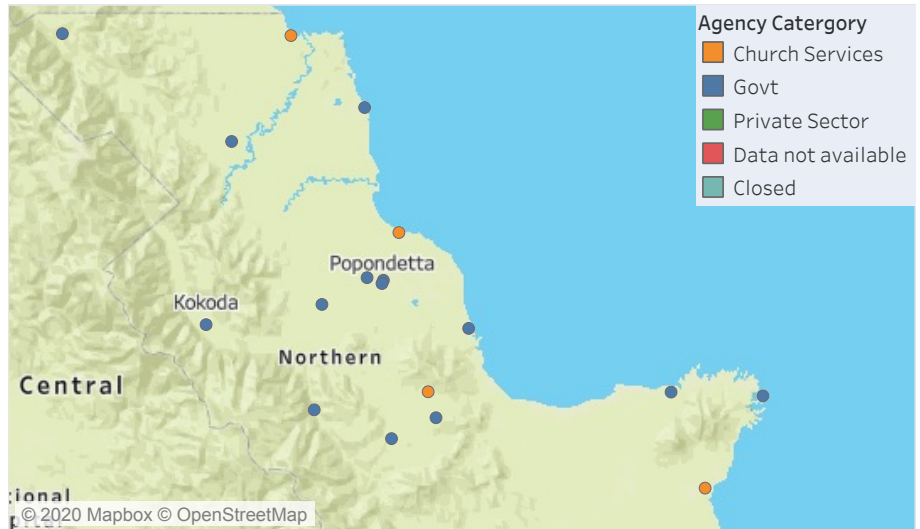
# Provincial Profile

## Northern (Oro) Province

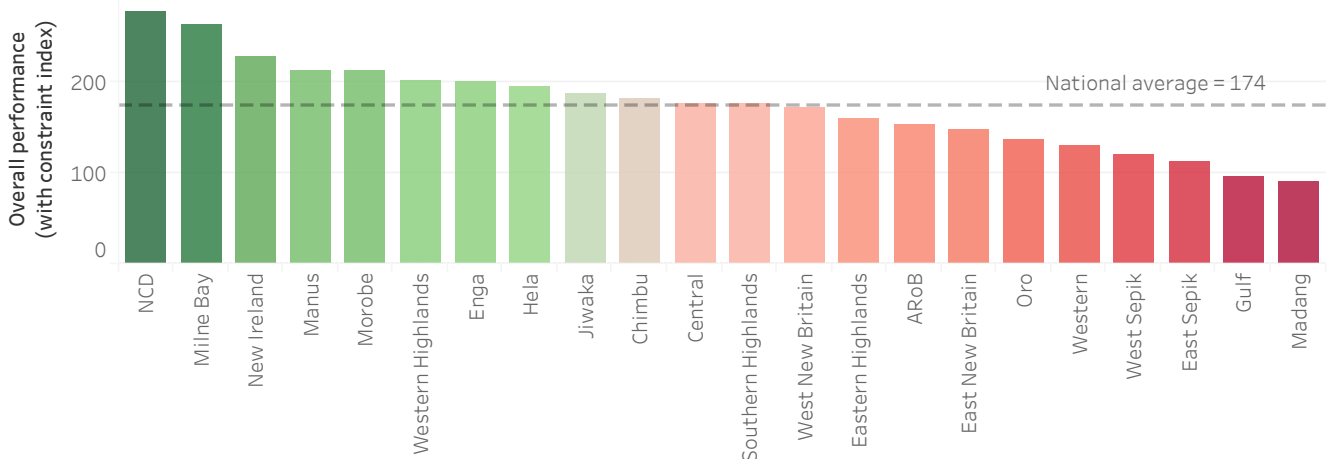
Provincial Population  
**230,432**

Growth Rate  
**3.1%**

Health worker to population ratio  
**0.9 per 1000**



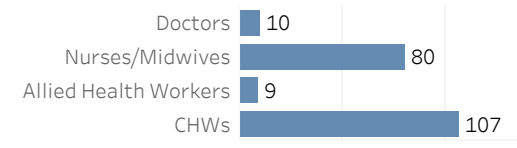
Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Private Sector	Data not available	Closed	Grand Total
Provincial Hospital	1					1
District Hospital	2					2
Urban Health Center	1					1
Health Center	5		1			6
Health Sub Center	6	4				10
Aid Post				56	39	95
<b>Grand Total</b>	<b>15</b>	<b>4</b>	<b>1</b>	<b>56</b>	<b>39</b>	<b>115</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff.

# Provincial Profile

## Northern (Oro) Province

### Outpatient Visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Ijivitari	1.0	25	42%
District	Sohe	0.9	32	36%
Province	Oro	1.0	29	40%
National	National	1.1	31	53%

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Ijivitari	29%	38%
District	Sohe	23%	31%
Province	Oro	26%	34%
National	National	34%	42%



# Provincial Profile

## Northern (Oro) Province

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Ijivitari	39%	41%	81
	Sohe	9%	25%	168
Province	Oro	24%	34%	123
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Ijivitari	5.2%	49	28%
	Sohe	3.9%	76	30%
Province	Oro	4.9%	63	29%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Ijivitari	8.9%	38	285
	Sohe	3.6%	17	174
Province	Oro	8.0%	28	231
National	National	7.0%	35	112

# District Profile

## Ijivitari District, Northern (Oro) Province

Population

**117,714**

Growth rate



**3.1%**



Outpatient visits



**1.0**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



**39%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



**41%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



**81**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



**38%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



**28.1%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



**29%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



**25**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



**5.2%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

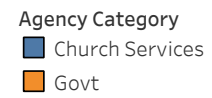
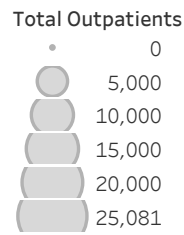
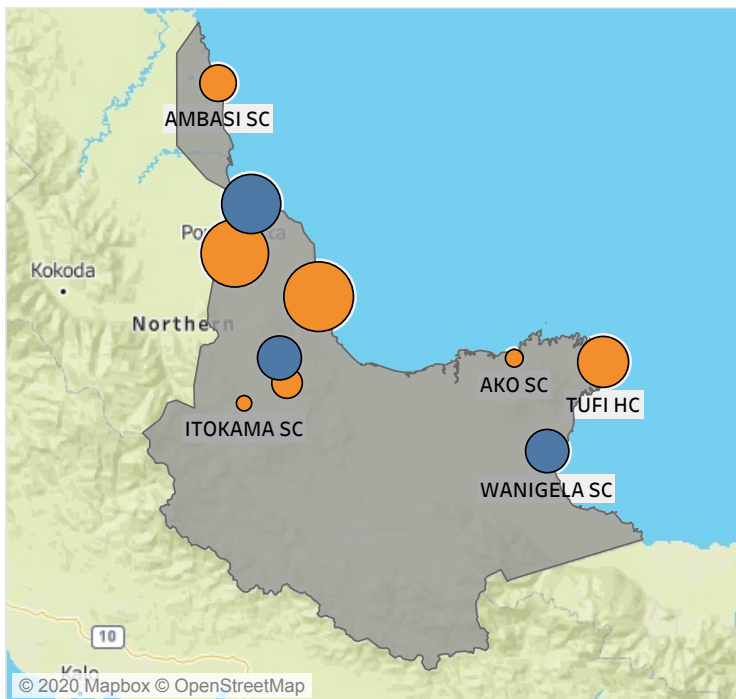
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Ijivitari District, Northern (Oro) Province

Map of health facilities



Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Provincial Hospital	1			1
District Hospital	1			1
Urban Health Center	1			1
Health Center	2			2
Health Sub Center	6		1	7
Aid Post	19	27	7	53
<b>Grand Total</b>	<b>30</b>	<b>27</b>	<b>8</b>	<b>65</b>

List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	POPONDETTA HOSPITAL	GOVERNMENT	12
District Hospital	ORO BAY HC	ANGLICAN/GOV	12
Urban Health Center	POPONDETTA UC	GOVERNMENT	12
Health Center	AFORE HC	GOVERNMENT	12
	TUFU HC	GOVERNMENT	12
Health Sub Center	AKO SC	GOVERNMENT	9
	AMBASI SC	GOVERNMENT	12
	GONA SC	ANGLICAN	12
	ITOKAMA SC	GOVERNMENT	10
	Safia SC	GOVERNMENT	NA
	SAKARINA SC	ANGLICAN	12
	WANIGELA SC	ANGLICAN	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Sohe District, Northern (Oro) Province

Population

112,718

Growth rate



3.1%



Outpatient visits



0.9

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



9%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



25%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



168

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



31%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



30.1%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



23%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



32

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



3.9%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

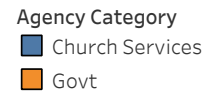
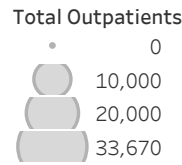
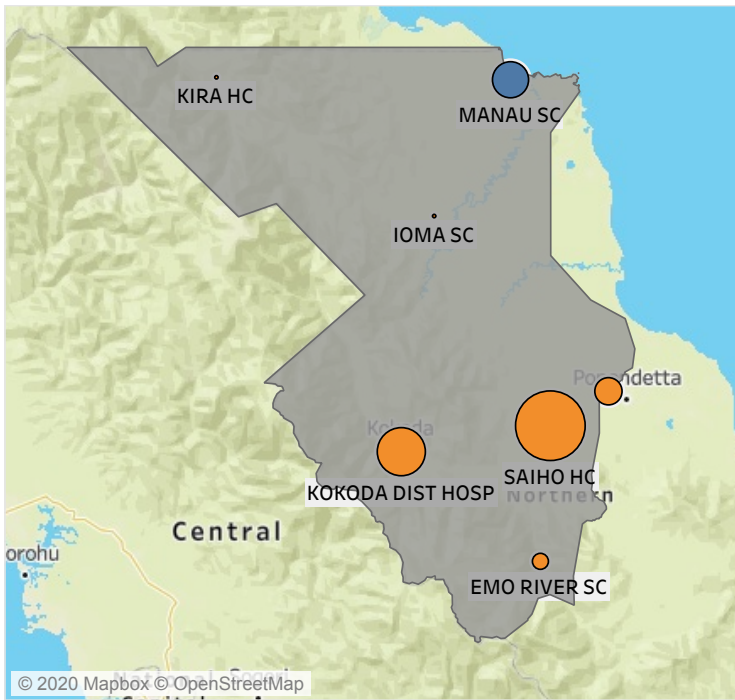
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Sohe District, Northern (Oro) Province

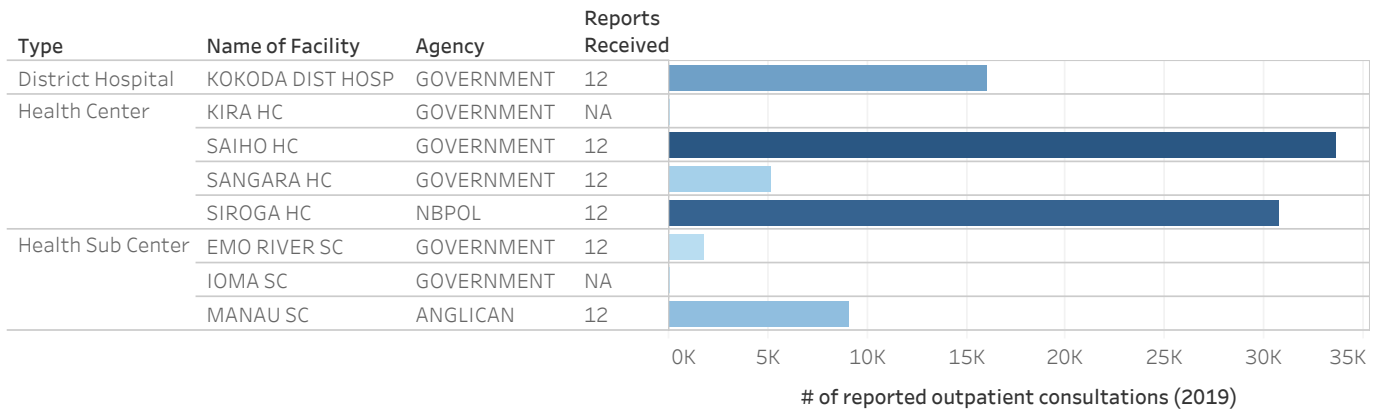
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
District Hospital	1			1
Health Center	3		1	4
Health Sub Center	2		1	3
Aid Post	19	12	11	42
<b>Grand Total</b>	<b>25</b>	<b>12</b>	<b>13</b>	<b>50</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## MOROBE PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central



# Provincial Profile

## Morobe Province

Provincial Population

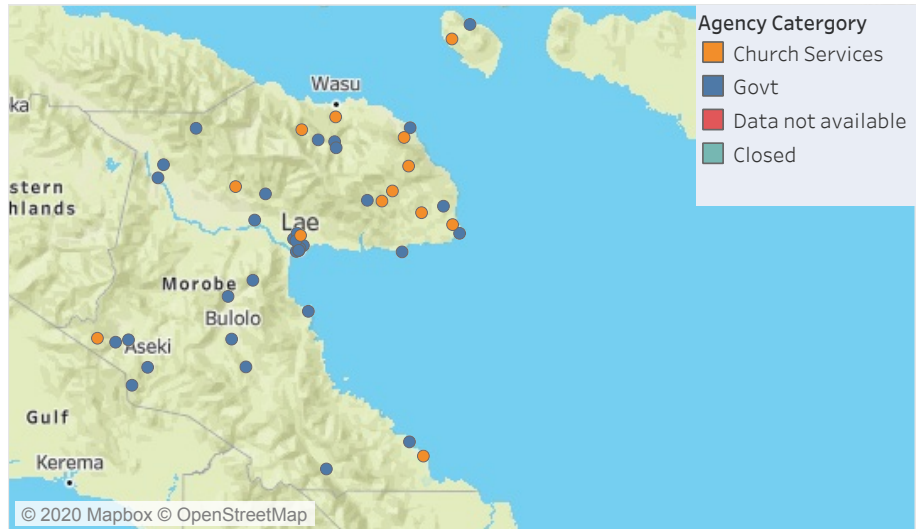
**903,484**

Growth Rate

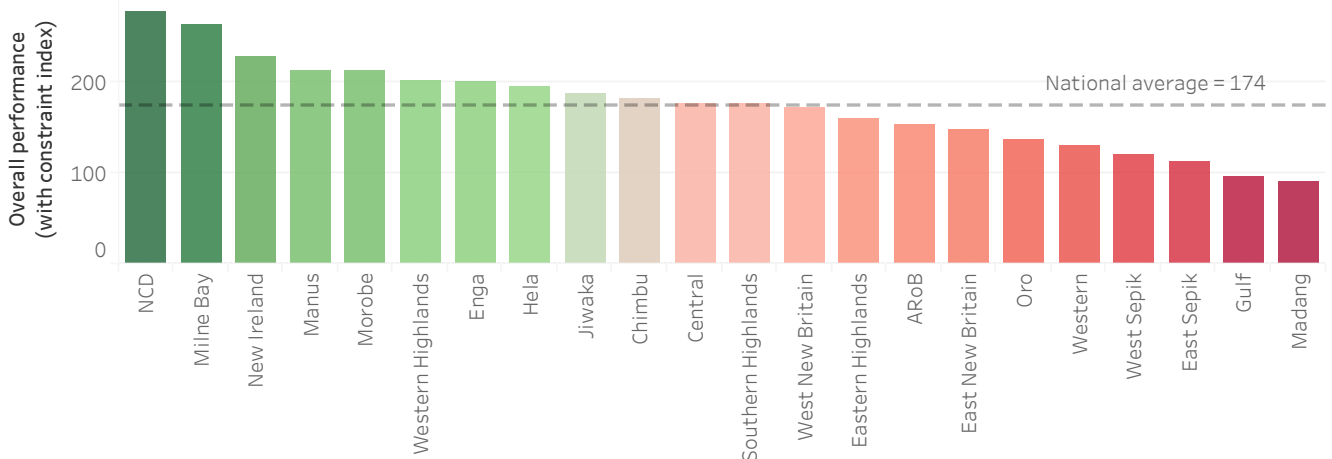
**2.0%**

Health worker to population ratio

**0.7 per 1000**



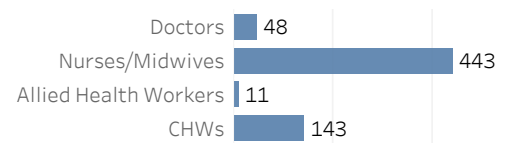
Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	NGO	Data not available	Closed	Grand Total
Regional referral hosp..	1					1
Urban Health Center	8	2	2			12
Health Center	16	4				20
Health Sub Center	14	8				22
Comm Health Post	2					2
Aid Post				215	125	340
Grand Total	41	14	2	215	125	397

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff.

# Provincial Profile

## Morobe Province

### Outpatient Visits



0.8

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



28%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



47%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



156

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



30%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



27%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



7

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



3.2%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



36%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

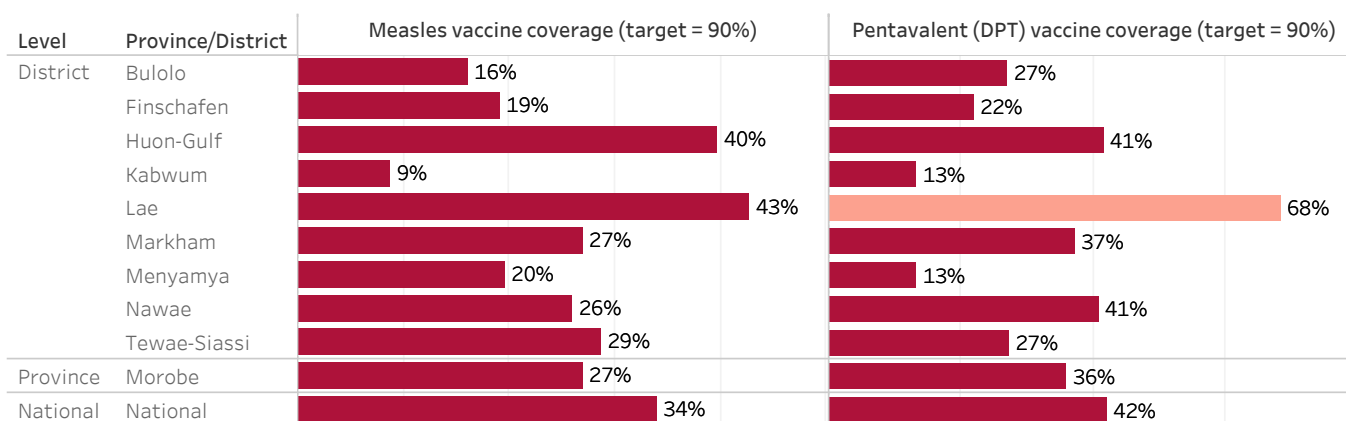
### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Bulolo	0.7	2	58%
	Finschafen	0.6	10	63%
	Huon-Gulf	0.7	1	50%
	Kabwum	0.5	4	63%
	Lae	1.6	4	82%
	Markham	0.5	7	67%
	Menyamyua	0.4	14	47%
	Nawae	0.6	22	60%
	Tewae-Siassi	0.6	12	56%
Province	Morobe	0.8	7	63%
National	National	1.1	31	53%

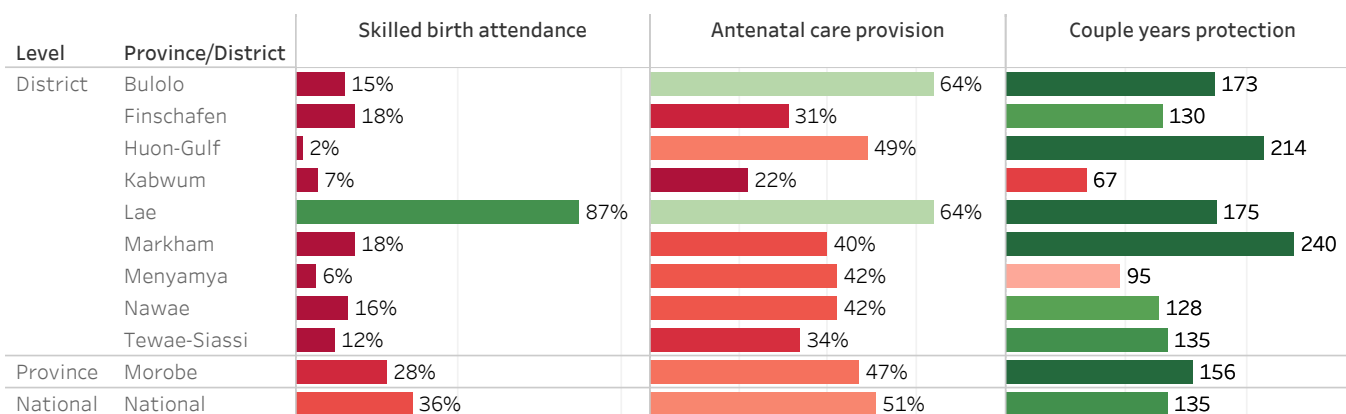
# Provincial Profile

## Morobe Province

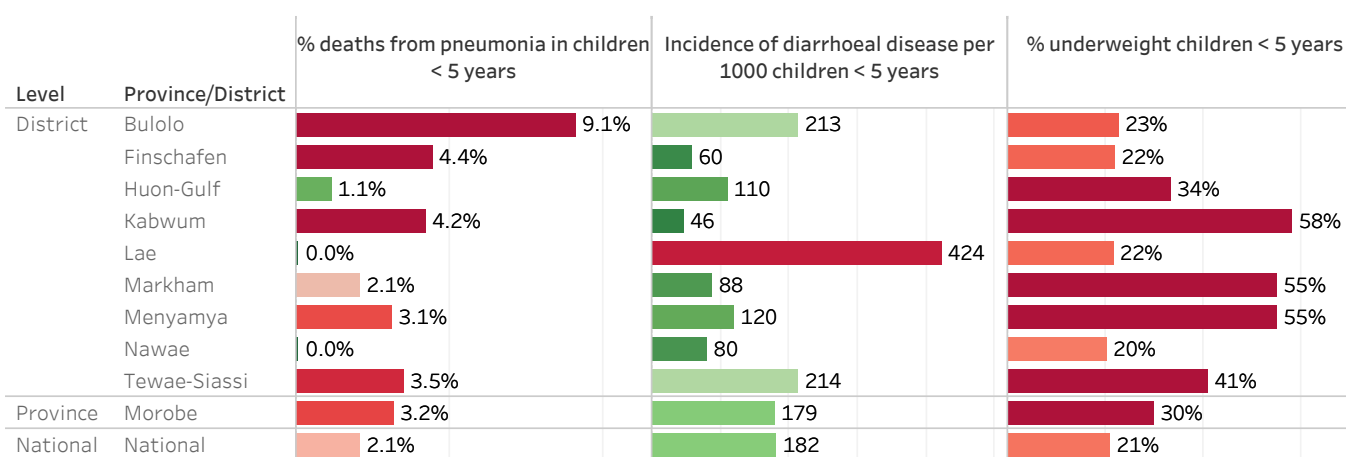
### Vaccination coverage for children < 1 years



### Maternal, newborn health and family planning



### Child health and nutrition



Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report, 2020

Multiple values

# Provincial Profile

## Morobe Province

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Bulolo	5.7%	24	30
	Finschafen	13.0%	24	48
	Huon-Gulf	14.6%	22	101
	Kabwum	3.1%	17	15
	Lae	8.1%	64	640
	Markham	4.6%	14	64
	Menyamyua	5.1%	16	10
	Nawae	3.0%	21	51
	Tewae-Siassi	8.0%	18	74
Province	Morobe	8.0%	29	88
National	National	7.0%	35	112

# District Profile

## Bulolo District, Morobe Province

Population

129,361

Growth rate



2.0%



Outpatient visits

0.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



15%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



64%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



173

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



27%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



22.9%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



16%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



2

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



9.1%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

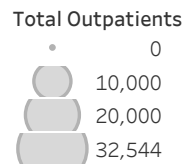
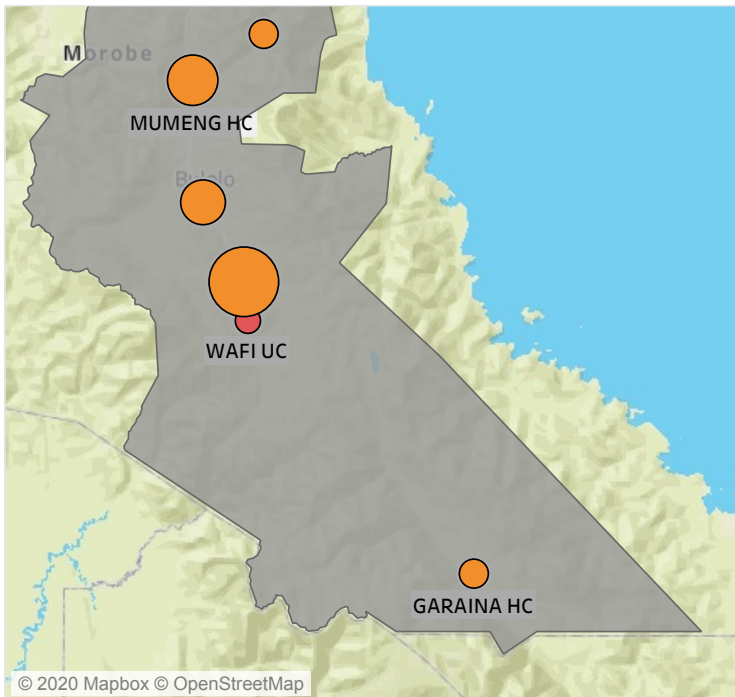
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Bulolo District, Morobe Province

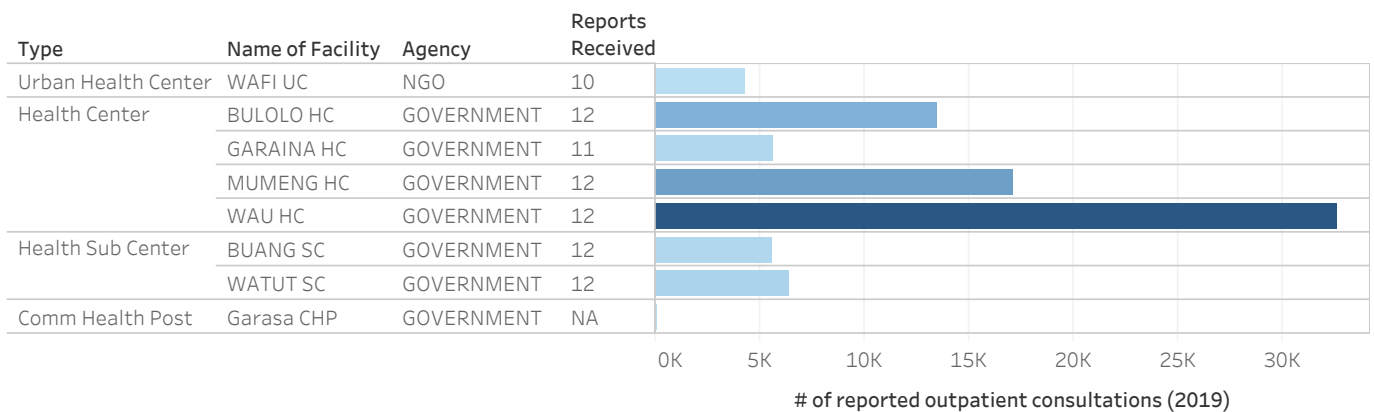
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Urban Health Center	1			1
Health Center	4			4
Health Sub Center	2			2
Comm Health Post			1	1
Aid Post	18	29	4	51
<b>Grand Total</b>	<b>25</b>	<b>29</b>	<b>5</b>	<b>59</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Finschafen District, Morobe Province

Population

75,854

Growth rate



2.0%



Outpatient visits



0.6

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



18%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



31%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



130

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



22%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



22.2%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



19%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



10

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



4.4%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

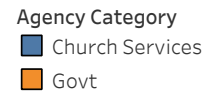
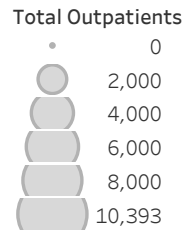
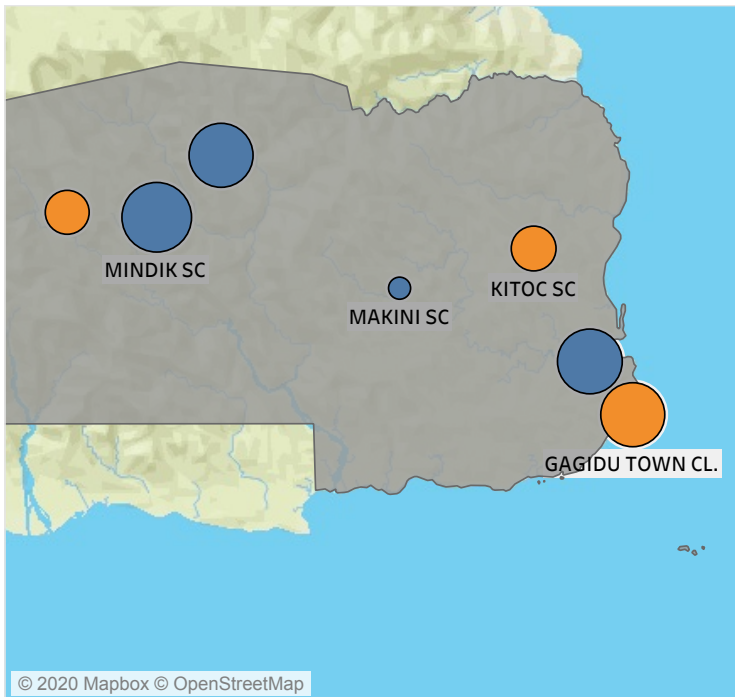
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Finschafen District, Morobe Province

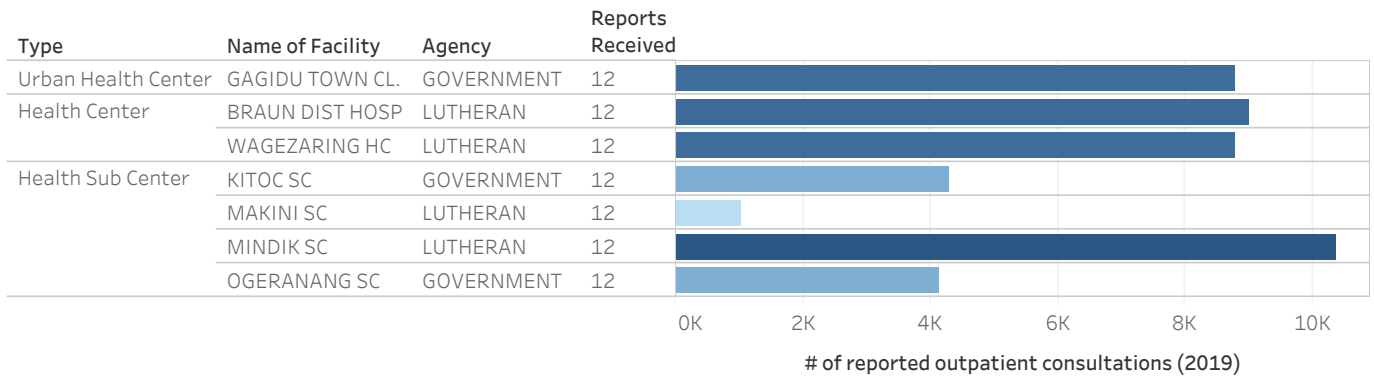
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Urban Health Center	1			1
Health Center	2			2
Health Sub Center	4			4
Aid Post	21	15	6	42
<b>Grand Total</b>	<b>28</b>	<b>15</b>	<b>6</b>	<b>49</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Huon-Gulf District, Morobe Province

Population  
**99,699**

Growth rate  
**2.0%**



Outpatient visits  
**0.7**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births  
**2%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care  
**49%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning  
**214**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine  
**41%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition  
**33.5%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine  
**40%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics  
**1**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths  
**1.1%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES

- Improve rural and hospital health services
- Improve partnerships with churches and private sector
- Get more health workers to meet population needs
- Make sure women have access to and give birth in a health facility
- Increase the number of children immunised against diseases
- Refurbish and upgrade poor and unsafe infrastructure
- Expand services to address high levels of family violence
- Increase family planning options; children by choice, not chance

**Why invest DSIP funds in health?**

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

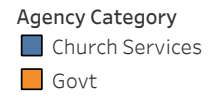
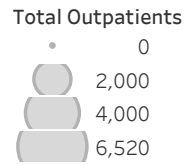
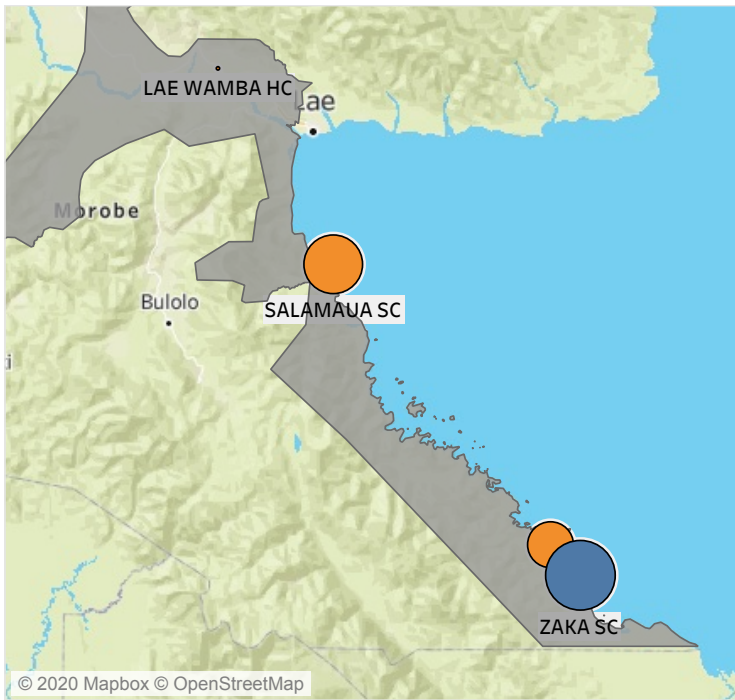
*For further information, contact your PHA CEO*

Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report. Huon-Gulf

# District Profile

## Huon-Gulf District, Morobe Province

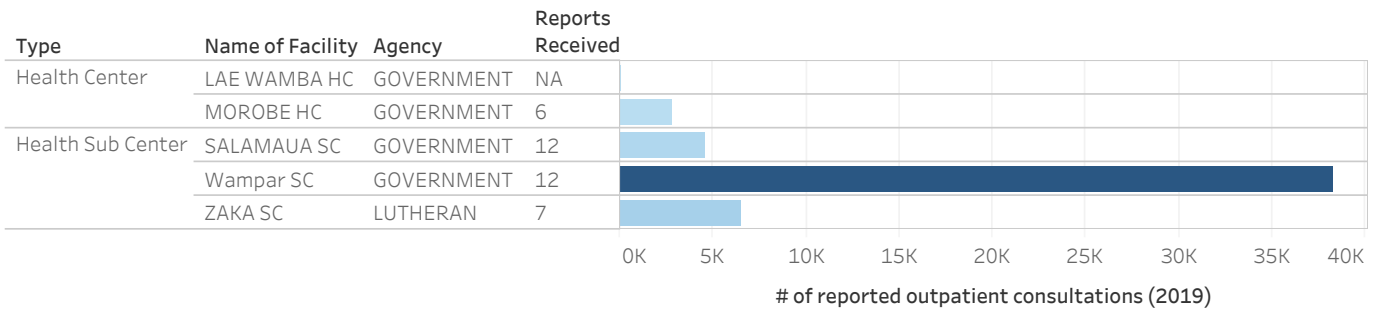
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	1		1	2
Health Sub Center	3			3
Aid Post	17	21	4	42
<b>Grand Total</b>	<b>21</b>	<b>21</b>	<b>5</b>	<b>47</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Kabwum District, Morobe Province

Population

70,153

Growth rate



2.0%



Outpatient visits



0.5

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



7%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



22%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



67

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



13%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



58.3%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



9%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



4

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



4.2%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

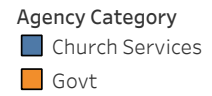
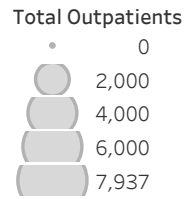
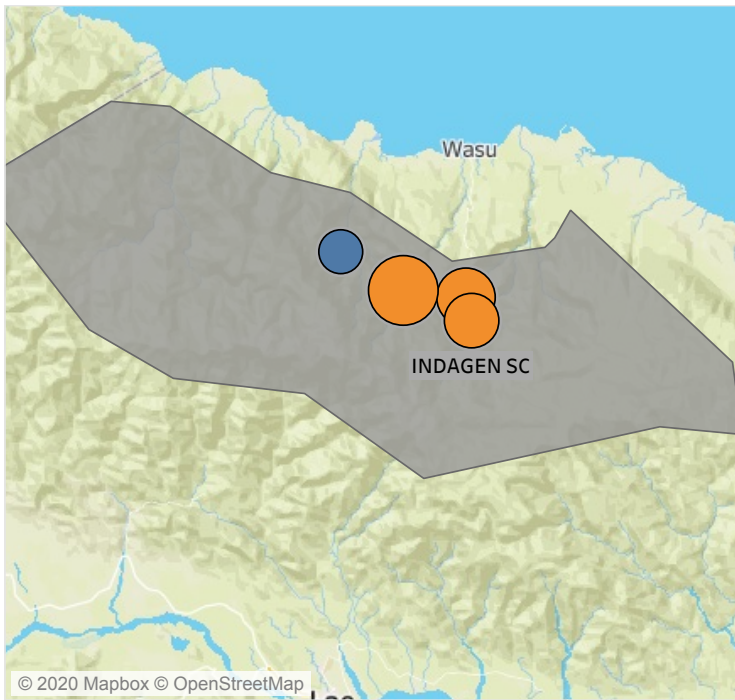
*For further information, contact your PHA CEO*



# District Profile

## Kabwum District, Morobe Province

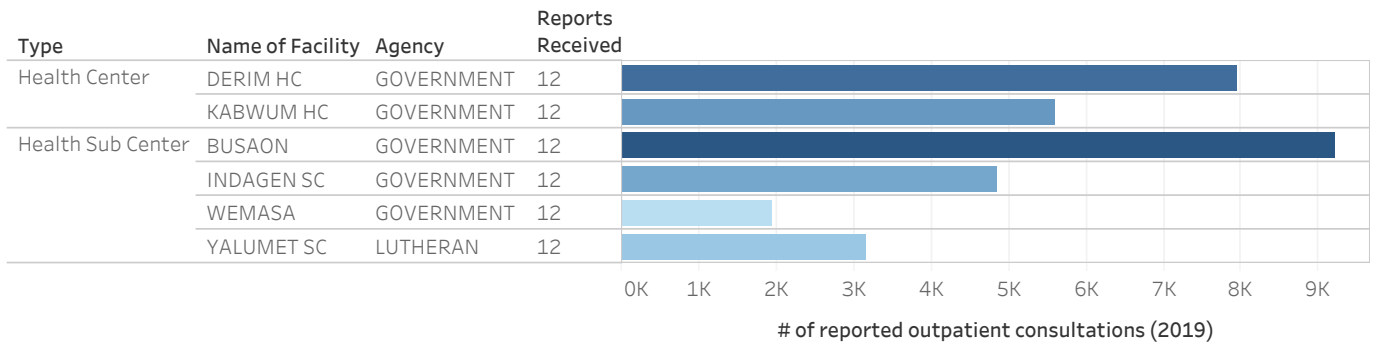
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	2			2
Health Sub Center	4			4
Aid Post	15	20	7	42
<b>Grand Total</b>	<b>21</b>	<b>20</b>	<b>7</b>	<b>48</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Lae District, Morobe Province

Population

199,619

Growth rate



2.0%



Outpatient visits



1.6

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



87%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



64%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



175

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



68%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



21.8%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



43%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



4

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

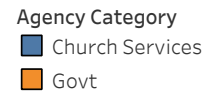
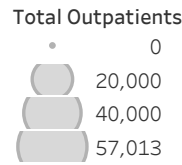
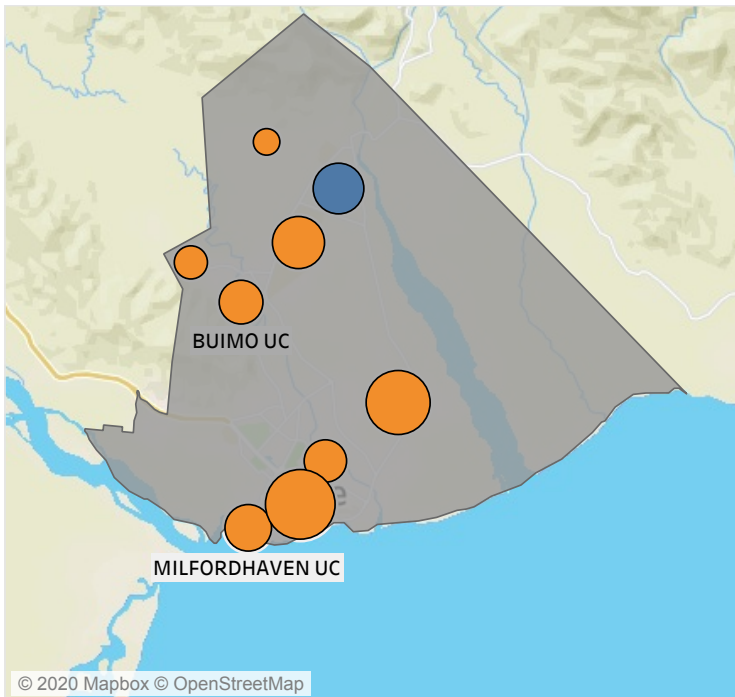
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Lae District, Morobe Province

### Map of health facilities

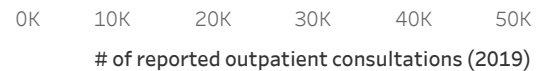


### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Regional referral hosp..	1			1
Urban Health Center	9	1		10
Health Center	1			1
Aid Post	2		2	4
<b>Grand Total</b>	<b>13</b>	<b>1</b>	<b>2</b>	<b>16</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Regional referral hospital	ANGAU BASE HOSPITAL	GOVERNMENT	12
Urban Health Center	BUIMO UC	GOVERNMENT	12
	BUTIBUM UC	GOVERNMENT	12
	CENTRE OF MERCY UC	CATHOLIC	12
	HAIKOST UC	GOVERNMENT	12
	IGAM BARRACKS UC	GOVERNMENT	12
	MILFORDHAVEN UC	GOVERNMENT	11
	SUSU MAMAS	NGO	CLOSED
	TARAKA UC	GOVERNMENT	8
	TENT CITY UC	LUTHERAN	12
Health Center	UNITECH UC	GOVERNMENT	12
	MALAHANG HC	GOVERNMENT	12



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Markham District, Morobe Province

Population

82,691

Growth rate



2.0%



Outpatient visits



0.5

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



18%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



40%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



240

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



37%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



55.3%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



27%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



7

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.1%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

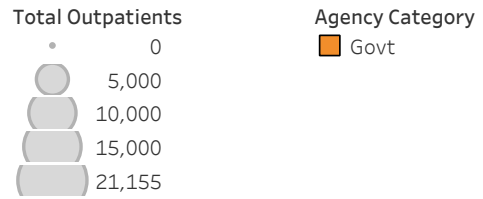
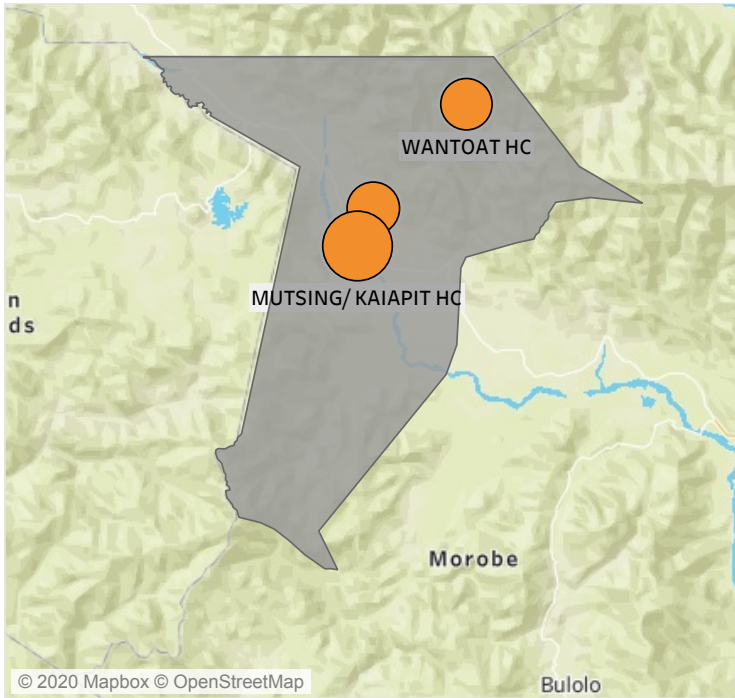
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Markham District, Morobe Province

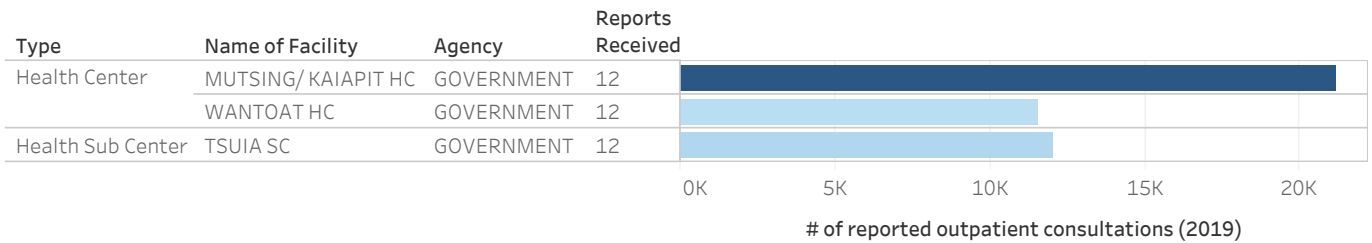
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	2			2
Health Sub Center	1			1
Aid Post	24	6	6	36
<b>Grand Total</b>	<b>27</b>	<b>6</b>	<b>6</b>	<b>39</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Menyamya District, Morobe Province

Population

114,812

Growth rate



2.0%



Outpatient visits



0.4

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



6%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



42%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



95

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



13%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



55.2%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



20%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



14

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



3.1%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

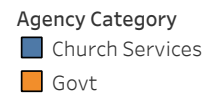
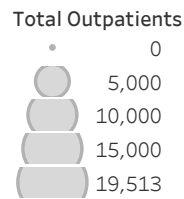
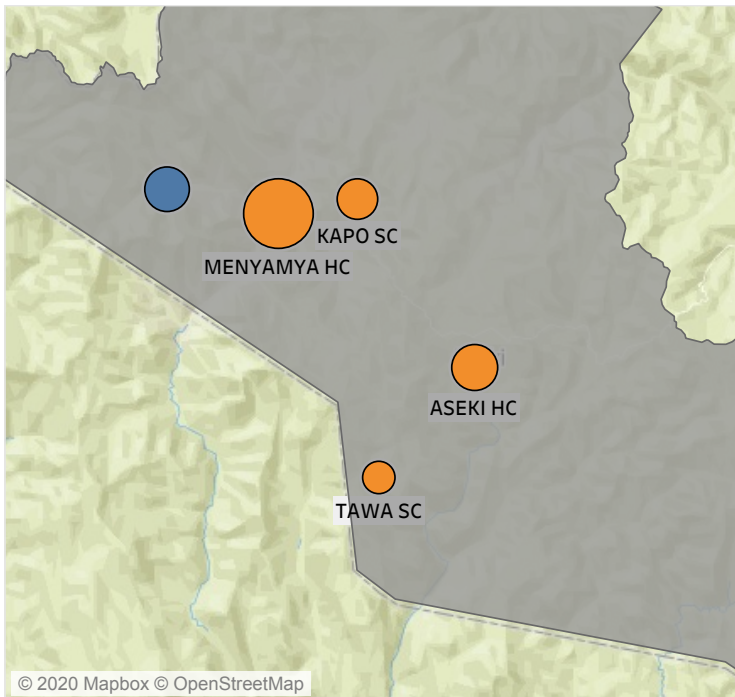
*For further information, contact your PHA CEO*



# District Profile

## Menyamya District, Morobe Province

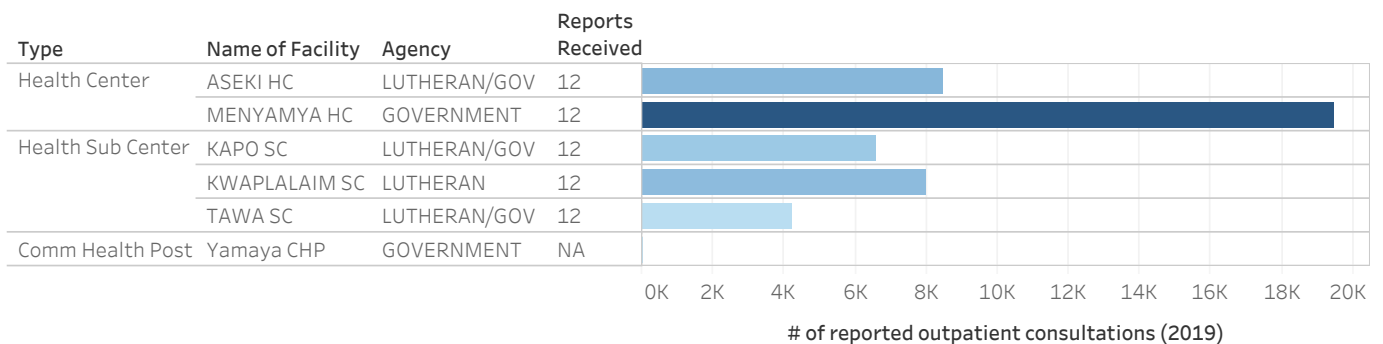
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	2			2
Health Sub Center	3			3
Comm Health Post			1	1
Aid Post	16	14	11	41
<b>Grand Total</b>	<b>21</b>	<b>14</b>	<b>12</b>	<b>47</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Nawae District, Morobe Province

Population

**58,723**

Growth rate



**2.0%**



Outpatient visits



**0.6**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



**16%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



**42%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



**128**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



**41%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



**20.5%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



**26%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



**22**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



**0.0%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

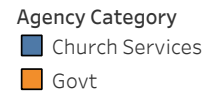
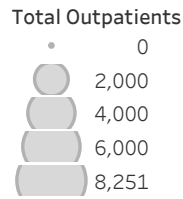
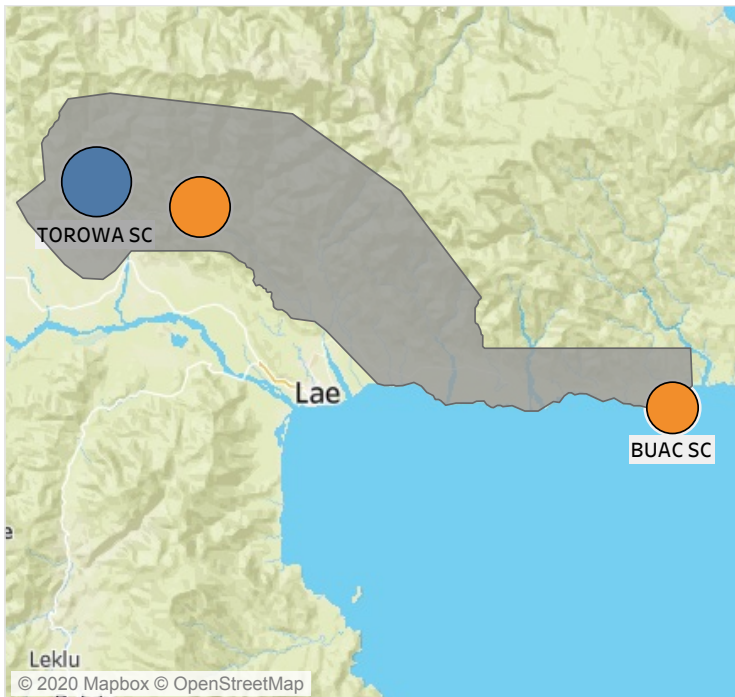
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Nawae District, Morobe Province

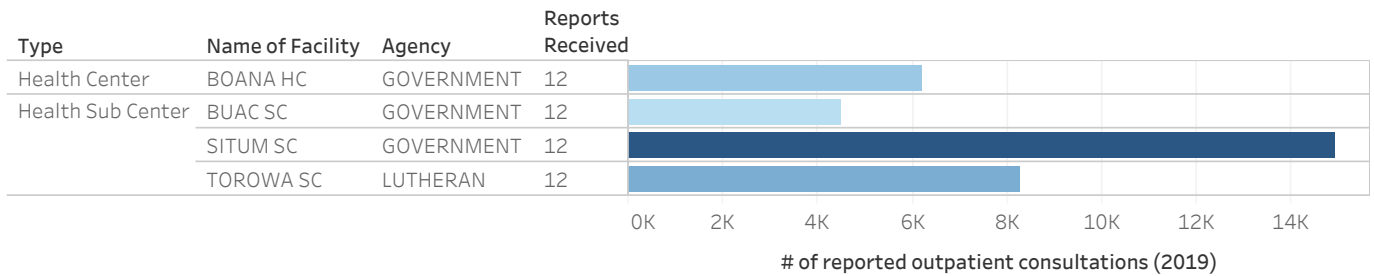
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	1			1
Health Sub Center	3			3
Aid Post	18	15	15	48
<b>Grand Total</b>	<b>22</b>	<b>15</b>	<b>15</b>	<b>52</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Tewae-Siassi District, Morobe Province

Population

72,571

Growth rate



2.0%



Outpatient visits



0.6

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



12%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



34%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



135

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



27%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



41.1%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



29%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



12

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



3.5%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

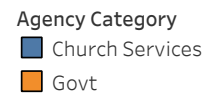
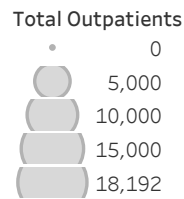
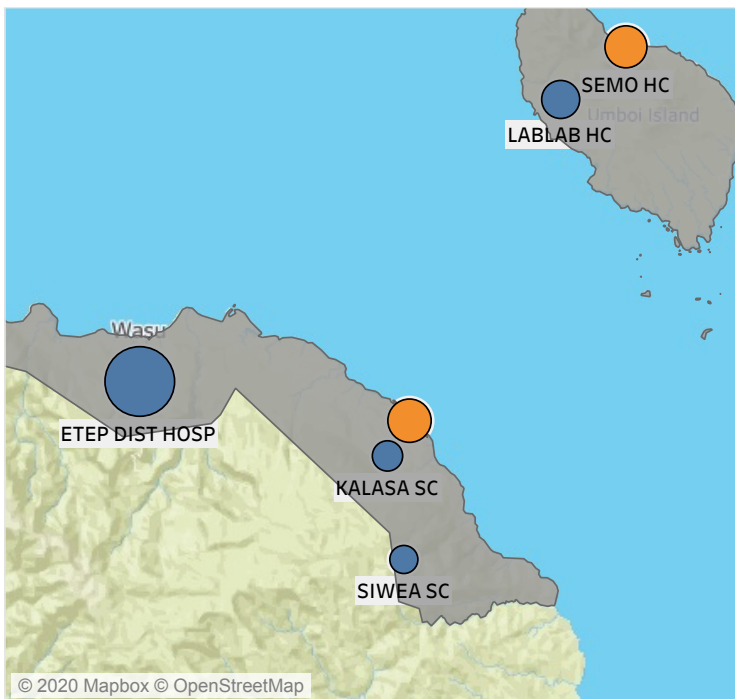
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Tewae-Siassi District, Morobe Province

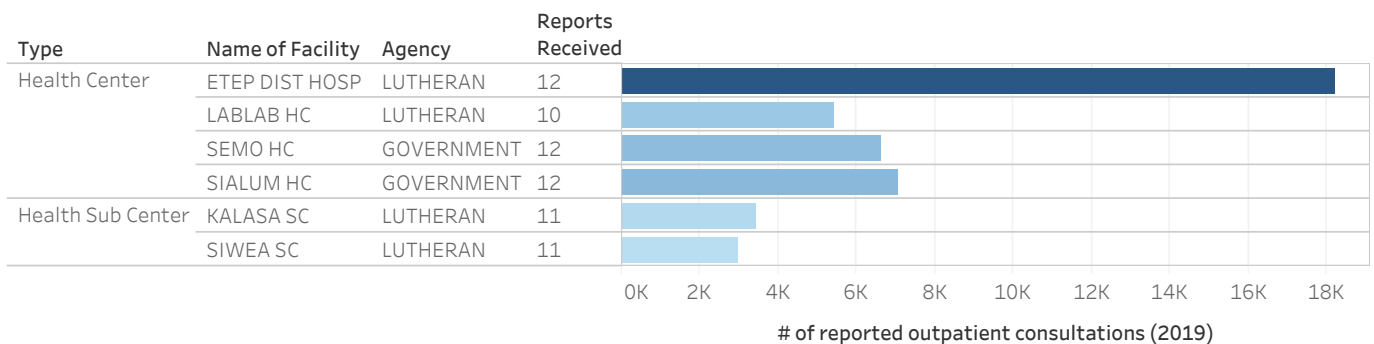
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	4			4
Health Sub Center	2			2
Aid Post	17	6	11	34
<b>Grand Total</b>	<b>23</b>	<b>6</b>	<b>11</b>	<b>40</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## MADANG PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## Madang Province

Provincial Population

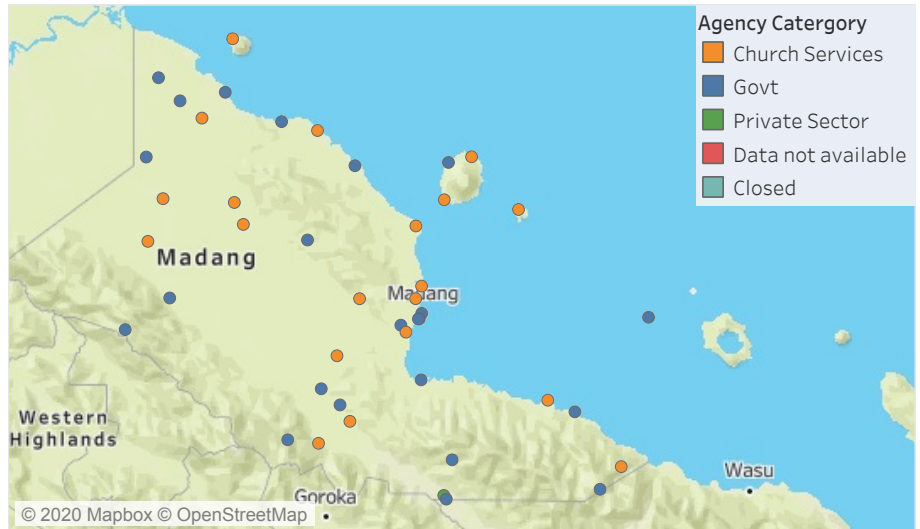
**697,210**

Growth Rate

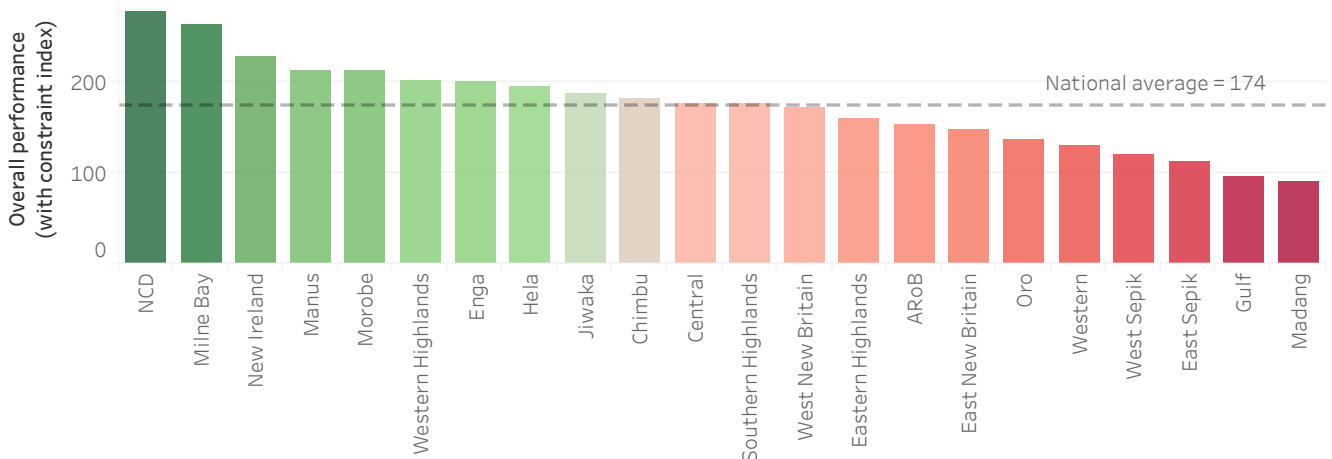
**2.7%**

Health worker to population ratio

**1.0 per 1000**



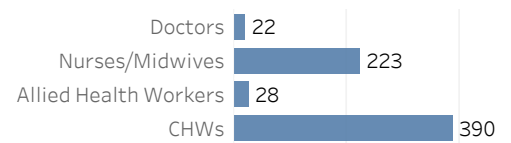
Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Private Sector	NGO	Data not available	Closed	Grand Total
Provincial Hospital	1						1
District Hospital		1					1
Urban Health Center	3						3
Health Center	11	7					18
Health Sub Center	11	12	1	1			25
Aid Post					189	66	255
Grand Total	26	20	1	1	189	66	303

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. Madang



# Provincial Profile

## Madang Province

### Outpatient Visits



0.9

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



25%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



41%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



189

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



26%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



25%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



18

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



1.3%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



24%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Bogia	1.0	20	59%
	Madang	1.1	26	72%
	Middle Ramu	0.7	6	45%
	Rai Coast	0.8	13	70%
	Sumkar	0.6	13	58%
	Usino-Bundi	1.5	24	43%
Province	Madang	0.9	18	58%
National	National	1.1	31	53%

# Provincial Profile

## Madang Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Bogia	33%	21%
	Madang	34%	42%
	Middle Ramu	10%	5%
	Rai Coast	17%	17%
	Sumkar	25%	22%
	Usino-Bundi	28%	26%
Province	Madang	25%	24%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Bogia	8%	35%	277
	Madang	54%	68%	287
	Middle Ramu	6%	24%	32
	Rai Coast	8%	26%	81
	Sumkar	24%	32%	193
	Usino-Bundi	25%	44%	225
Province	Madang	25%	41%	189
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Bogia	2.2%	95	21%
	Madang	1.7%	191	30%
	Middle Ramu	1.1%	62	30%
	Rai Coast	1.7%	71	31%
	Sumkar	0.8%	50	27%
	Usino-Bundi	0.0%	180	16%
Province	Madang	1.3%	113	26%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Bogia	6.2%	24	218
	Madang	11.2%	38	282
	Middle Ramu	5.1%	14	112
	Rai Coast	6.8%	14	151
	Sumkar	14.0%	13	93
	Usino-Bundi	4.7%	43	234
Province	Madang	10.0%	25	187
National	National	7.0%	35	112

Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report, 2020

Multiple values

# District Profile

## Bogia District, Madang Province

Population

109,046

Growth rate



2.7%



Outpatient visits



1.0

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



8%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



35%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



277

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



21%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



21.5%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



33%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



20

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.2%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

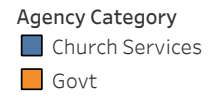
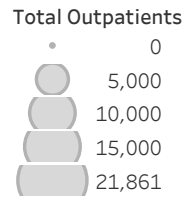
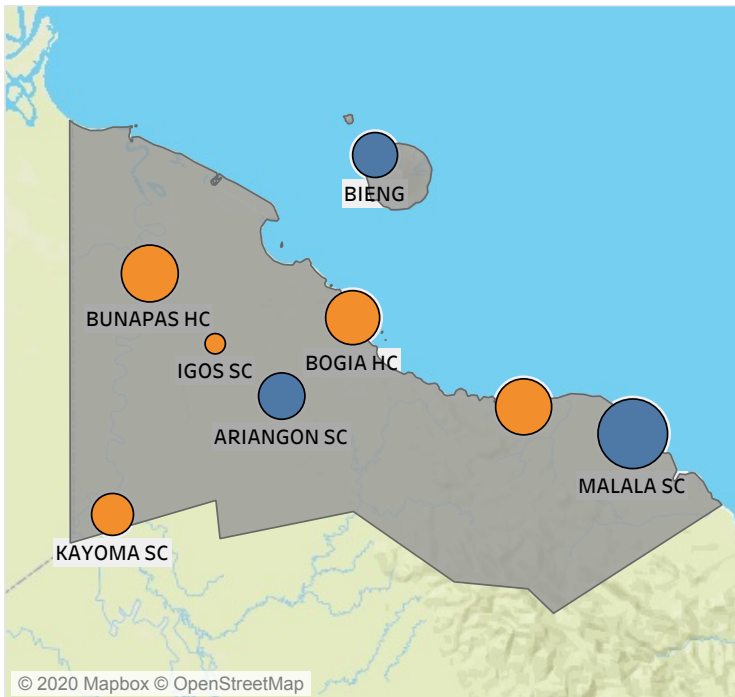
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Bogia District, Madang Province

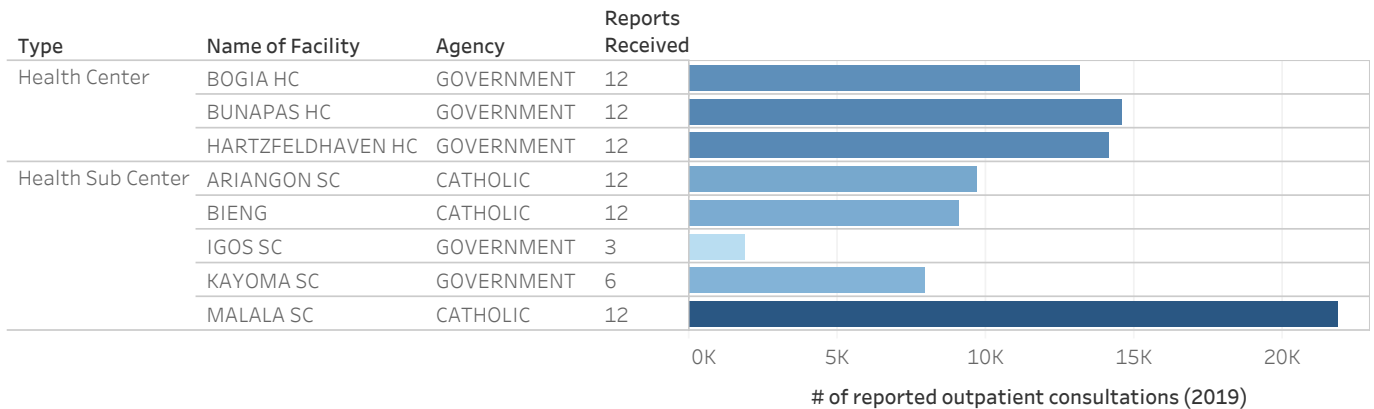
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	3			3
Health Sub Center	4		1	5
Aid Post	10	18	3	31
<b>Grand Total</b>	<b>17</b>	<b>18</b>	<b>4</b>	<b>39</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Madang District, Madang Province

Population  
**165,550**

Growth rate  
**2.7%**



Outpatient visits  
**1.1**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births

**54%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care

**68%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning

**287**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### DPT/Pentavalent Vaccine

**42%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

### Malnutrition

**29.8%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine

**34%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics

**26**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia deaths

**1.7%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

## DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

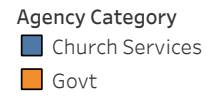
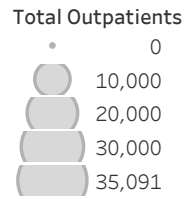
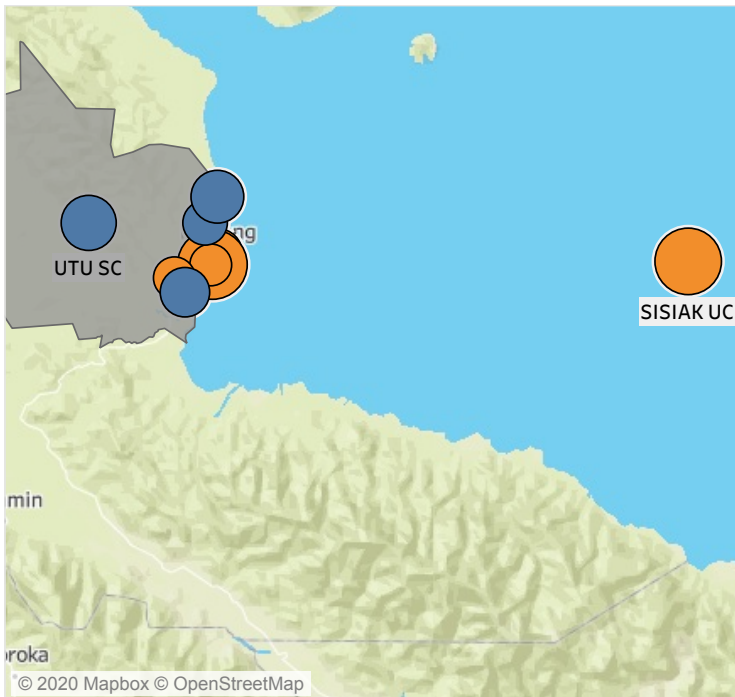
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Madang District, Madang Province

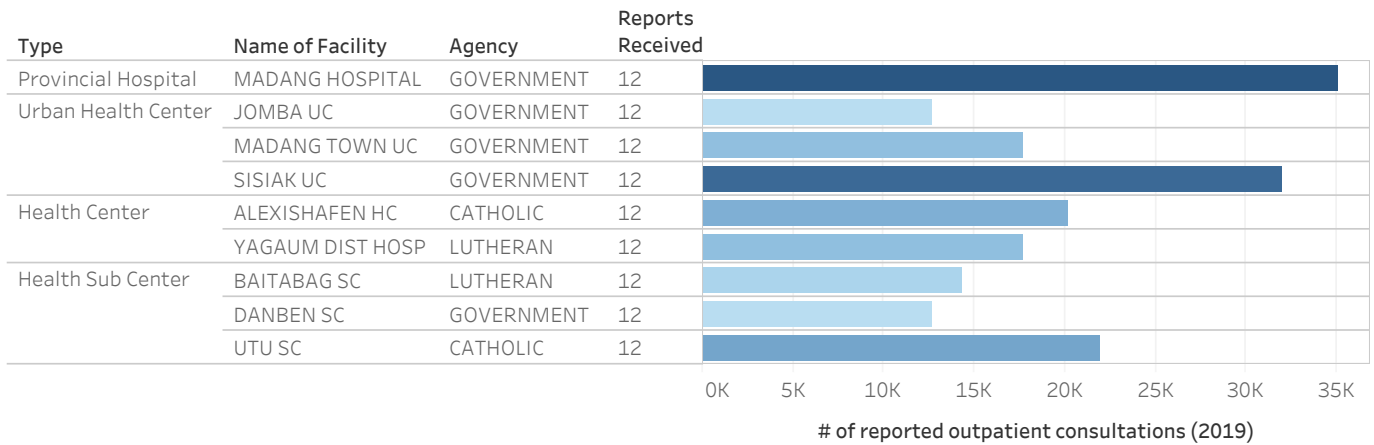
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Provincial Hospital	1			1
Urban Health Center	3			3
Health Center	2			2
Health Sub Center	3			3
Aid Post	19	9	1	29
<b>Grand Total</b>	<b>28</b>	<b>9</b>	<b>1</b>	<b>38</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Middle Ramu District, Madang Province

Population  
**110,526**

Growth rate  
**2.7%**



Outpatient visits  
**0.7**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births  
**6%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care  
**24%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning  
**32**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine  
**5%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition  
**30.1%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine  
**10%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics  
**6**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths  
**1.1%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES

-  Improve rural and hospital health services
-  Improve partnerships with churches and private sector
-  Get more health workers to meet population needs
-  Make sure women have access to and give birth in a health facility
-  Increase the number of children immunised against diseases
-  Refurbish and upgrade poor and unsafe infrastructure
-  Expand services to address high levels of family violence
-  Increase family planning options; children by choice, not chance

**Why invest DSIP funds in health?**

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

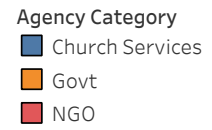
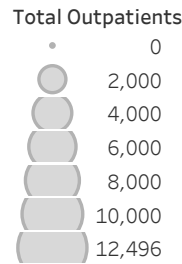
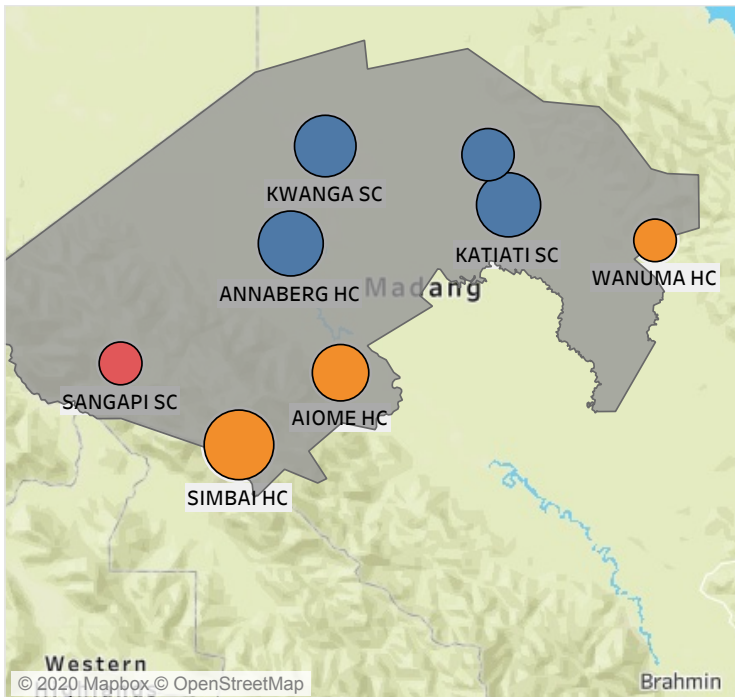
*For further information, contact your PHA CEO*

Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report. Middle Ramu

# District Profile

## Middle Ramu District, Madang Province

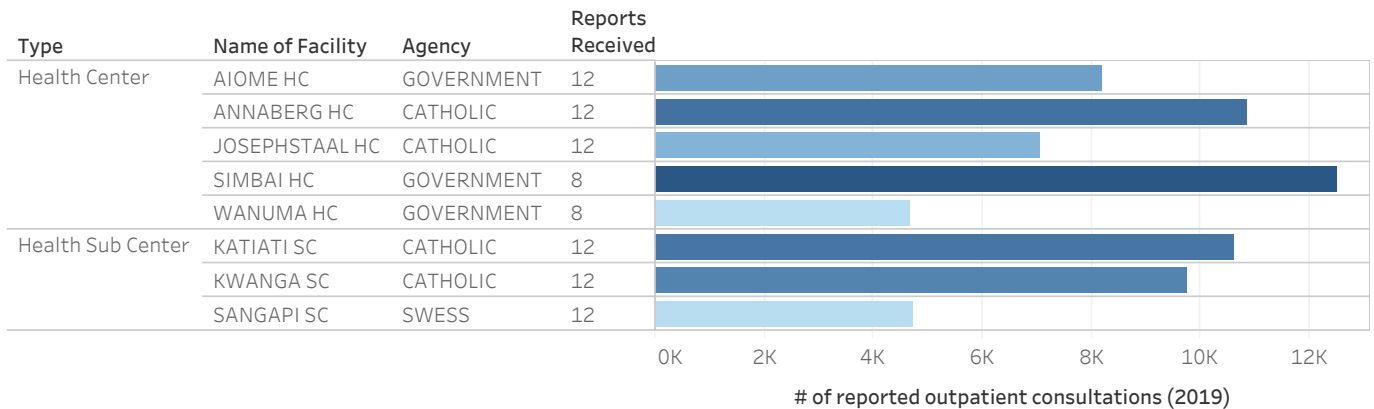
Map of health facilities



Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	5			5
Health Sub Center	3			3
Aid Post	15	22	18	55
<b>Grand Total</b>	<b>23</b>	<b>22</b>	<b>18</b>	<b>63</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Rai Coast District, Madang Province

Population

107,509

Growth rate



2.7%



Outpatient visits



0.8

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



8%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



26%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



81

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



17%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



30.7%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



17%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



13

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



1.7%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

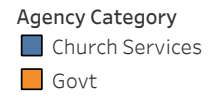
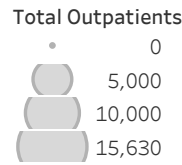
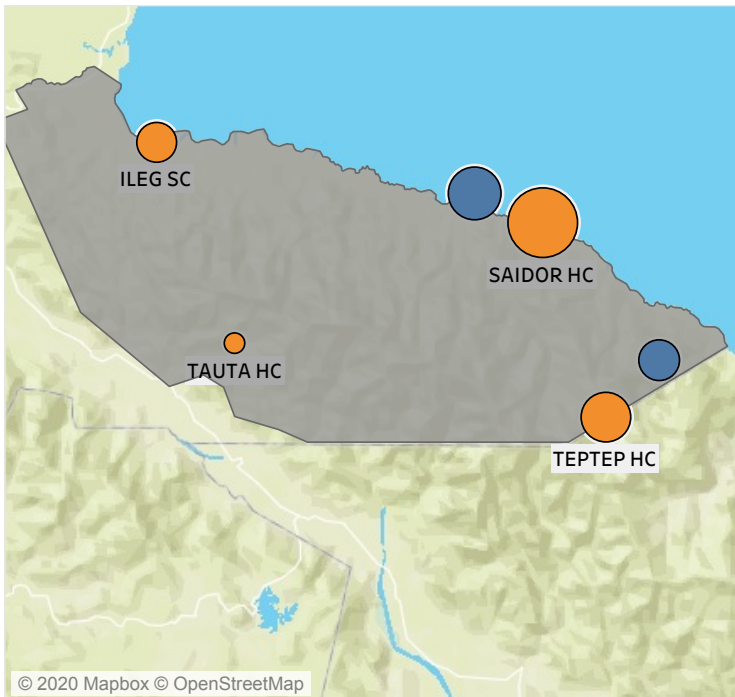
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Rai Coast District, Madang Province

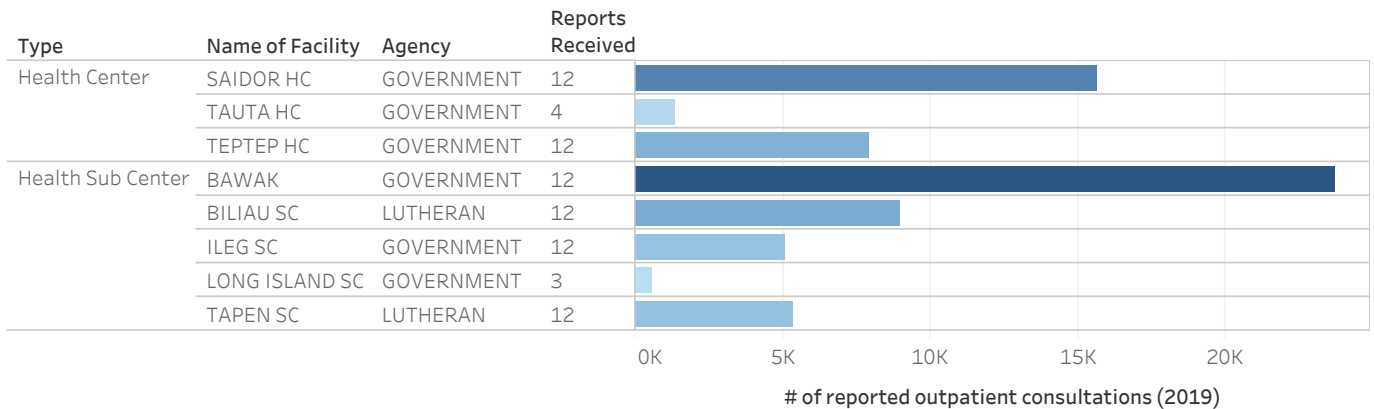
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	2		1	3
Health Sub Center	4		1	5
Aid Post	37	8	9	54
<b>Grand Total</b>	<b>43</b>	<b>8</b>	<b>11</b>	<b>62</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Sumkar District, Madang Province

Population

128,043

Growth rate



2.7%



Outpatient visits



0.6

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



24%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



32%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



193

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



22%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



27.2%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



25%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



13

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.8%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

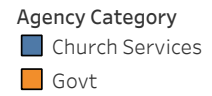
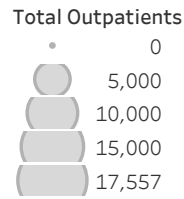
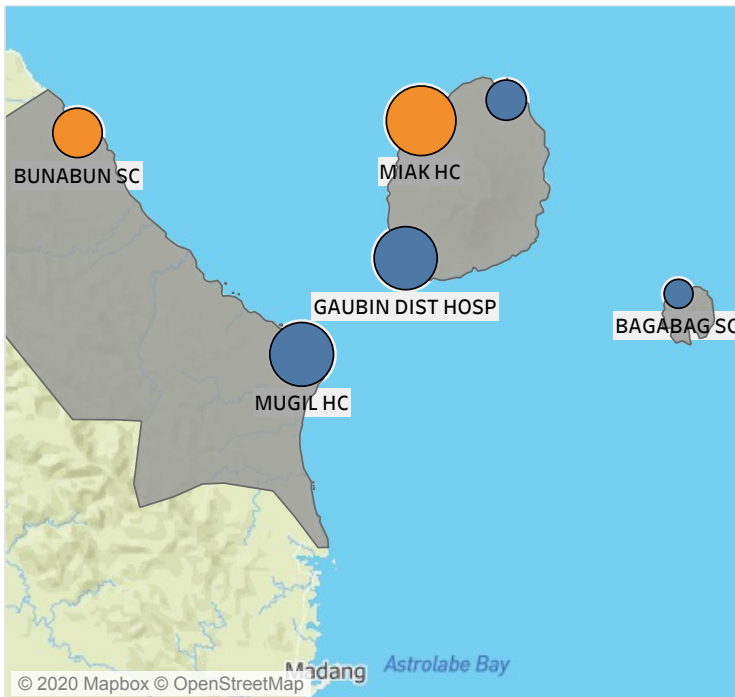
**For further information, contact your PHA CEO**



# District Profile

## Sumkar District, Madang Province

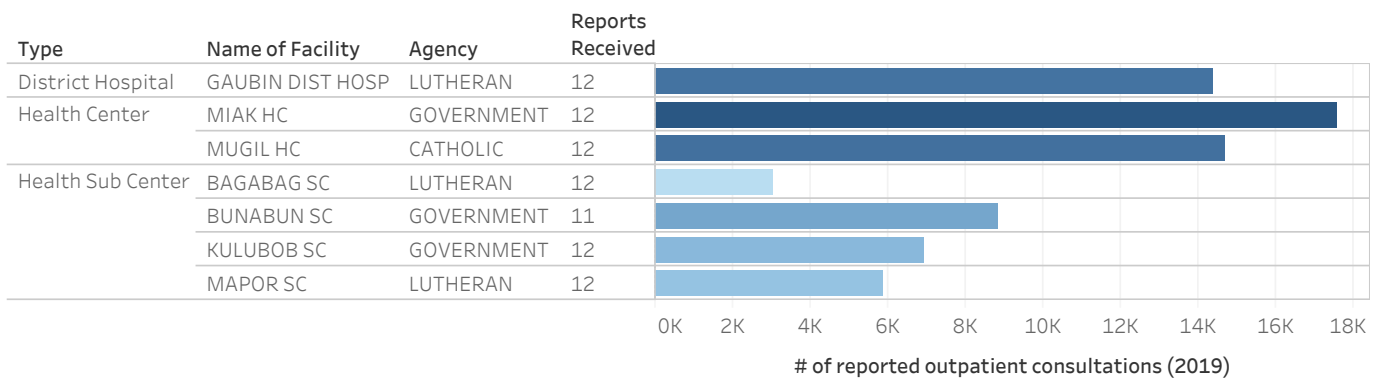
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
District Hospital	1			1
Health Center	2			2
Health Sub Center	4			4
Aid Post	31	7	10	48
<b>Grand Total</b>	<b>38</b>	<b>7</b>	<b>10</b>	<b>55</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Usino-Bundi District, Madang Province

Population

76,535

Growth rate



2.7%



Outpatient visits



1.5

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



25%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



44%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



225

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



26%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



15.7%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



28%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



24

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

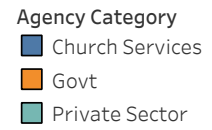
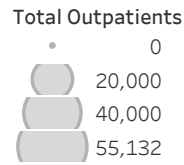
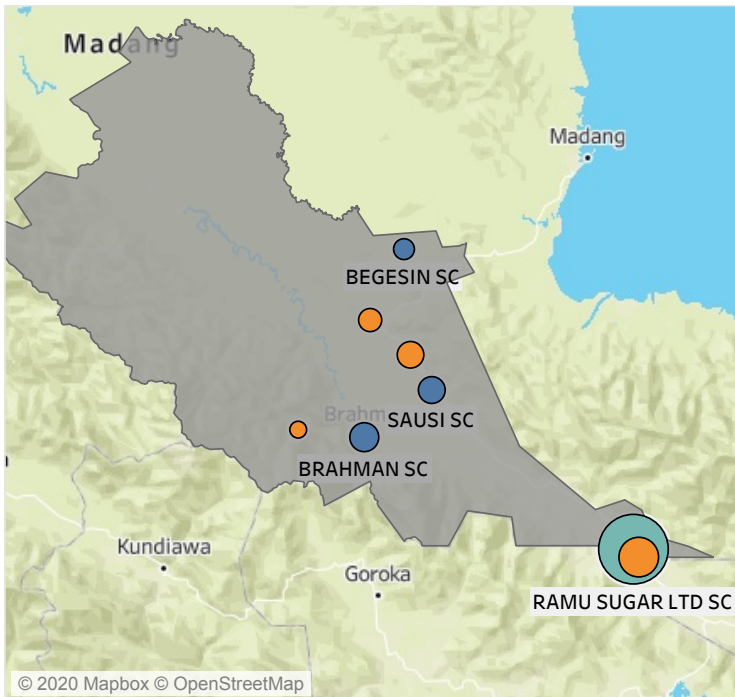
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Usino-Bundi District, Madang Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	3			3
Health Sub Center	5			5
Aid Post	3	2	33	38
<b>Grand Total</b>	<b>11</b>	<b>2</b>	<b>33</b>	<b>46</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	BRAHMAN SC	CATHOLIC	12
	BUNDI HC	GOVERNMENT	12
	SAUSI SC	Evangelical Brotherhood Church	12
Health Sub Center	BEGESIN SC	LUTHERAN	12
	GUSAP HC	GOVERNMENT	12
	RAMU SUGAR LTD SC	RAMU SUGAR CO.	12
	USINO SC	GOVERNMENT	12
	WALIUM HC	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## EAST SEPIK PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## East Sepik Province

Provincial Population

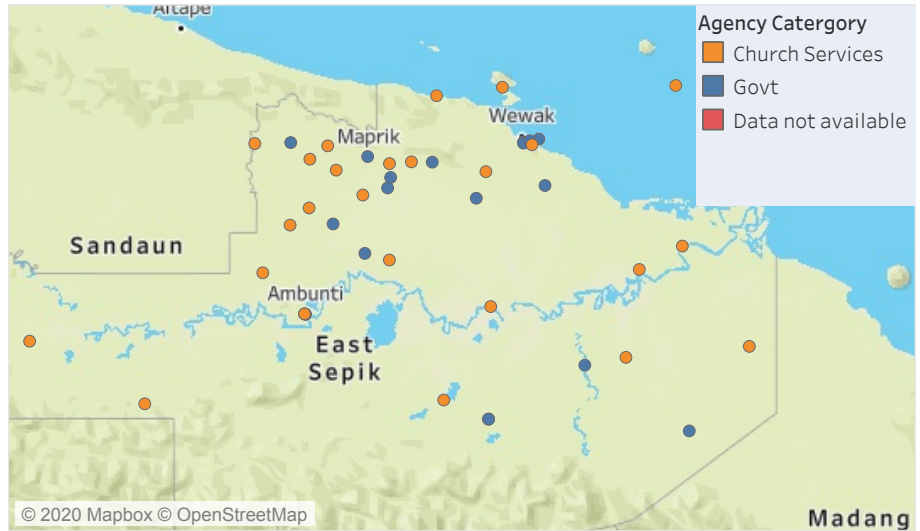
**625,355**

Growth Rate

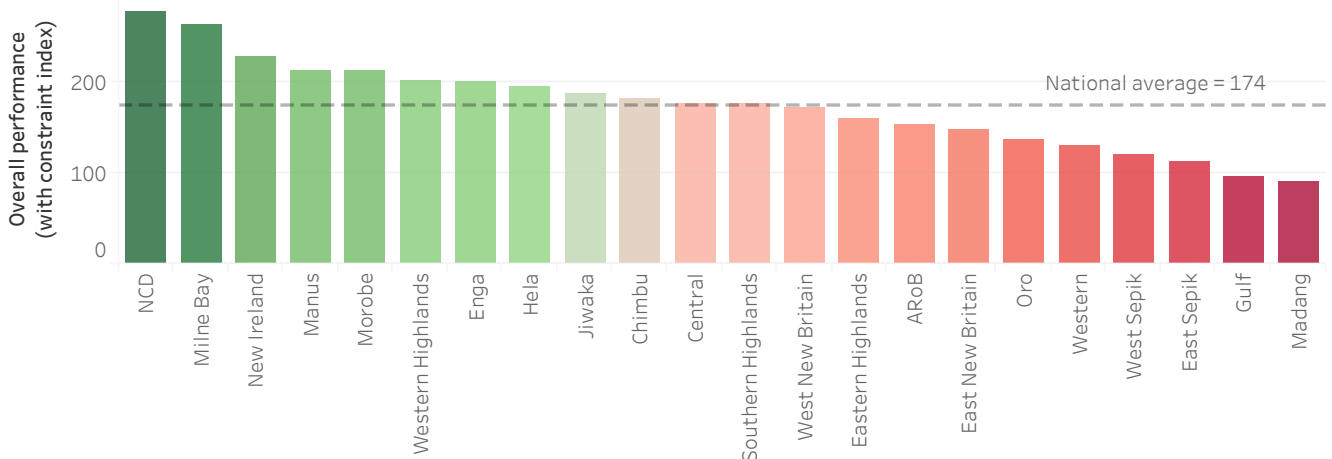
**2.5%**

Health worker to population ratio

**0.7 per 1000**



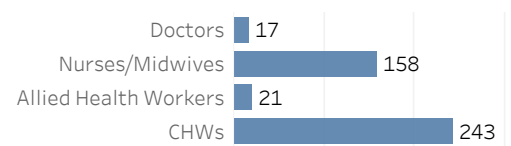
### Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	NGO	Data not available	Grand Total
Provincial Hospital	1				1
District Hospital	1				1
Urban Health Center	3	3			6
Health Center	8	2			10
Health Sub Center	5	24	1		30
Comm Health Post				1	1
Aid Post				277	277
<b>Grand Total</b>	<b>18</b>	<b>29</b>	<b>1</b>	<b>278</b>	<b>326</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. East Sepik

# Provincial Profile

## East Sepik Province

### Outpatient Visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Ambunti-Dreikikir	1.0	21	54%
	Angoram	1.0	1	57%
	Maprik	1.5	7	48%
	Wewak	0.7	9	87%
	Wosera-Gawi	1.1	10	62%
	Yangoru-Saussia	0.6	12	75%
Province	East Sepik	1.0	10	63%
National	National	1.1	31	53%

# Provincial Profile

## East Sepik Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Ambunti-Dreikikir	7%	5%
	Anoram	11%	9%
	Maprik	10%	13%
	Wewak	20%	28%
	Wosera-Gawi	18%	7%
	Yangoru-Saussia	21%	27%
Province	East Sepik	14%	15%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Ambunti-Dreikikir	4%	26%	67
	Anoram	11%	27%	28
	Maprik	24%	40%	226
	Wewak	52%	39%	161
	Wosera-Gawi	14%	39%	21
	Yangoru-Saussia	13%	25%	44
Province	East Sepik	20%	32%	94
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Ambunti-Dreikikir	1.0%	81	66%
	Anoram	10.9%	120	45%
	Maprik	7.3%	98	27%
	Wewak	7.7%	73	36%
	Wosera-Gawi	0.5%	57	21%
	Yangoru-Saussia	0.0%	52	22%
Province	East Sepik	3.0%	82	36%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Ambunti-Dreikikir	0.0%	18	178
	Anoram	9.4%	17	71
	Maprik	8.0%	33	149
	Wewak	15.8%	34	121
	Wosera-Gawi	7.4%	18	273
	Yangoru-Saussia	11.2%	18	19
Province	East Sepik	12.0%	23	131
National	National	7.0%	35	112

Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report, 2020

Multiple values



# District Profile

## Ambunti-Dreikikir District, East Sepik Province

Population  
**100,946**

Growth rate  
**2.5%**



Outpatient visits  
**1.0**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births  
**4%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care  
**26%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning  
**67**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine  
**5%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition  
**65.5%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine  
**7%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics  
**21**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths  
**1.0%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

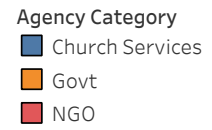
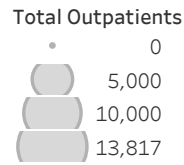
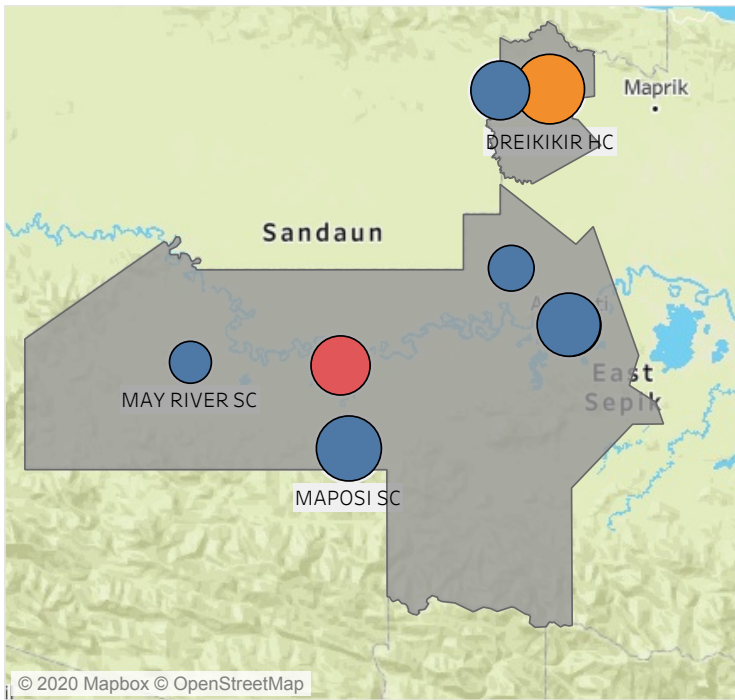
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Ambunti-Dreikikir District, East Sepik Province

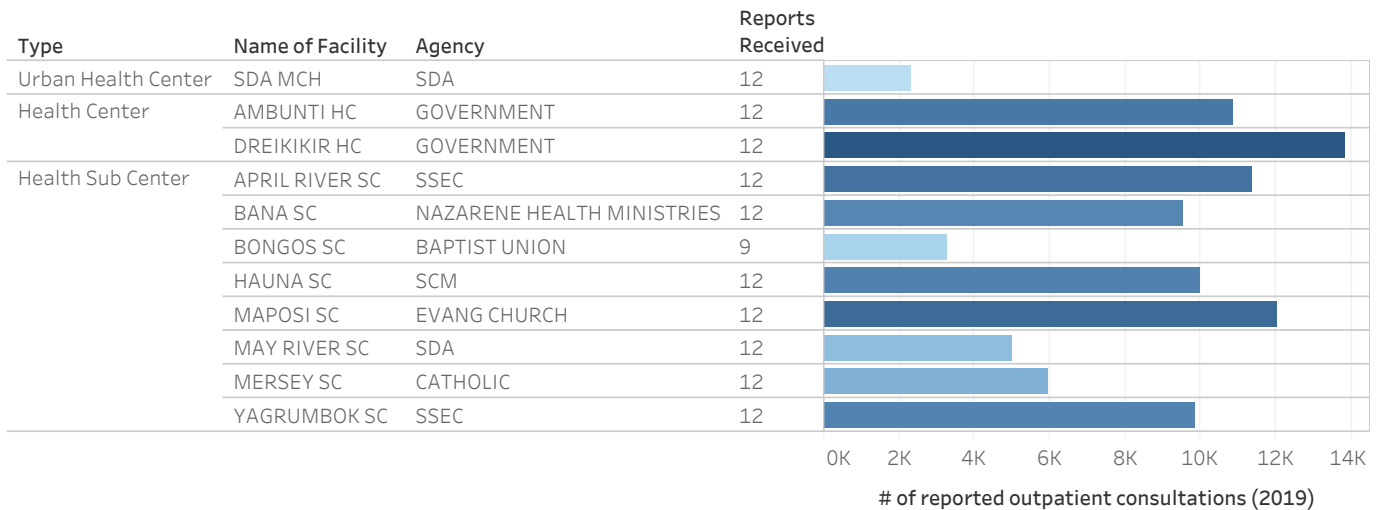
Map of health facilities



Number of health facilities

Type	Open	Status not known	Grand Total
Urban Health Center	1		1
Health Center	2		2
Health Sub Center	8		8
Aid Post		58	58
<b>Grand Total</b>	<b>11</b>	<b>58</b>	<b>69</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Angoram District, East Sepik Province

Population

125,362

Growth rate



2.5%



Outpatient visits



1.0

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



11%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



27%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



28

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



9%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



44.8%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



11%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



1

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



10.9%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

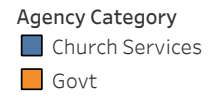
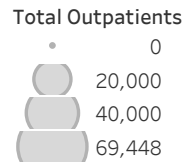
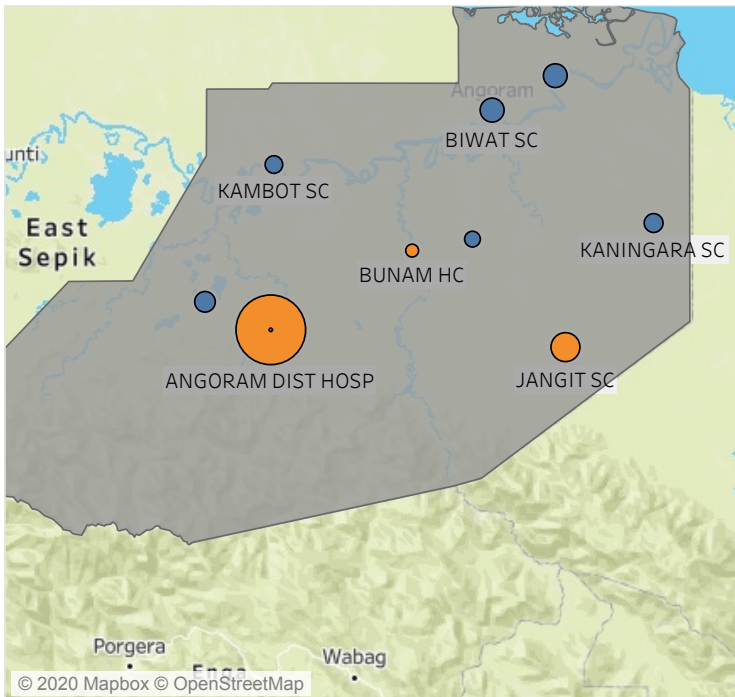
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Angoram District, East Sepik Province

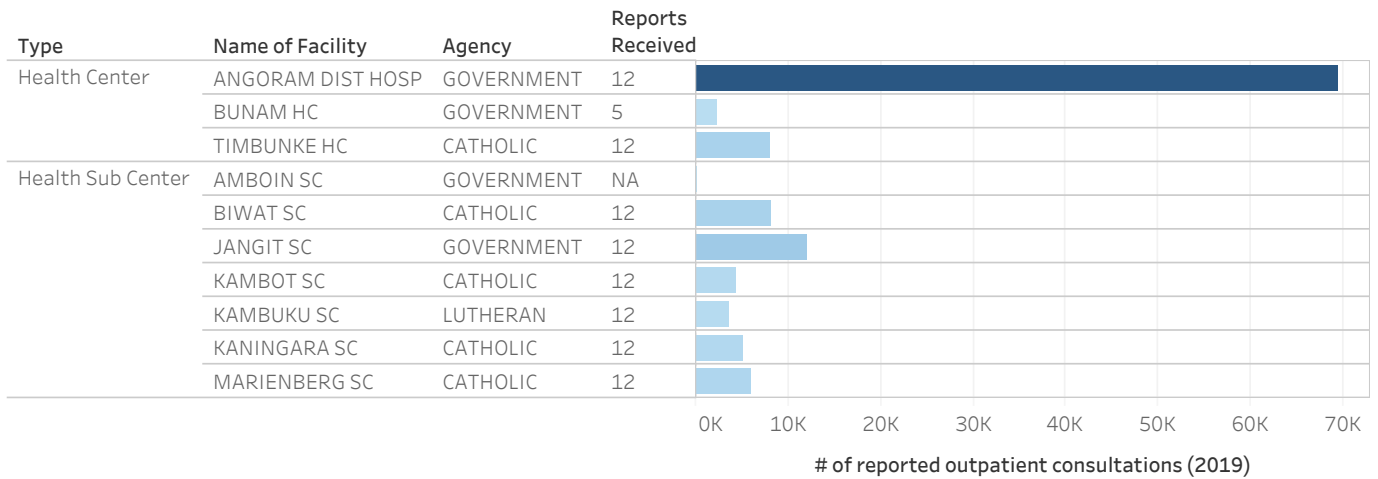
Map of health facilities



Number of health facilities

Type	Open	Status not known	Grand Total
Health Center	3		3
Health Sub Center	6	1	7
Aid Post		75	75
<b>Grand Total</b>	<b>9</b>	<b>76</b>	<b>85</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Maprik District, East Sepik Province

Population

105,336

Growth rate



2.5%



Outpatient visits



1.5

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



24%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



40%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



226

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



13%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



26.7%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



10%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



7

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



7.3%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

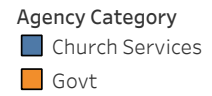
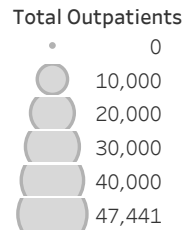
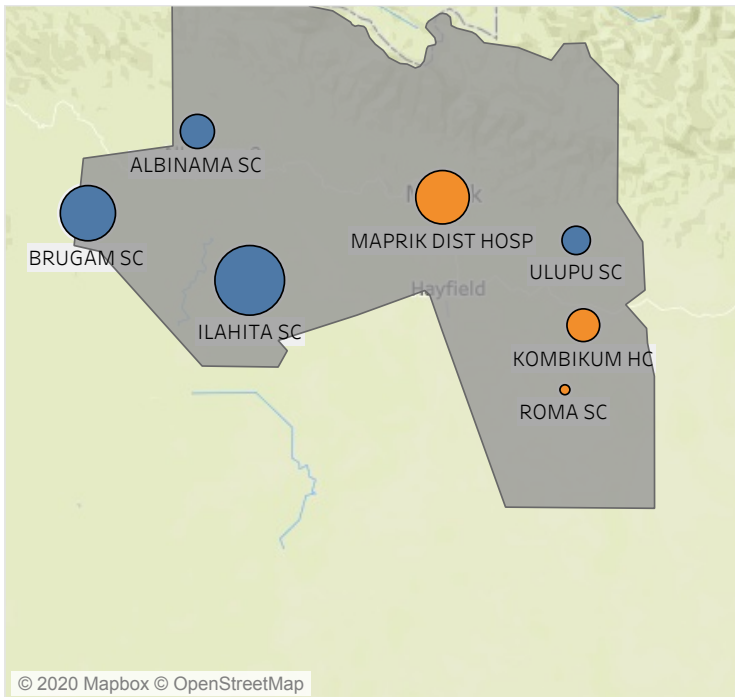
*For further information, contact your PHA CEO*



# District Profile

## Maprik District, East Sepik Province

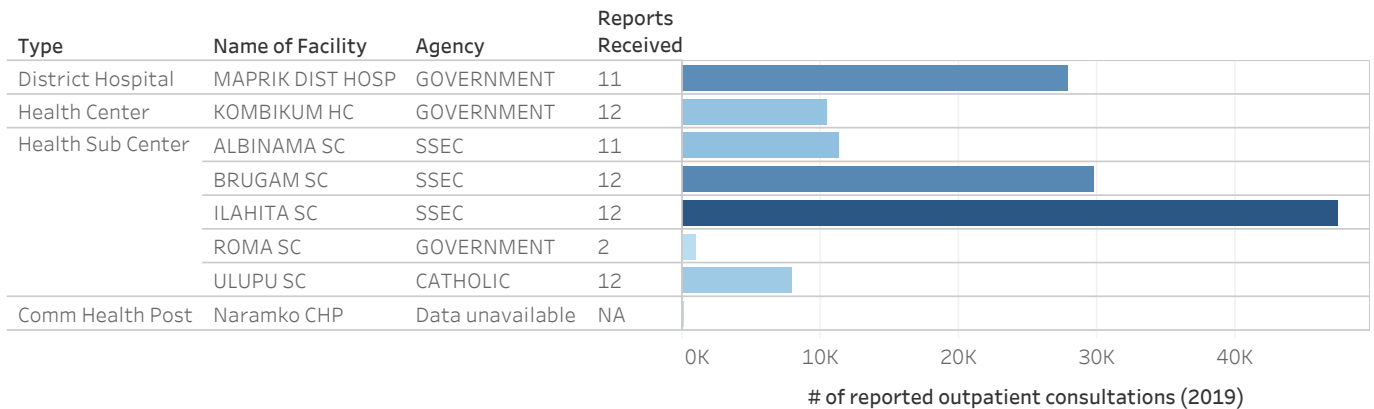
Map of health facilities



Number of health facilities

Type	Open	Status not known	Grand Total
District Hospital	1		1
Health Center	1		1
Health Sub Center	4	1	5
Comm Health Post		1	1
Aid Post		29	29
<b>Grand Total</b>	<b>6</b>	<b>31</b>	<b>37</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Wewak District, East Sepik Province

Population

116,559

Growth rate



2.5%



Outpatient visits

0.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



52%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



39%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



161

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



28%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



36.4%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



20%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



9

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



7.7%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

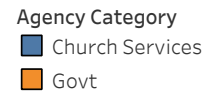
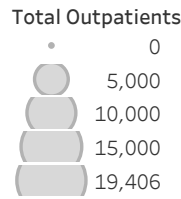
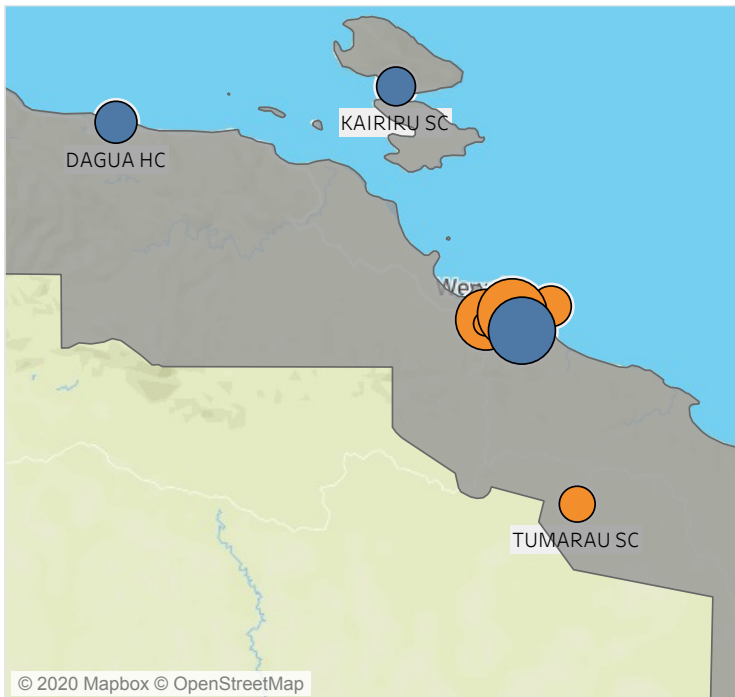
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Wewak District, East Sepik Province

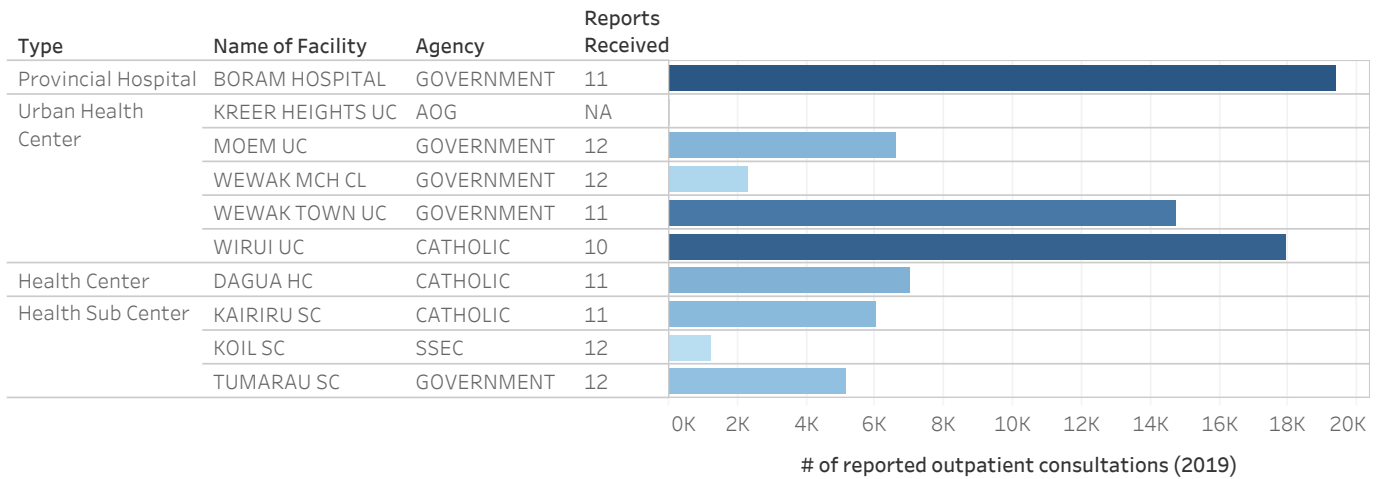
### Map of health facilities



### Number of health facilities

Type	Open	Status not known	Grand Total
Provincial Hospital	1		1
Urban Health Center	4	1	5
Health Center	1		1
Health Sub Center	3		3
Aid Post		39	39
<b>Grand Total</b>	<b>9</b>	<b>40</b>	<b>49</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Wosera-Gawi District, East Sepik Province

Population

90,033

Growth rate



2.5%



Outpatient visits



1.1

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



14%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



39%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



21

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



7%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



21.5%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



18%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



10

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.5%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

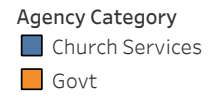
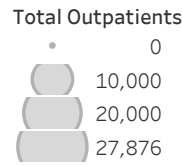
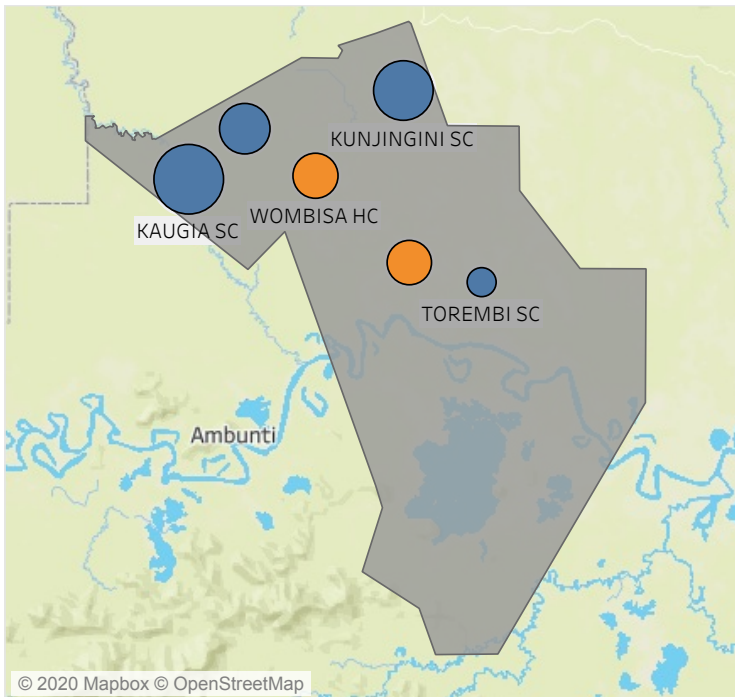
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Wosera-Gawi District, East Sepik Province

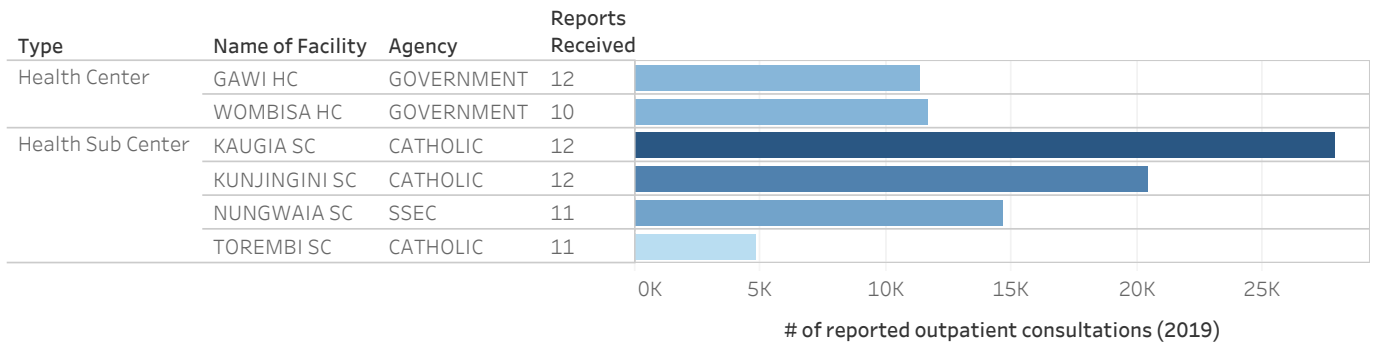
Map of health facilities



Number of health facilities

Type	Open	Status not known	Grand Total
Health Center	2		2
Health Sub Center	4		4
Aid Post		40	40
<b>Grand Total</b>	<b>6</b>	<b>40</b>	<b>46</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Yangoru-Saussia District, East Sepik Province

Population

87,119

Growth rate



2.5%



Outpatient visits



0.6

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



13%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



25%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



44

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



27%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



22.3%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



21%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



12

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

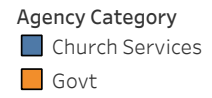
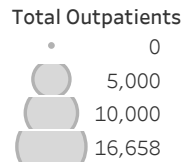
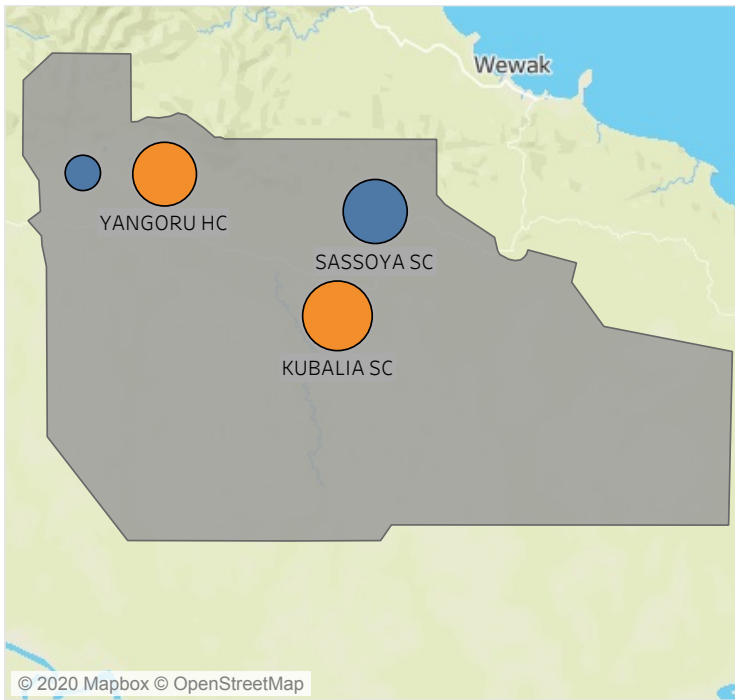
**For further information, contact your PHA CEO**



# District Profile

## Yangoru-Saussia District, East Sepik Province

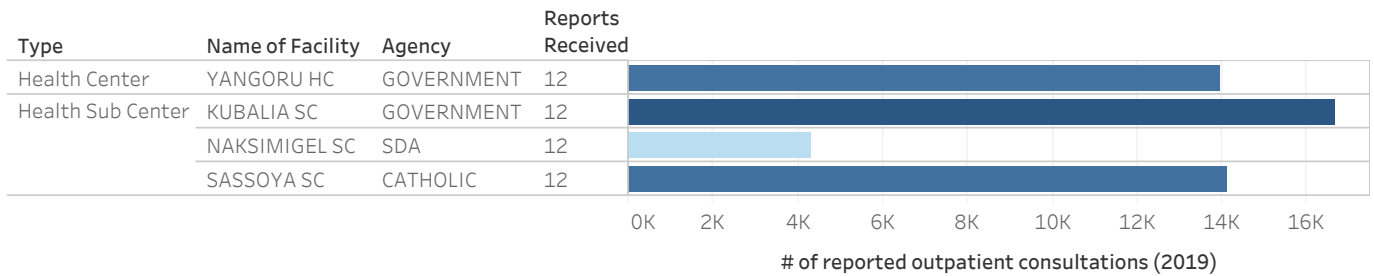
### Map of health facilities



### Number of health facilities

Type	Open	Status not known	Grand Total
Health Center	1		1
Health Sub Center	3		3
Aid Post		36	36
<b>Grand Total</b>	<b>4</b>	<b>36</b>	<b>40</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.





National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## WEST SEPIK PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## West Sepik Province

Provincial Population

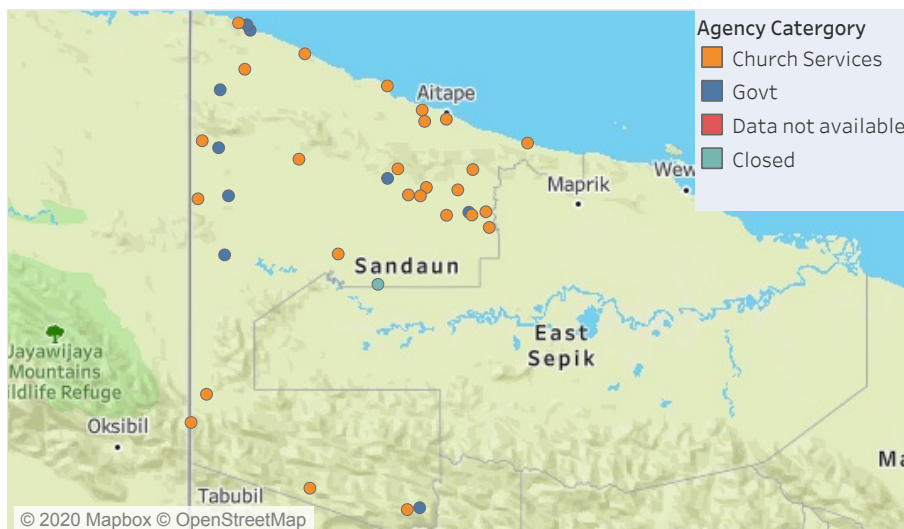
**308,812**

Growth Rate

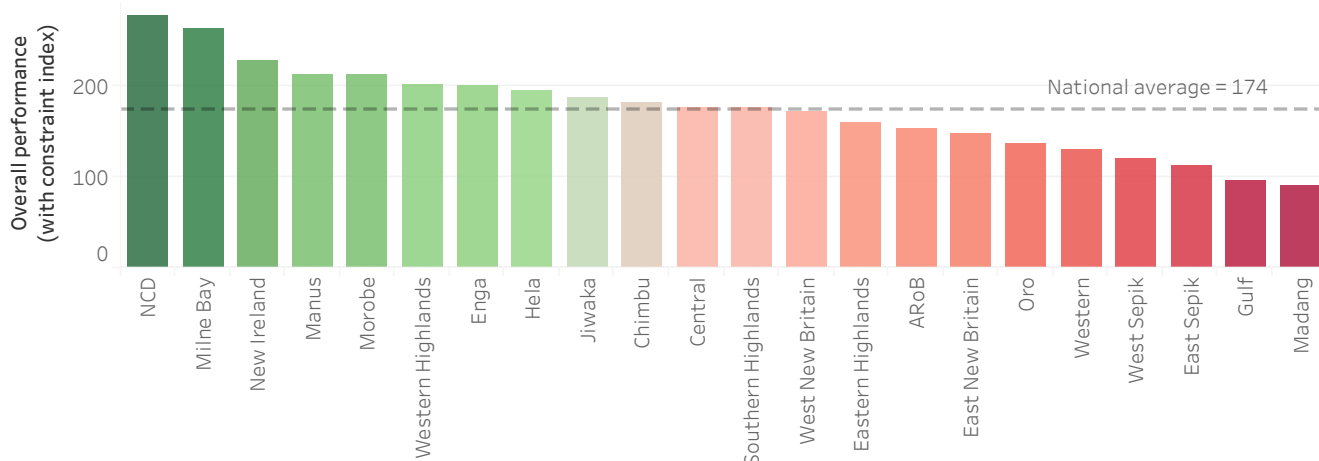
**2.6%**

Health worker to population ratio

**1.6 per 1000**



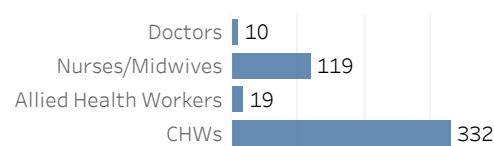
Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Data not available	Closed	Grand Total
Provincial Hospital	1				1
Rural hospital		1			1
Urban Health Center	1				1
Health Center	7	2			9
Health Sub Center	1	23		1	25
Comm Health Post	1				1
Aid Post			120	90	210
<b>Grand Total</b>	<b>11</b>	<b>26</b>	<b>120</b>	<b>91</b>	<b>248</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff.

# Provincial Profile

## West Sepik Province

### Outpatient Visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Aitape-Lumi	2.2	35	24%
	Nuku	2.4	13	45%
	Telefomin	1.6	31	21%
	Vanimo-Green River	2.7	53	36%
Province	West Sepik	2.3	34	33%
National	National	1.1	31	53%

# Provincial Profile

## West Sepik Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Aitape-Lumi	41%	37%
	Nuku	54%	20%
	Telefomin	20%	27%
	Vanimo-Green River	42%	40%
Province	West Sepik	41%	32%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Aitape-Lumi	19%	38%	168
	Nuku	14%	42%	209
	Telefomin	7%	24%	108
	Vanimo-Green River	34%	51%	263
Province	West Sepik	20%	40%	193
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Aitape-Lumi	6.9%	77	25%
	Nuku	2.9%	111	30%
	Telefomin	5.8%	158	11%
	Vanimo-Green River	4.9%	325	51%
Province	West Sepik	5.4%	169	34%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Aitape-Lumi	15.0%	38	425
	Nuku	16.1%	32	253
	Telefomin	3.6%	31	63
	Vanimo-Green River	22.6%	75	785
Province	West Sepik	18.0%	46	419
National	National	7.0%	35	112

# District Profile

## Aitape-Lumi District, West Sepik Province

Population

**88,753**

Growth rate



**2.6%**



Outpatient visits



**2.2**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



**19%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



**38%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



**168**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



**37%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



**24.9%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



**41%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



**35**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



**6.9%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

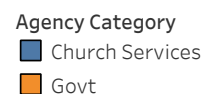
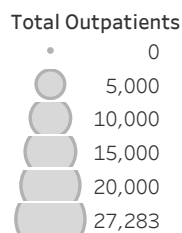
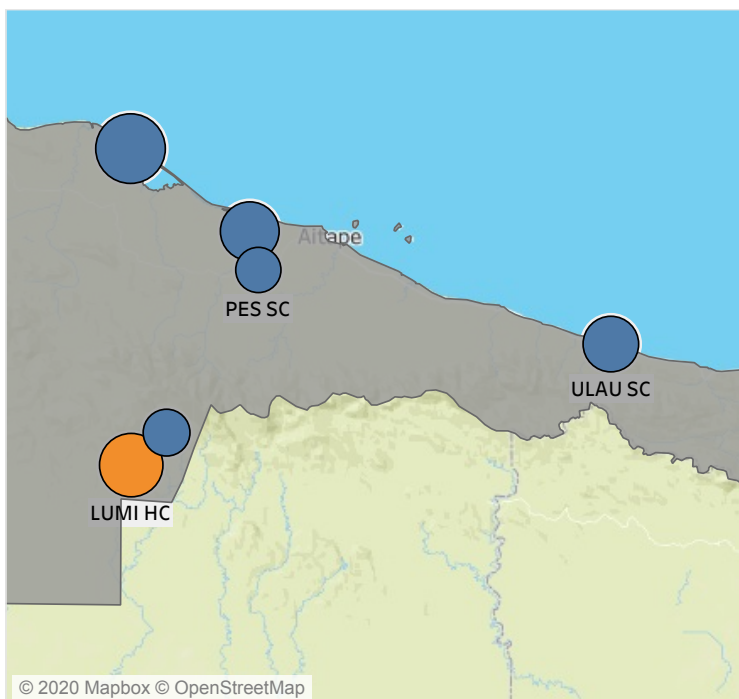
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Aitape-Lumi District, West Sepik Province

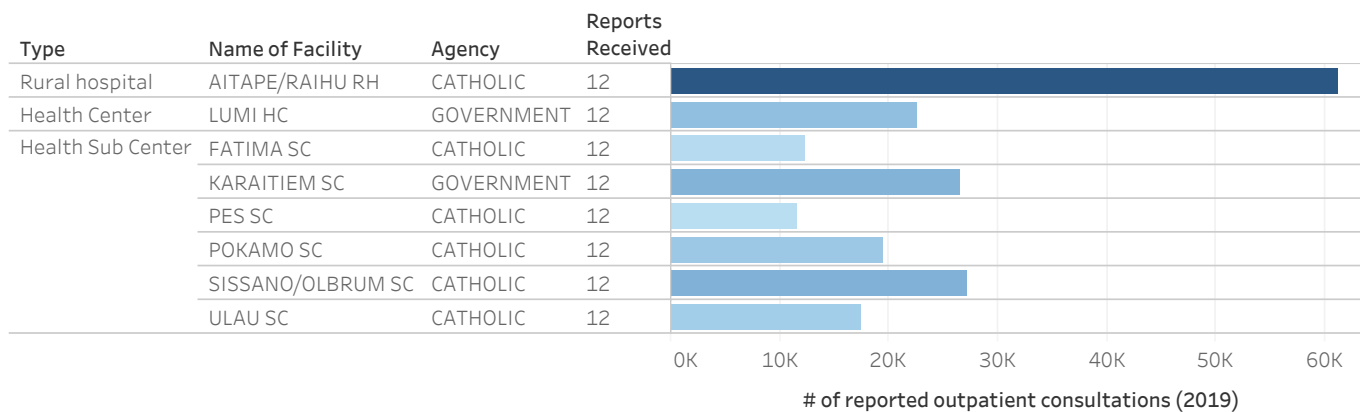
Map of health facilities



Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Rural hospital	1			1
Health Center	1			1
Health Sub Center	6			6
Aid Post	28	14	10	52
<b>Grand Total</b>	<b>36</b>	<b>14</b>	<b>10</b>	<b>60</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Nuku District, West Sepik Province

Population

76,514

Growth rate



2.6%



Outpatient visits



2.4

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



14%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



42%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



209

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



20%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



30.2%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



54%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



13

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.9%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

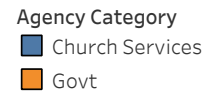
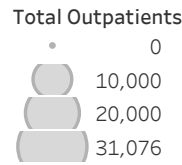
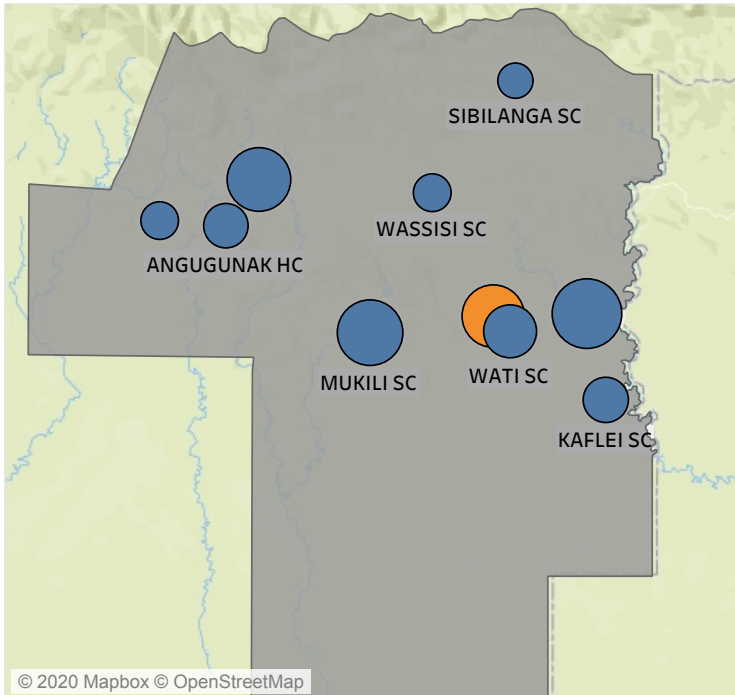
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Nuku District, West Sepik Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	2			2
Health Sub Center	8			8
Aid Post	29	24	1	54
<b>Grand Total</b>	<b>39</b>	<b>24</b>	<b>1</b>	<b>64</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	ANGUGUNAK HC	CHRISTIAN BROTHERHOOD	12
	NUKU HC	GOVERNMENT	12
Health Sub Center	KAFLEI SC	CATHOLIC	12
	MUKILI SC	CATHOLIC	12
	NINGIL SC	CATHOLIC	12
	PUANG SC	CHRISTIAN BROTHERHOOD	12
	SEIM SC	CATHOLIC	12
	SIBILANGA SC	CHRISTIAN BROTHERHOOD	12
	WASSISI SC	CATHOLIC	12
	WATI SC	CATHOLIC	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Telefomin District, West Sepik Province

Population

59,167

Growth rate



2.6%



Outpatient visits



1.6

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



7%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



24%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



108

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



27%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



10.9%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



20%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



31

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



5.8%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

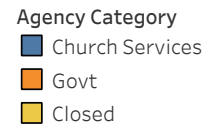
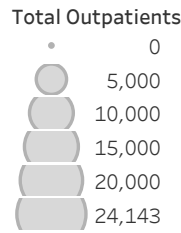
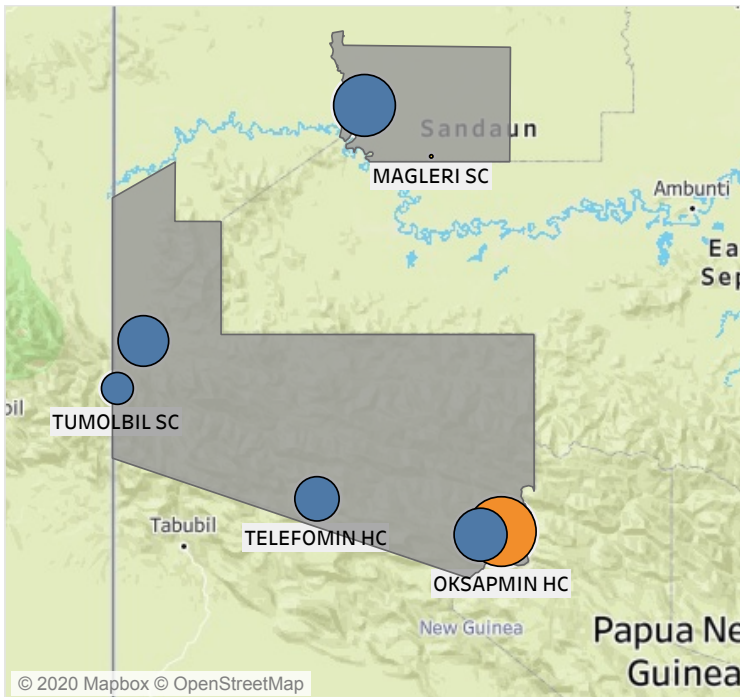
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Telefomin District, West Sepik Province

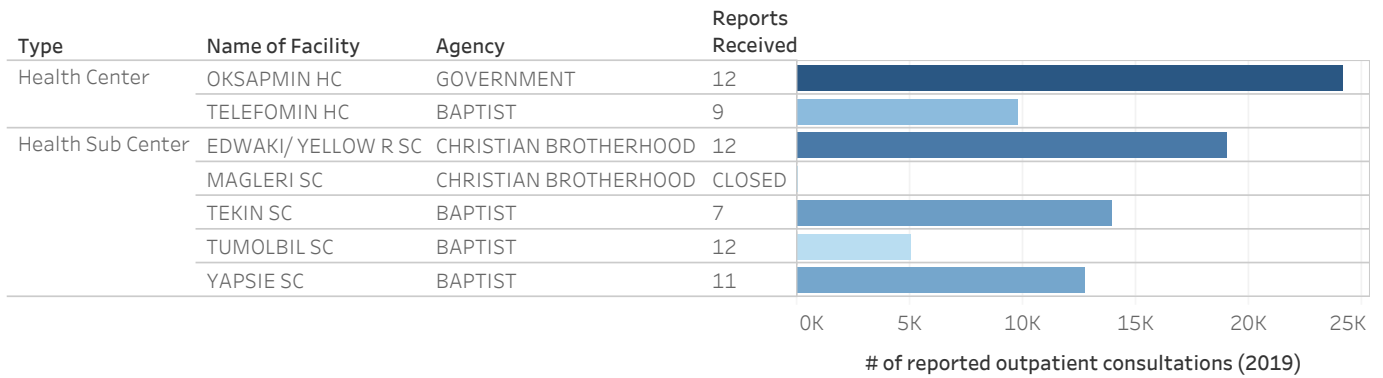
Map of health facilities



Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	2			2
Health Sub Center	4	1		5
Aid Post	18	16	19	53
<b>Grand Total</b>	<b>24</b>	<b>17</b>	<b>19</b>	<b>60</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Vanimo-Green River District, West Sepik Province

Population

84,378

Growth rate



2.6%



Outpatient visits



2.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



34%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



51%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



263

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



40%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



51.1%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



42%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



53

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



4.9%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

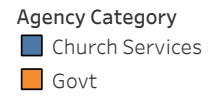
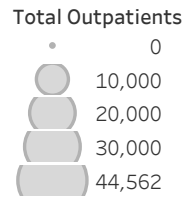
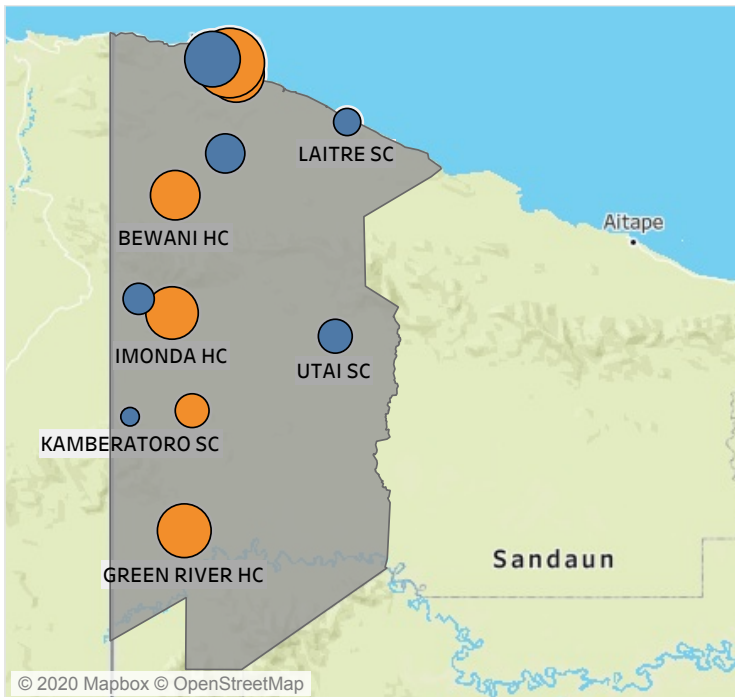
**For further information, contact your PHA CEO**



# District Profile

## Vanimo-Green River District, West Sepik Province

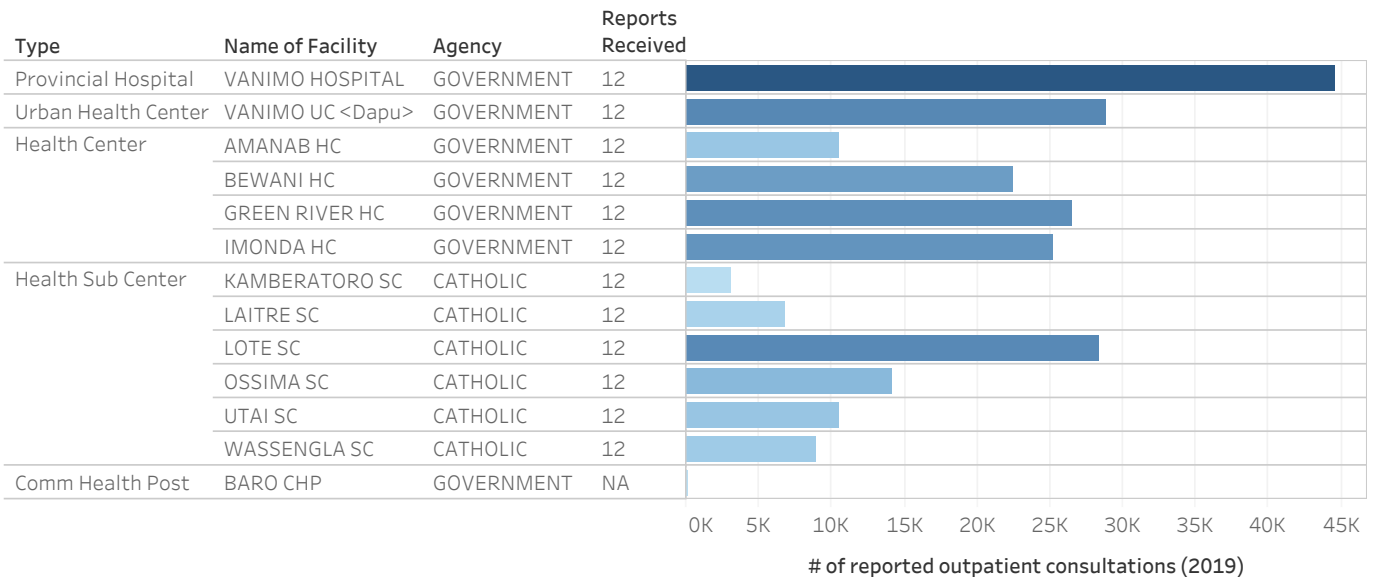
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Provincial Hospital	1			1
Urban Health Center	1			1
Health Center	4			4
Health Sub Center	6			6
Comm Health Post	1			1
Aid Post	9	36	6	51
<b>Grand Total</b>	<b>22</b>	<b>36</b>	<b>6</b>	<b>64</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.





National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## ENGA PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## Enga Province

Provincial Population

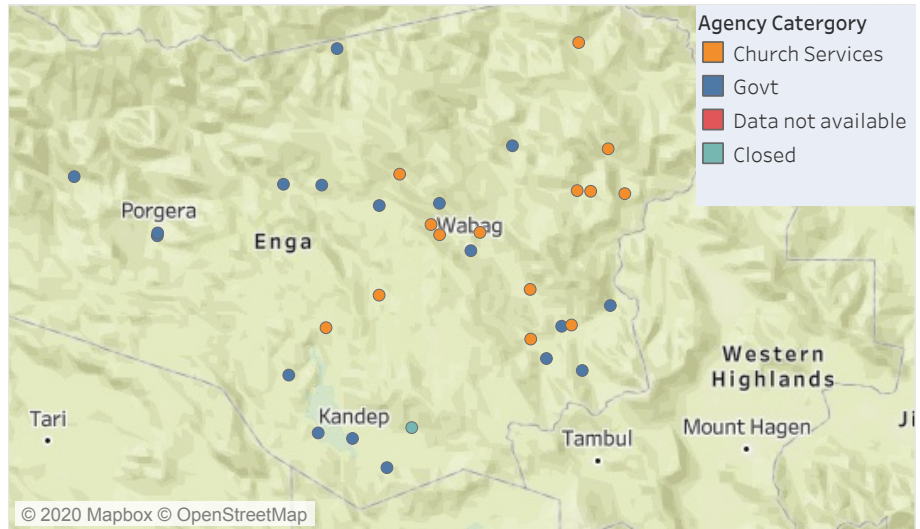
**470,022**

Growth Rate

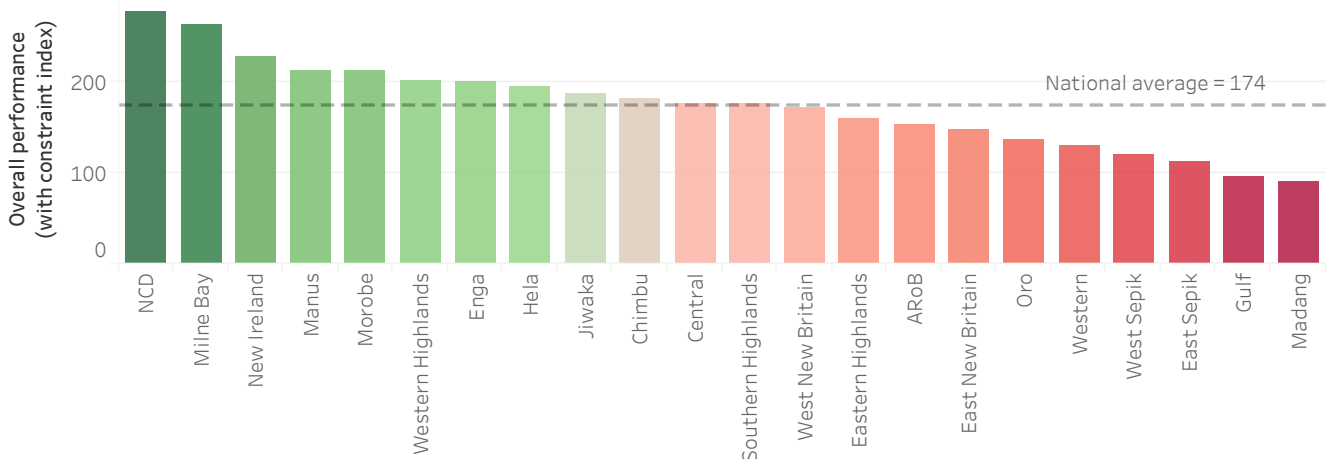
**3.5%**

Health worker to population ratio

**0.9 per 1000**



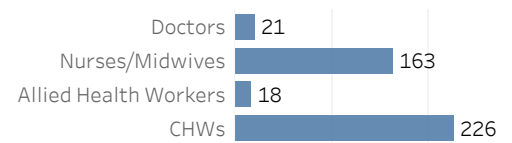
Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Data not available	Closed	Grand Total
Provincial Hospital	1				1
District Hospital	1				1
Urban Health Center	2	2			4
Health Center	5	3			8
Health Sub Center	12	11		1	24
Comm Health Post	4				4
Aid Post			84	74	158
<b>Grand Total</b>	<b>25</b>	<b>16</b>	<b>84</b>	<b>75</b>	<b>200</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. Enga

# Provincial Profile

## Enga Province

### Outpatient Visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Kandep	0.6	16	67%
	Kompam-Ambum	1.7	51	66%
	Laigap-Porgera	1.1	14	57%
	Wabag	1.5	17	46%
	Wapenamanda	1.7	30	49%
Province	Enga	1.3	24	58%
National	National	1.1	31	53%

# Provincial Profile

## Enga Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Kandep	51%	59%
	Kompiani-Ambum	100%	103%
	Laigap-Porgera	33%	60%
	Wabag	40%	53%
	Wapenamanda	45%	50%
Province	Enga	49%	63%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Kandep	4%	24%	4
	Kompiani-Ambum	30%	52%	122
	Laigap-Porgera	18%	56%	42
	Wabag	59%	47%	67
	Wapenamanda	19%	41%	56
Province	Enga	26%	46%	55
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Kandep	0.0%	235	24%
	Kompiani-Ambum	1.8%	400	34%
	Laigap-Porgera	2.2%	532	16%
	Wabag	3.5%	471	11%
	Wapenamanda	2.9%	434	9%
Province	Enga	2.7%	434	20%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Kandep	0.0%	23	3
	Kompiani-Ambum	6.0%	51	29
	Laigap-Porgera	5.2%	34	24
	Wabag	1.9%	26	7
	Wapenamanda	1.7%	62	7
Province	Enga	3.0%	38	15
National	National	7.0%	35	112

# District Profile

## Kandep District, Enga Province

Population

75,514

Growth rate



3.5%



Outpatient visits



0.6

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



4%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



24%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



4

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



59%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



24.1%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



51%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



16

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

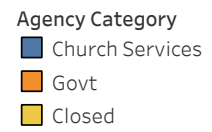
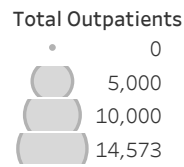
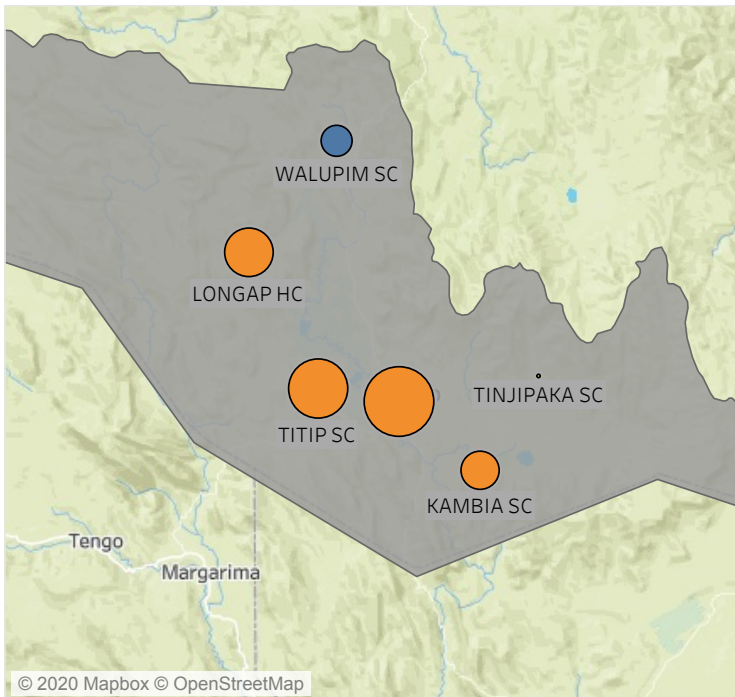
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Kandep District, Enga Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	2		2
Health Sub Center	4	1	5
Aid Post	10	11	21
<b>Grand Total</b>	<b>16</b>	<b>12</b>	<b>28</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	KANDEP DIST HOSP	GOVERNMENT	12
	LONGAP HC	GOVERNMENT	12
Health Sub Center	KAMBIA SC	GOVERNMENT	12
	TINJIPAKA SC	LUTHERAN	CLOSED
	TITIP SC	GOVERNMENT	12
	WALUPIM SC	LUTHERAN	12
	YAPUM SC	CATHOLIC	12

0K 2K 4K 6K 8K 10K 12K 14K

**# of reported outpatient consultations (2019)**

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Kompam-Ambum District, Enga Province

Population

70,626

Growth rate



3.5%



Outpatient visits

1.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



30%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



52%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



122

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



103%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



34.2%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



100%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



51

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



1.8%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

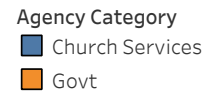
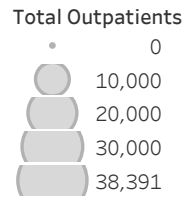
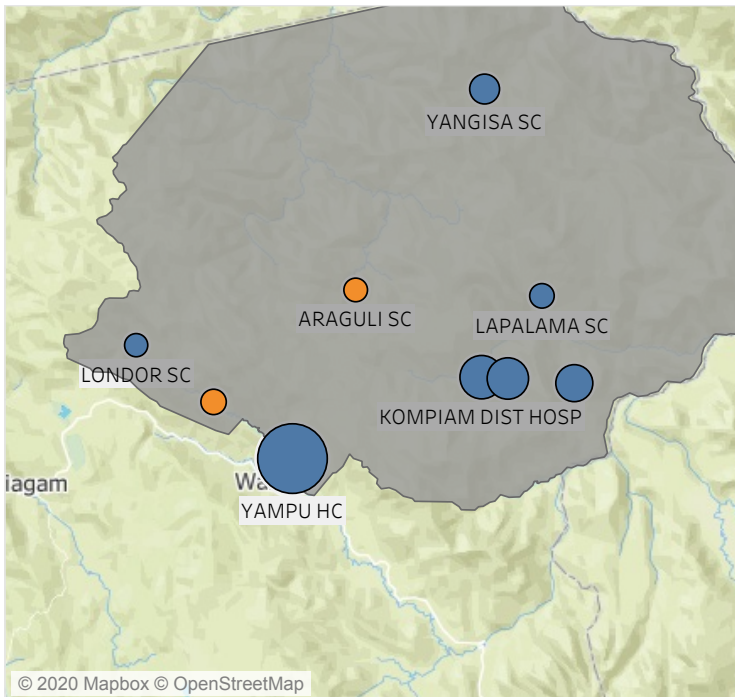
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Kompiam-Ambum District, Enga Province

### Map of health facilities

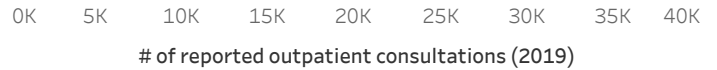


### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	3		3
Health Sub Center	7		7
Comm Health Post	2		2
Aid Post	24	12	36
<b>Grand Total</b>	<b>36</b>	<b>12</b>	<b>48</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	KAIPORES HC	GOVERNMENT	12
	KOMPIAM DIST HOSP	BAPTIST	12
	YAMPU HC	CATHOLIC	12
Health Sub Center	AIYOKOS SC	BAPTIST	12
	ANDITALE SC	GOVERNMENT	12
	ARAGULI SC	GOVERNMENT	12
	LAPALAMA SC	BAPTIST	12
	LONDOR SC	CATHOLIC	12
	MARAMBE SC	BAPTIST	12
	YANGISA SC	BAPTIST	12
	MONOKAM CHP	GOVERNMENT	12
Comm Health Post	KASSI CHP	GOVERNMENT	12
	MONOKAM CHP	GOVERNMENT	12



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Laigap-Porgera District, Enga Province

Population

**144,978**

Growth rate



**3.5%**



Outpatient visits



**1.1**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



**18%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



**56%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



**42**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



**60%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



**16.4%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



**33%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



**14**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



**2.2%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

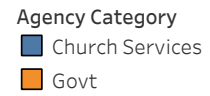
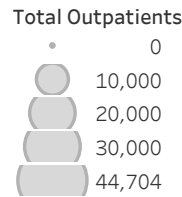
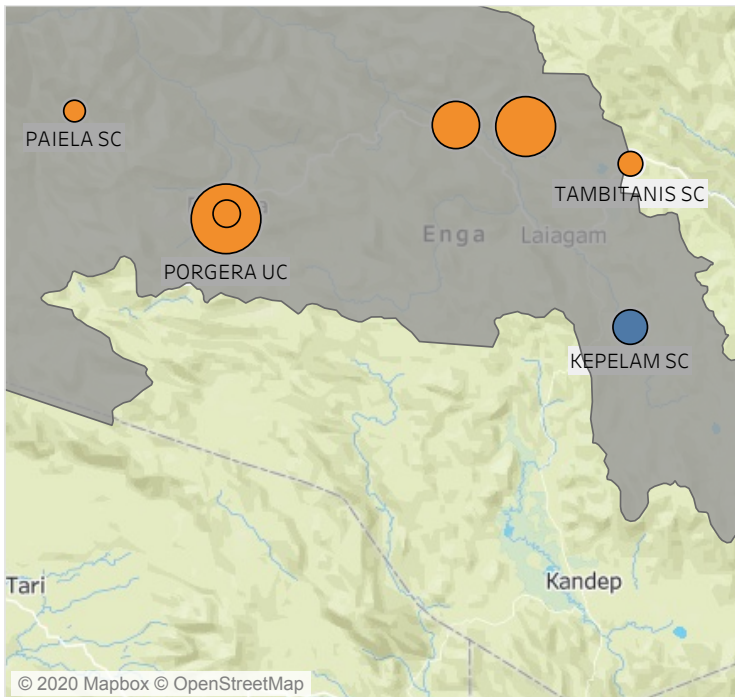
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Laigap-Porgera District, Enga Province

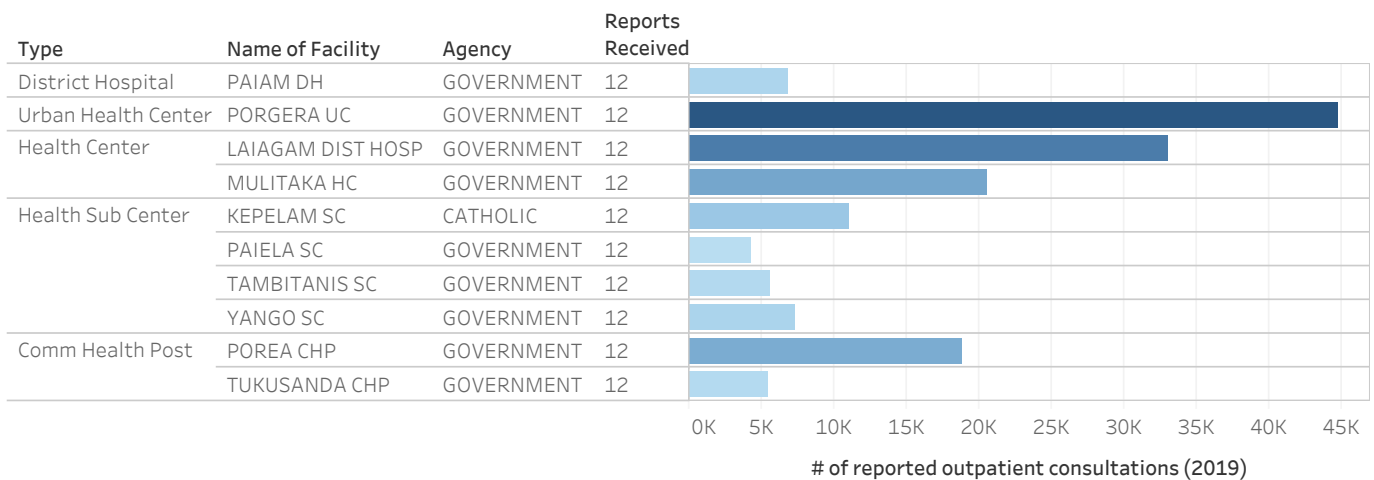
Map of health facilities



Number of health facilities

Type	Open	Closed	Grand Total
District Hospital	1		1
Urban Health Center	1		1
Health Center	2		2
Health Sub Center	4		4
Comm Health Post	2		2
Aid Post	25	21	46
<b>Grand Total</b>	<b>35</b>	<b>21</b>	<b>56</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Wabag District, Enga Province

Population

93,596

Growth rate



3.5%



Outpatient visits



1.5

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



59%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



47%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



67

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



53%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



11.5%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



40%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



17

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



3.5%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

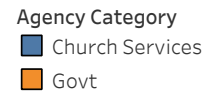
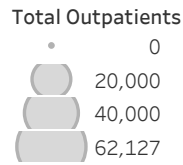
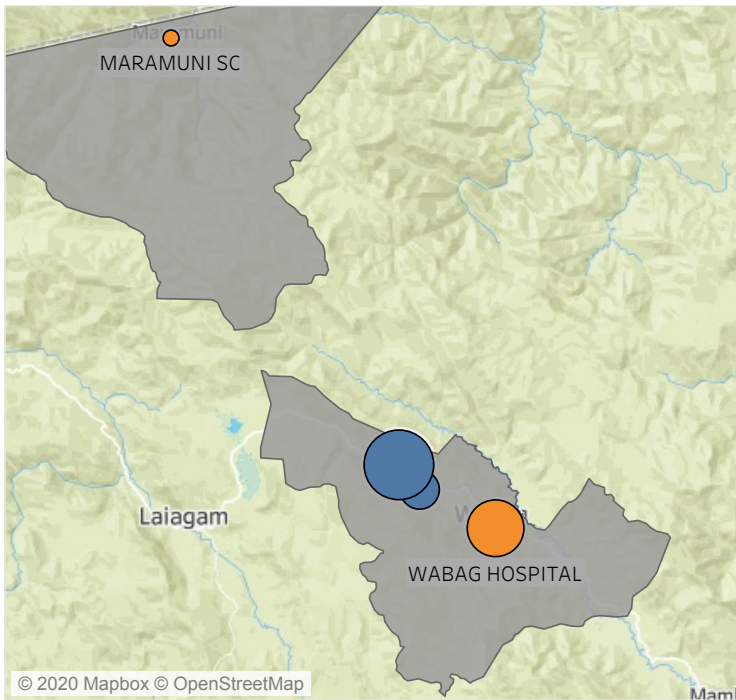
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Wabag District, Enga Province

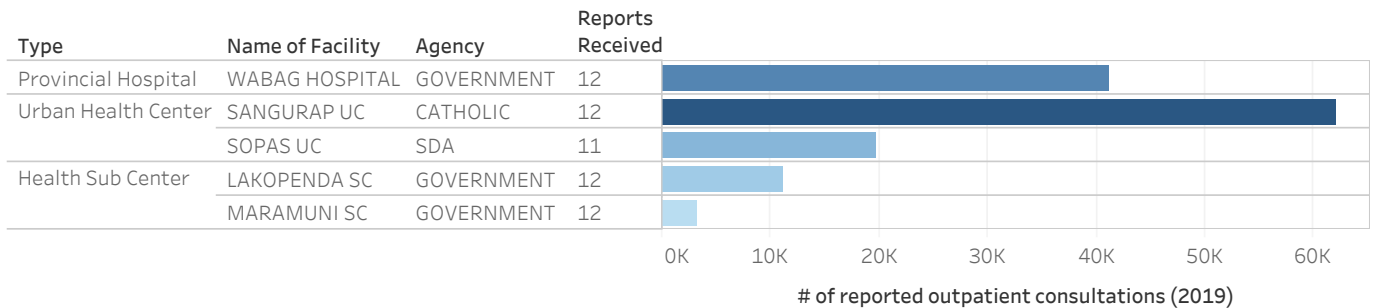
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Provincial Hospital	1		1
Urban Health Center	2		2
Health Sub Center	2		2
Aid Post	13	18	31
<b>Grand Total</b>	<b>18</b>	<b>18</b>	<b>36</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Wapenamanda District, Enga Province

Population

85,307

Growth rate



3.5%



Outpatient visits

1.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



19%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



41%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



56

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



50%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



9.0%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



45%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



30

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.9%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

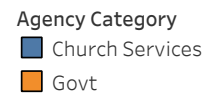
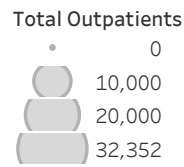
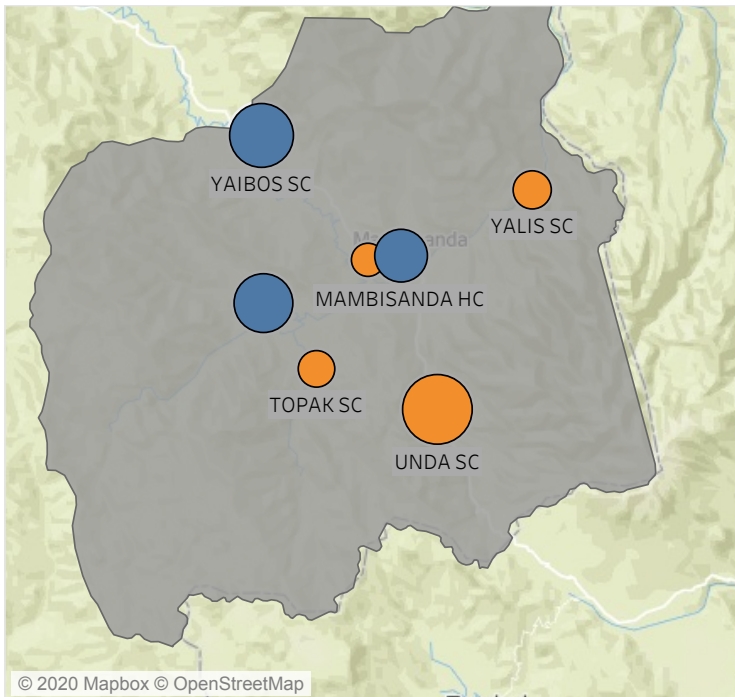
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Wapenamanda District, Enga Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Urban Health Center	1		1
Health Center	1		1
Health Sub Center	6		6
Aid Post	12	12	24
<b>Grand Total</b>	<b>20</b>	<b>12</b>	<b>32</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Urban Health Center	WAPENAMANDA DIST HOSP	GOVERNMENT	12
Health Center	MAMBISANDA HC	LUTHERAN	12
Health Sub Center	KUNGUMANDA SC	FOUR SQUARE	12
	PUMAKOS SC	CATHOLIC	12
	TOPAK SC	GOVERNMENT	12
	UNDA SC	GOVERNMENT	12
	YAIBOS SC	LUTHERAN	12
	YALIS SC	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## HELA PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Helu  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## Hela Province

Provincial Population

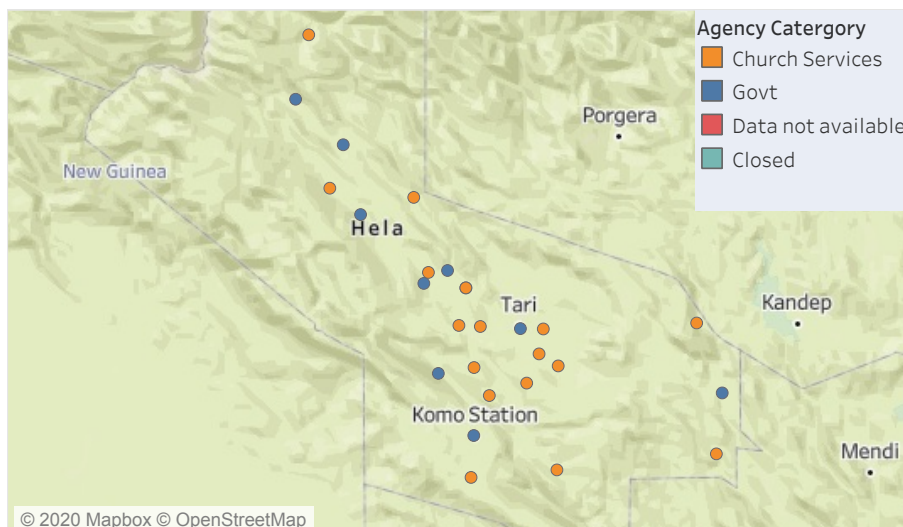
**299,857**

Growth Rate

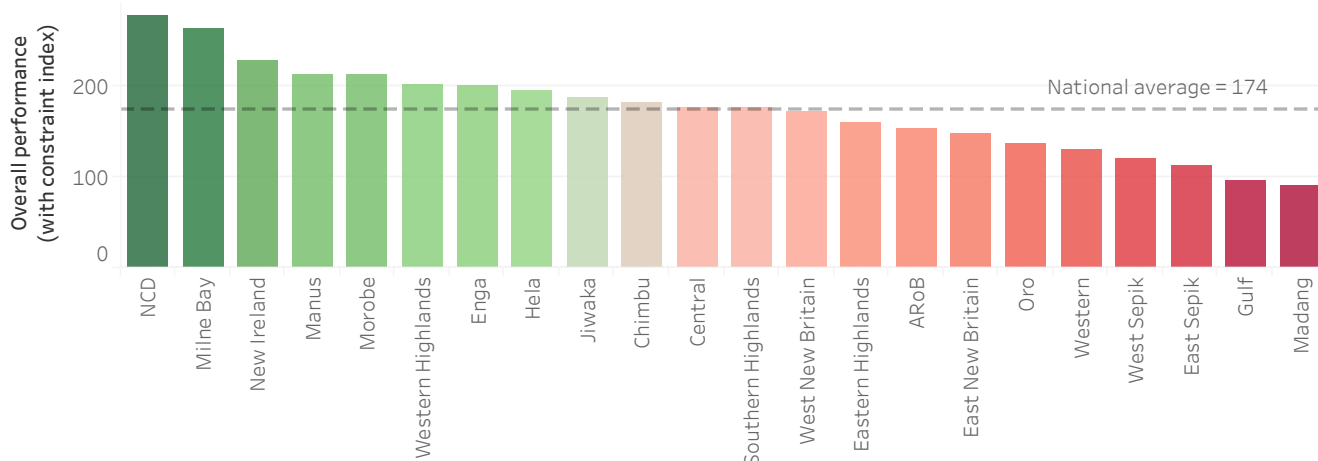
**3.2%**

Health worker to population ratio

**0.4 per 1000**



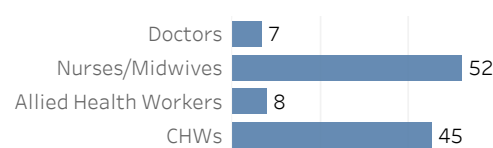
Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Data not available	Closed	Grand Total
District Hospital	1				1
Urban Health Center		1			1
Health Center	4	2			6
Health Sub Center	5	22			27
Comm Health Post	1	1			2
Aid Post			67	45	112
<b>Grand Total</b>	<b>11</b>	<b>26</b>	<b>67</b>	<b>45</b>	<b>149</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff.

# Provincial Profile

## Hela Province

### Outpatient Visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



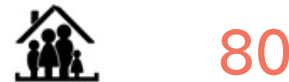
of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Komo-Margarima	1.8	91	39%
	Koroba-Kopiago	1.0	65	47%
	Tari-Pori	1.6	60	41%
Province	Hela	1.5	73	43%
National	National	1.1	31	53%

# Provincial Profile

## Hela Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Komo-Margarima	79%	73%
	Koroba-Kopiago	63%	63%
	Tari-Pori	45%	52%
Province	Hela	64%	64%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Komo-Margarima	26%	64%	71
	Koroba-Kopiago	19%	30%	39
	Tari-Pori	50%	62%	143
Province	Hela	30%	51%	80
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Komo-Margarima	0.2%	560	23%
	Koroba-Kopiago	3.1%	218	10%
	Tari-Pori	2.1%	659	15%
Province	Hela	1.6%	458	15%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Komo-Margarima	1.1%	15	20
	Koroba-Kopiago	3.6%	22	8
	Tari-Pori	8.0%	9	4
Province	Hela	5.0%	60	11
National	National	7.0%	35	112



# District Profile

## Komo-Margarima District, Hela Province

Population

103,467

Growth rate



3.2%



Outpatient visits



1.8

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



26%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



64%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



71

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



73%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



22.7%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



79%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



91

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.2%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

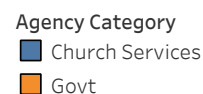
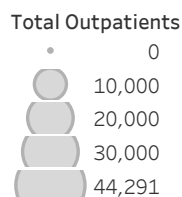
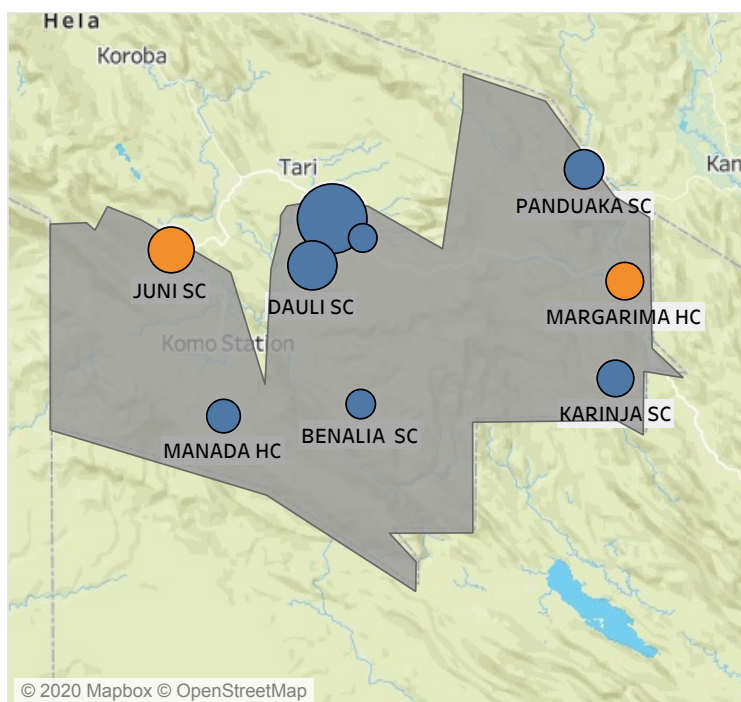
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Komo-Margarima District, Hela Province

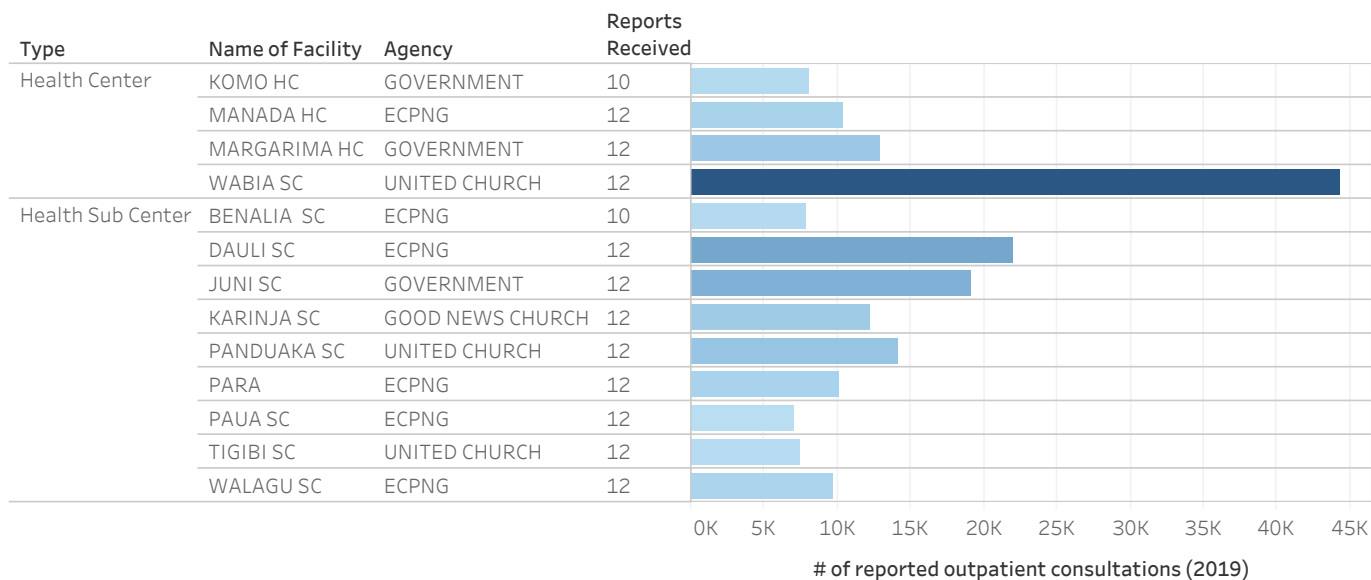
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	4			4
Health Sub Center	9			9
Aid Post	15	15	2	32
<b>Grand Total</b>	<b>28</b>	<b>15</b>	<b>2</b>	<b>45</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Koroba-Lake Kapiago District, Hela Province

Population

112,196

Growth rate



3.2%



Outpatient visits



1.0

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



19%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



30%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



39

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



63%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



10.3%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



63%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



65

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



3.1%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

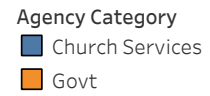
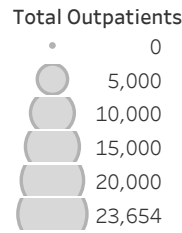
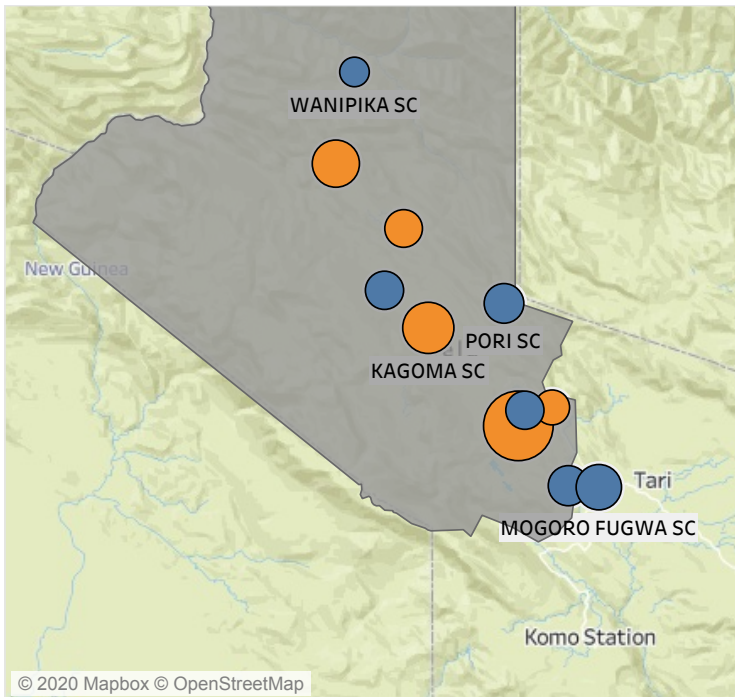
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Koroba-Lake Kopiago District, Hela Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	2			2
Health Sub Center	10		1	11
Comm Health Post	2			2
Aid Post	18	19	7	44
<b>Grand Total</b>	<b>32</b>	<b>19</b>	<b>8</b>	<b>59</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	KOPIAGO HC	GOVERNMENT	12
	KOROBA HC	GOVERNMENT	12
Health Sub Center	GUALA SC	CHRISTIAN BROTHERHOOD	12
	HEDEMARI SC	GOVERNMENT	12
	KAGOMA SC	GOVERNMENT	12
	KAKARENE SC	GOVERNMENT	12
	KELABO SC	CHRISTIAN BROTHERHOOD	12
	MOGORO FUGWA ..	WESLEYAN MISSION	12
	PAGA SC	GOVERNMENT	12
	PORI SC	CHRISTIAN BROTHERHOOD	12
	PURENI SC	CATHOLIC	12
	WANIPIKA SC	LUTHERAN	12
	Data Not Available	CHRISTIAN BROTHERHOOD	NA
Comm Health Post	Aluni CHP	Christian Apost. Fellowship	12
	Maria CHP	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Tari-Pori District, Hela Province

Population

84,194

Growth rate



3.2%



Outpatient visits



1.6

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



50%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



62%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



143

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



52%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



15.0%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



45%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



60

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.1%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

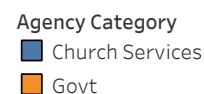
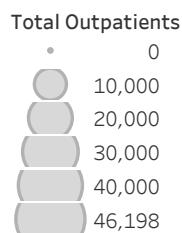
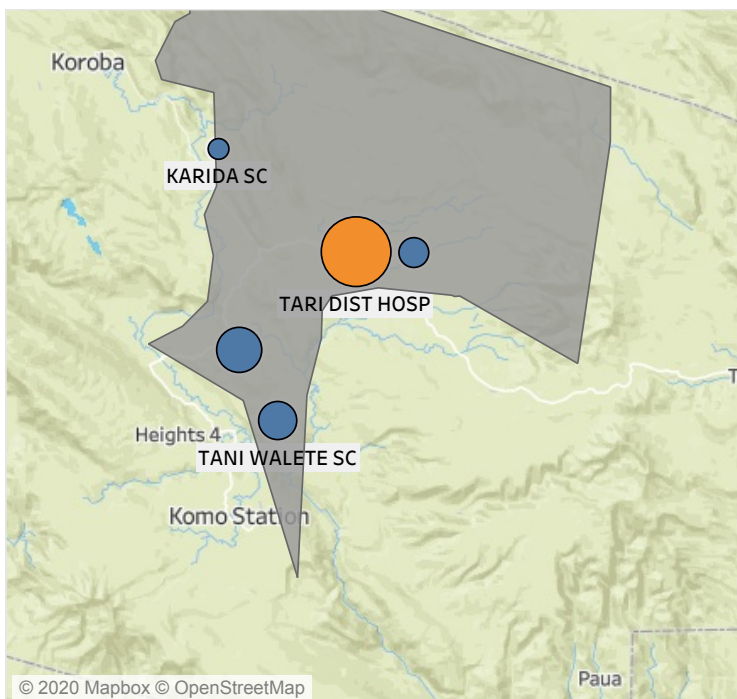
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Tari-Pori District, Hela Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
District Hospital	1			1
Urban Health Center	1			1
Health Sub Center	6		1	7
Aid Post	23	11	2	36
<b>Grand Total</b>	<b>31</b>	<b>11</b>	<b>3</b>	<b>45</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
District Hospital	TARI DIST HOSP	GOVERNMENT	12
Urban Health Center	HALONGOLI	ECPNG	12
Health Sub Center	HANGAPO SC	UNITED CHURCH	12
	HIWANDA SC	CATHOLIC	12
	HUNGI	CATHOLIC	9
	IDAWI SC	ECPNG	12
	KARIDA SC	ECPNG	12
	PAJAKA SC	UNITED CHURCH	NA
	TANI WALETE SC	ECPNG	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.





National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## SOUTHERN HIGHLANDS PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

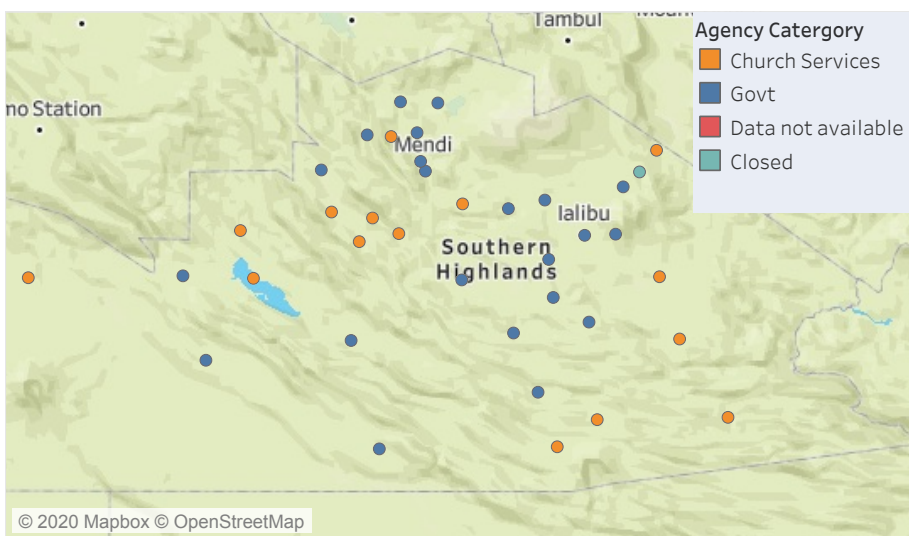
# Provincial Profile

## Southern Highlands Province

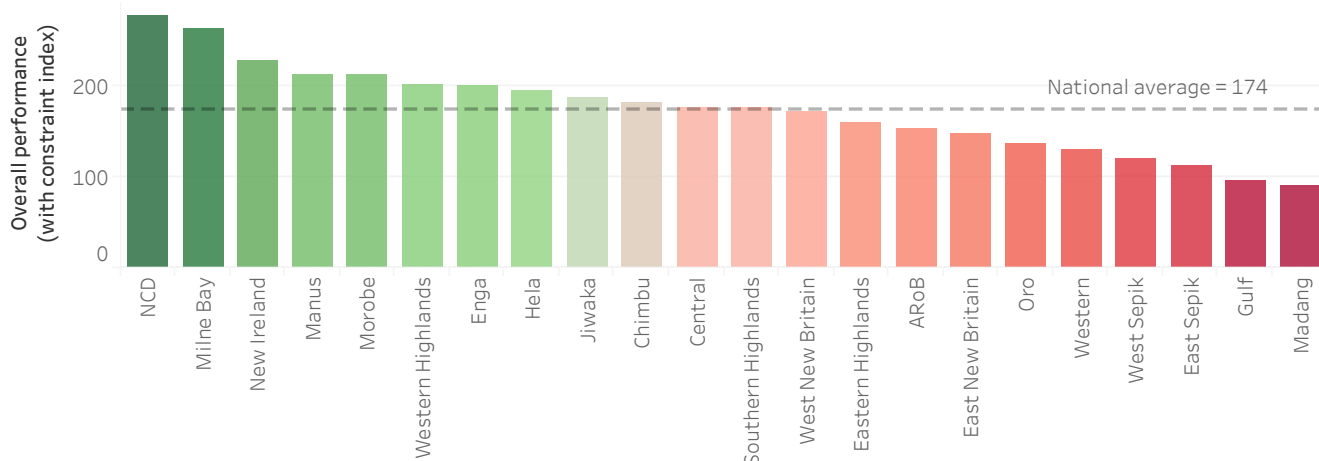
Provincial Population  
**633,269**

Growth Rate  
**3.2%**

Health worker to population ratio  
**0.6 per 1000**



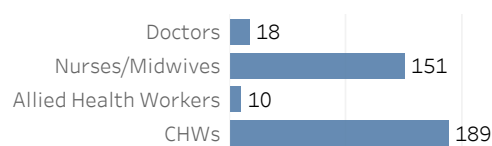
Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Data not available	Closed	Grand Total
Provincial Hospital	1				1
District Hospital	1				1
Urban Health Center	1	1			2
Health Center	6	1			7
Health Sub Center	16	16		1	33
Comm Health Post	3	2			5
Aid Post			88	66	154
Data Unavailable			1		1
<b>Grand Total</b>	<b>28</b>	<b>20</b>	<b>89</b>	<b>67</b>	<b>204</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. Southern Highlands

# Provincial Profile

## Southern Highlands Province

### Outpatient Visits



1.0

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



18%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



33%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



69

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



30%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



38%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



43

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



5.7%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



41%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Ialibu-Pangia	1.5	35	35%
	Imbonggu	0.9	48	38%
	Kagua-Erave	0.4	56	50%
	Mendi-Munihu	0.8	28	37%
	Nipa-Kutubu	1.0	52	29%
Province	Southern Highlands	1.0	43	36%
National	National	1.1	31	53%

# Provincial Profile

## Southern Highlands Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Ialibu-Pangia	27%	33%
	Imbonggu	36%	29%
	Kagua-Erave	30%	53%
	Mendi-Munihu	37%	39%
	Nipa-Kutubu	48%	47%
Province	Southern Highlands	38%	41%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Ialibu-Pangia	15%	31%	92
	Imbonggu	6%	22%	38
	Kagua-Erave	10%	33%	61
	Mendi-Munihu	30%	38%	85
	Nipa-Kutubu	16%	36%	67
Province	Southern Highlands	18%	33%	69
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Ialibu-Pangia	6.5%	125	31%
	Imbonggu	20.0%	154	16%
	Kagua-Erave	3.6%	139	31%
	Mendi-Munihu	4.6%	244	27%
	Nipa-Kutubu	1.7%	354	48%
Province	Southern Highlands	5.7%	230	30%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Ialibu-Pangia	2.4%	15	12
	Imbonggu	1.8%	22	10
	Kagua-Erave	1.0%	9	3
	Mendi-Munihu	7.9%	43	13
	Nipa-Kutubu	3.5%	27	10
Province	Southern Highlands	5.0%	27	10
National	National	7.0%	35	112

Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report, 2020

Multiple values

# District Profile

## Ialibu-Pangia District, Southern Highlands Province

Population

89,281

Growth rate



3.2%



Outpatient visits



1.5

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



15%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



31%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



92

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



33%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



31.1%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



27%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



35

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



6.5%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

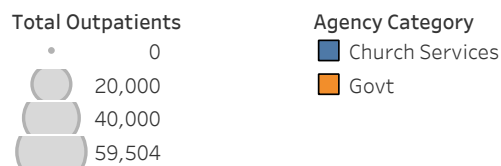
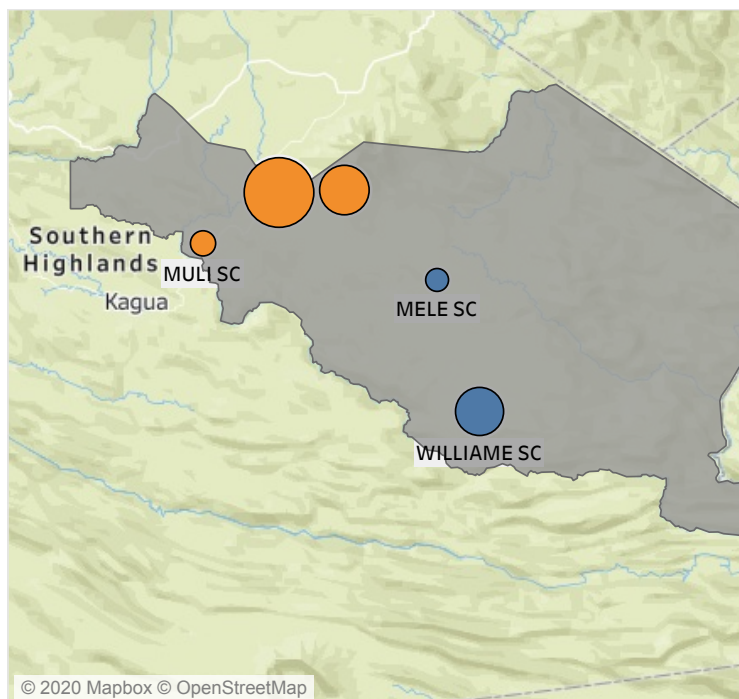
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Ialibu-Pangia District, Southern Highlands Province

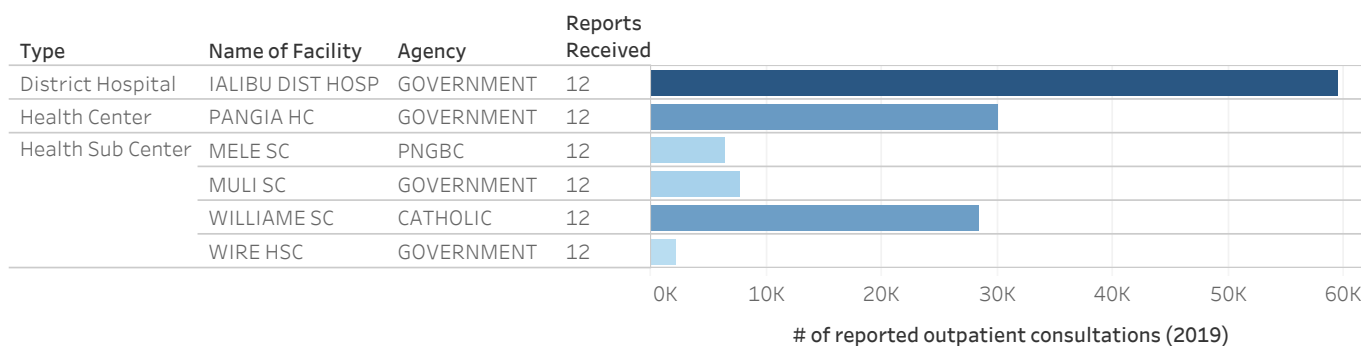
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
District Hospital	1			1
Health Center	1			1
Health Sub Center	4			4
Aid Post	18	5	1	24
<b>Grand Total</b>	<b>24</b>	<b>5</b>	<b>1</b>	<b>30</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Imbonggu District, Southern Highlands Province

Population

105,603

Growth rate



3.2%



Outpatient visits



0.9

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



6%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



22%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



38

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



29%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



15.5%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



36%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



48

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



20.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

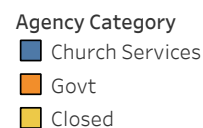
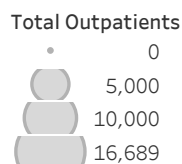
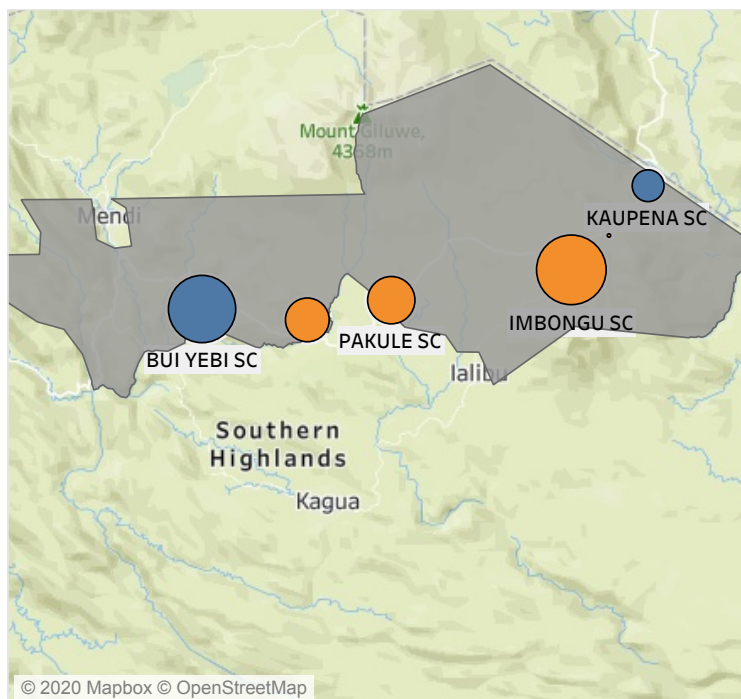
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Imbonggu District, Southern Highlands Province

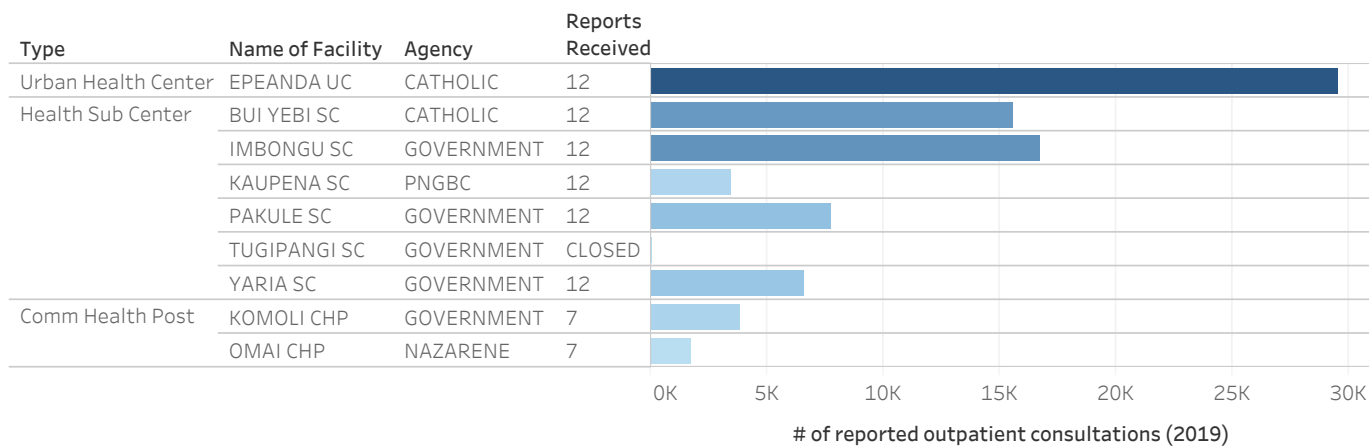
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Urban Health Center	1			1
Health Sub Center	5	1		6
Comm Health Post	2			2
Aid Post	11	8	6	25
<b>Grand Total</b>	<b>19</b>	<b>9</b>	<b>6</b>	<b>34</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Kagua-Erave District, Southern Highlands Province

Population

95,812

Growth rate



3.2%



Outpatient visits



0.4

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



10%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



33%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



61

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



53%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



30.9%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



30%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



56

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



3.6%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

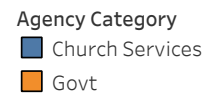
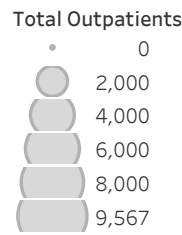
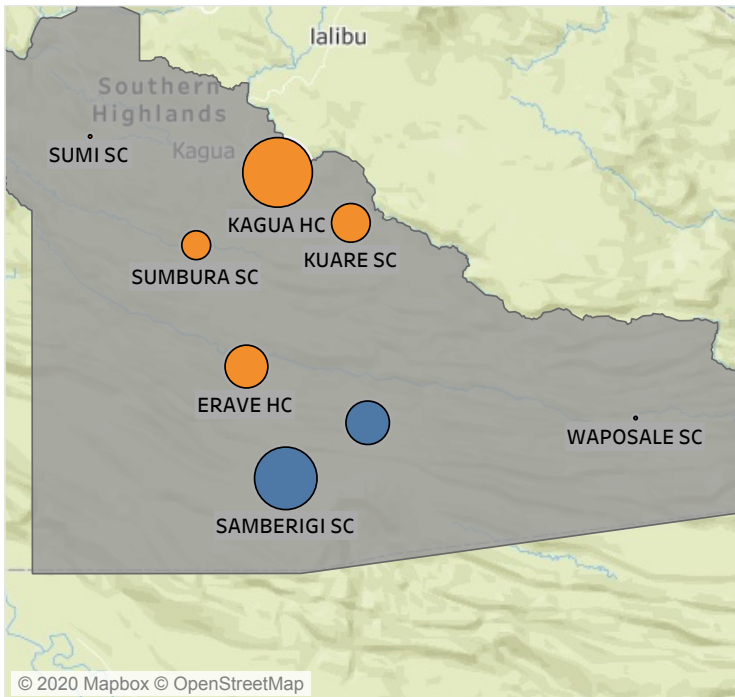
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Kagua-Erave District, Southern Highlands Province

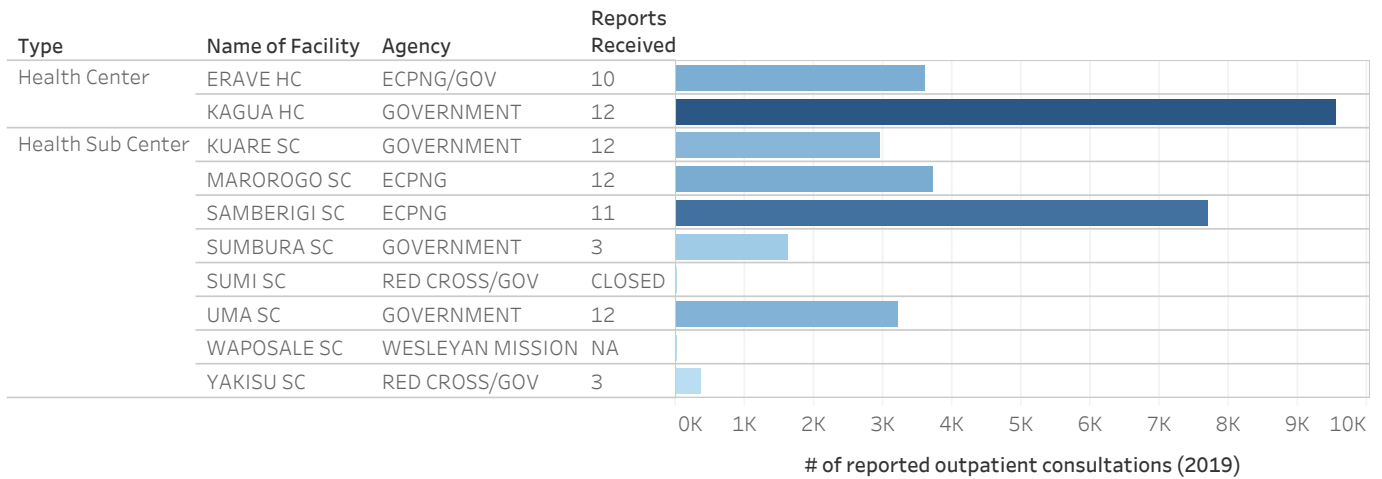
Map of health facilities



Number of health facilities

Type	Open	Closed	Grand Total
Health Center	2		2
Health Sub Center	7	1	8
Aid Post	10	25	35
<b>Grand Total</b>	<b>19</b>	<b>26</b>	<b>45</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Mendi-Munihu District, Southern Highlands Province

Population

169,449

Growth rate



3.2%



Outpatient visits



0.8

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



30%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



38%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



85

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



39%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



26.9%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



37%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



28

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



4.6%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

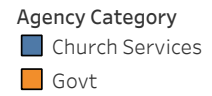
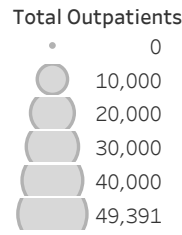
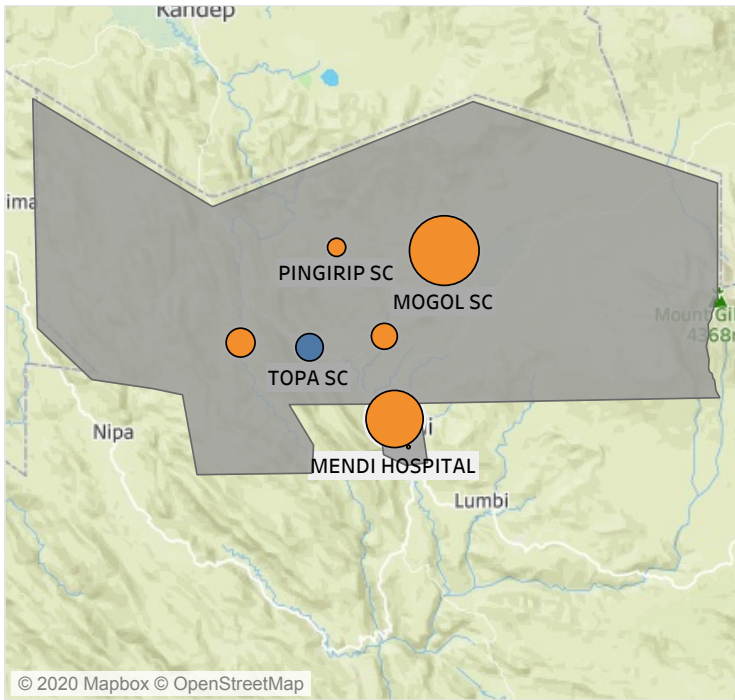
**For further information, contact your PHA CEO**



# District Profile

## Mendi-Munihu District, Southern Highlands Province

Map of health facilities



Number of health facilities

Type	Open	Closed	Grand Total
Provincial Hospital	1		1
Urban Health Center	1		1
Health Center	1		1
Health Sub Center	5		5
Aid Post	15	18	33
<b>Grand Total</b>	<b>23</b>	<b>18</b>	<b>41</b>

List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	MENDI HOSPITAL	GOVERNMENT	11
Urban Health Center	MENDI UC	GOVERNMENT	12
Health Center	MUNIHU HC	UNITED CHURCH/GOV	12
Health Sub Center	KIP SC	UNITED CHURCH	12
	MOGOL SC	GOVERNMENT	12
	PINGIRIP SC	GOVERNMENT	12
	TOPA SC	UNITED CHURCH	12
	WAS SC	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Nipa-Kutubu District, Southern Highlands Province

Population

173,125

Growth rate



3.2%



Outpatient visits



1.0

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



16%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



36%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



67

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



47%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



48.5%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



48%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



52

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



1.7%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

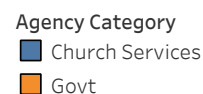
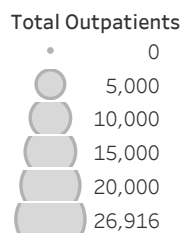
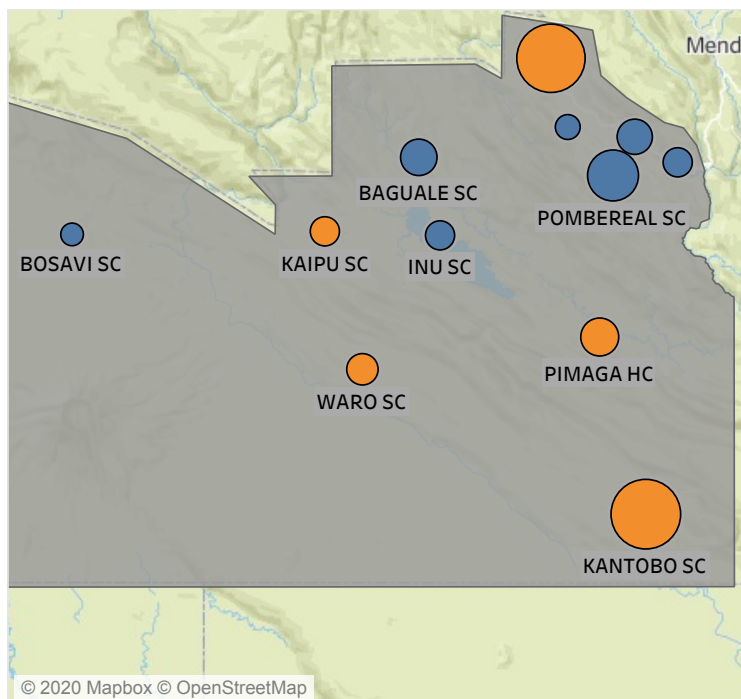
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Nipa-Kutubu District, Southern Highlands Province

Map of health facilities



Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	3			3
Health Sub Center	10			10
Comm Health Post	3			3
Data Unavailable	1			1
Aid Post	23	10	4	37
<b>Grand Total</b>	<b>40</b>	<b>10</b>	<b>4</b>	<b>54</b>

List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	DET HC	CATHOLIC	12
	NIPA HC	GOVERNMENT	12
	PIMAGA HC	GOVERNMENT	12
Health Sub Center	BAGUALE SC	ECPNG	12
	BOSAVI SC	ECPNG	8
	INU SC	ECPNG	12
	KAIPU SC	GOVERNMENT	12
	KANTOBO SC	GOVERNMENT	11
	KAR SC	Christian Union Mission	12
	POMBEREAL SC	Christian Union Mission	11
	TAMENDA	CATHOLIC	12
	TEGIBO SC	Christian Union Mission	12
	WARO SC	GOVERNMENT	12
Comm Health Post	AIYO CHP	GOVERNMENT	7
	SISIBIA CHP	GOVERNMENT	10
	YOMASI CHP	ECPNG	4
Data Unavailable	Kwaima	Data unavailable	11

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## WESTERN HIGHLANDS PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## Western Highlands Province

Provincial Population

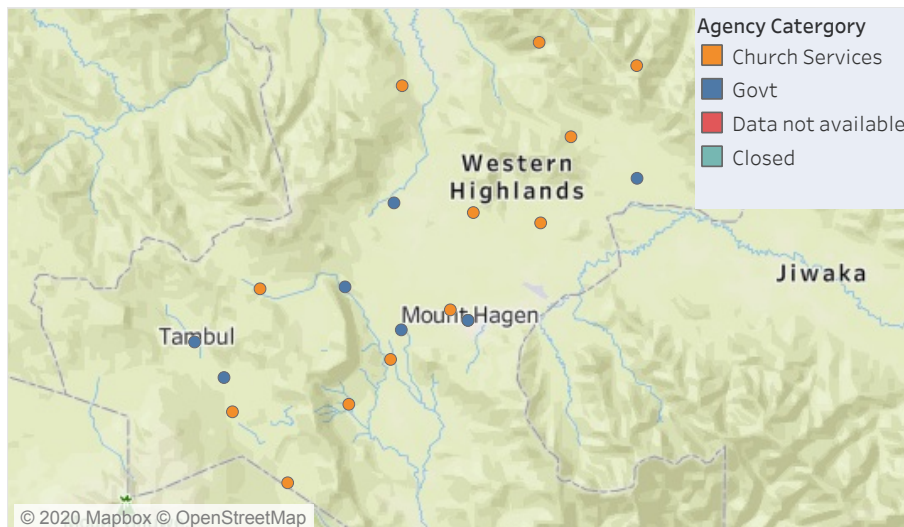
**431,379**

Growth Rate

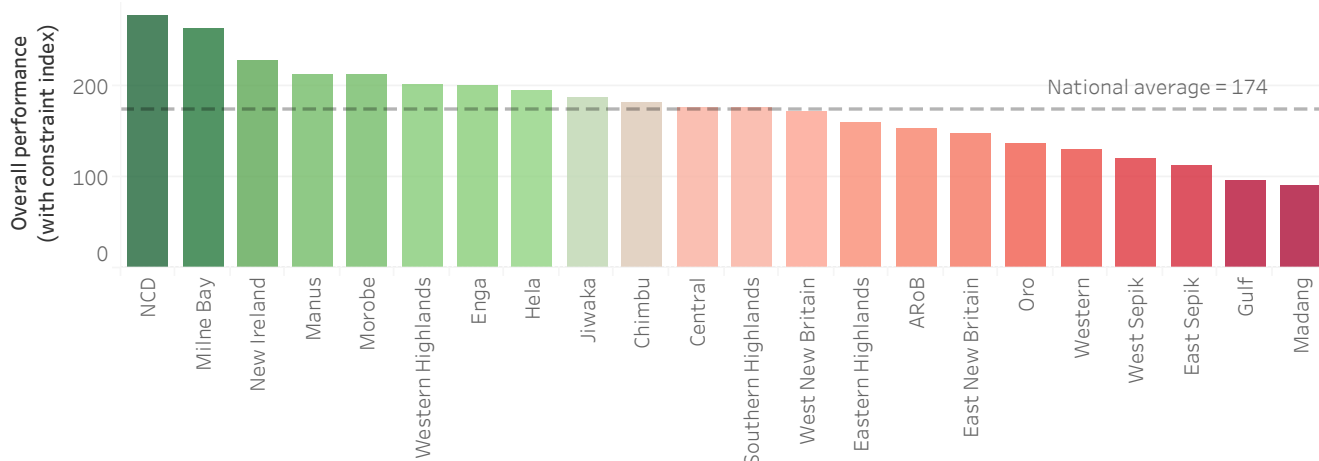
**3.2%**

Health worker to population ratio

**1.3 per 1000**



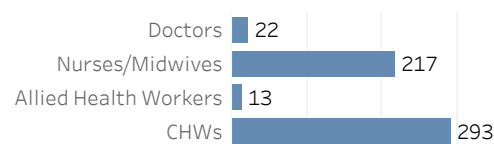
Weighted Provincial Ranking, based on health indicators (with constraint index)



Number of Health Facilities

Type	Govt	Church Services	NGO	Data not available	Closed	Grand Total
Regional referral hosp..	1					1
Urban Health Center	2	2	2			6
Health Center	2	3				5
Health Sub Center	5	15				20
Comm Health Post	10	3				13
Aid Post				48	33	81
<b>Grand Total</b>	<b>20</b>	<b>23</b>	<b>2</b>	<b>48</b>	<b>33</b>	<b>126</b>

Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff.

# Provincial Profile

## Western Highlands Province

### Outpatient Visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Dei	0.5	59	52%
	Hagen	1.2	92	55%
	Mul-Baiyer	1.5	70	46%
	Tambul-Nebilyer	1.0	80	47%
Province	Western Highlands	1.1	78	50%
National	National	1.1	31	53%

# Provincial Profile

## Western Highlands Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Dei	37%	41%
	Hagen	50%	83%
	Mul-Baiyer	55%	52%
	Tambul-Nebilyer	26%	50%
Province	Western Highlands	43%	60%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Dei	12%	26%	82
	Hagen	94%	102%	366
	Mul-Baiyer	15%	42%	158
	Tambul-Nebilyer	16%	47%	80
Province	Western Highlands	42%	61%	196
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Dei	1.4%	115	0%
	Hagen	1.0%	397	0%
	Mul-Baiyer	0.0%	230	0%
	Tambul-Nebilyer	6.5%	152	0%
Province	Western Highlands	1.1%	246	NA
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Dei	1.0%	17	6
	Hagen	4.0%	51	26
	Mul-Baiyer	2.0%	68	25
	Tambul-Nebilyer	4.8%	23	4
Province	Western Highlands	3.0%	41	17
National	National	7.0%	35	112



# District Profile

## Dei District, Western Highlands Province

Population

84,446

Growth rate



3.2%



Outpatient visits

0.5

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



12%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



26%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



82

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



41%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



0.0%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



37%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



59

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



1.4%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

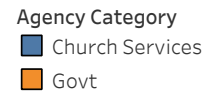
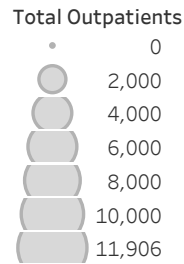
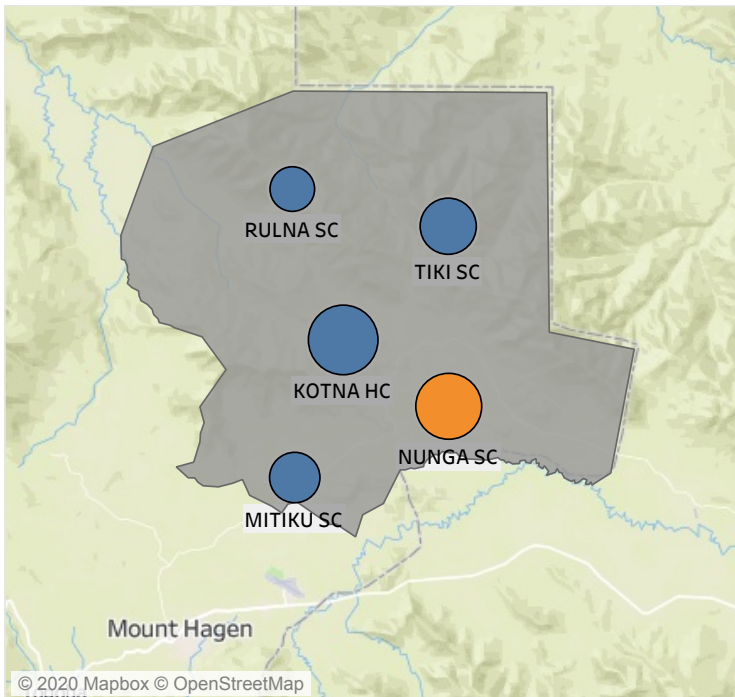
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Dei District, Western Highlands Province

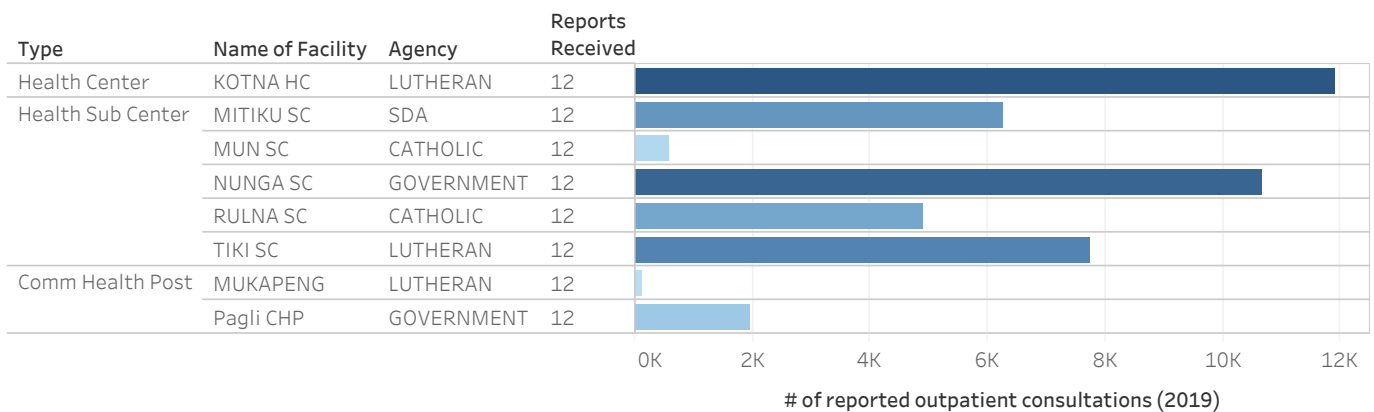
Map of health facilities



Number of health facilities

Type	Open	Closed	Grand Total
Health Center	1		1
Health Sub Center	5		5
Comm Health Post	2		2
Aid Post	9	5	14
<b>Grand Total</b>	<b>17</b>	<b>5</b>	<b>22</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Hagen District, Western Highlands Province

Population

147,541

Growth rate



3.2%



Outpatient visits



1.2

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



94%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



102%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



366

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



83%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



0.0%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



50%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



92

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



1.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

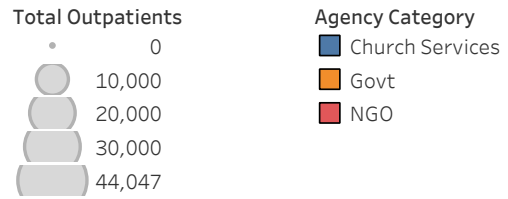
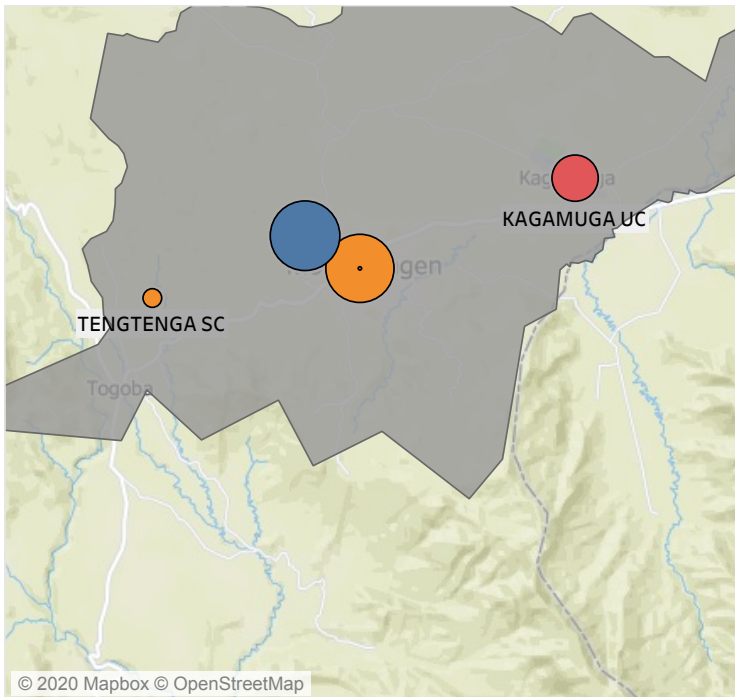
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Hagen District, Western Highlands Province

Map of health facilities



Number of health facilities

Type	Open	Closed	Grand Total
Regional referral hosp..	1		1
Urban Health Center	6		6
Health Sub Center	2		2
Comm Health Post	1		1
Aid Post	9	4	13
<b>Grand Total</b>	<b>19</b>	<b>4</b>	<b>23</b>

List of health facilities

Type	Name of Facility	Agency	Reports Received
Regional referral hospital	MOUNT HAGEN HOSPITAL	GOVERNMENT	12
Urban Health Center	BAISU UC	GOVERNMENT	12
	HAGEN URBAN CLINIC	GOVERNMENT	12
	KAGAMUGA UC	NGO	12
	New Town Clinic	ANGLICARE	12
	REBIAMUL UC	CATHOLIC	12
	SUSU MAMAS	NGO	12
Health Sub Center	BALG SC	AOG	12
	TENGTENGA SC	GOVERNMENT	12
Comm Health Post	TIPUGA PUNG KUNJIL MEMORIAL	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Mul-Baiyer District, Western Highlands Province

Population

96,186

Growth rate



3.2%



Outpatient visits



1.5

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



15%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



42%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



158

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



52%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



0.0%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



55%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



70

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

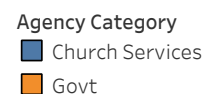
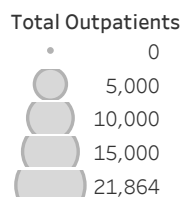
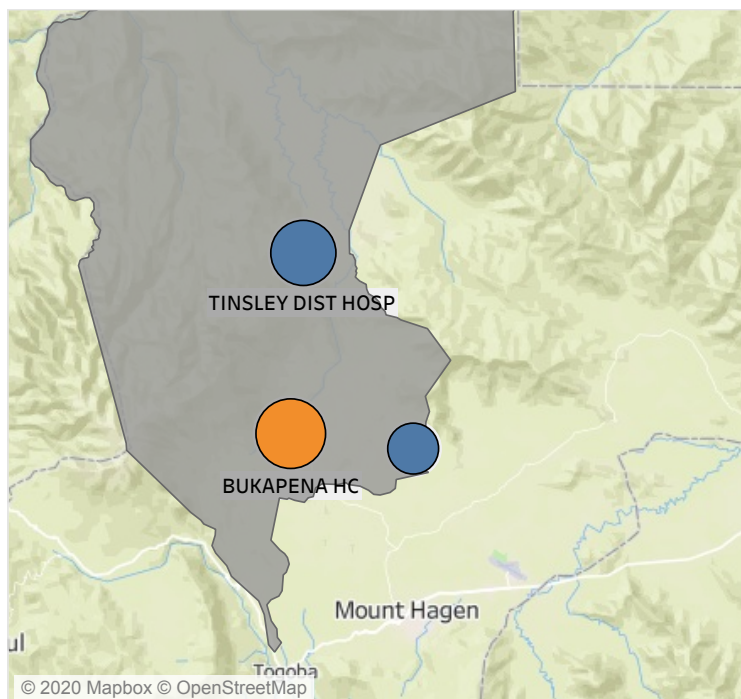
**For further information, contact your PHA CEO**



# District Profile

## Mul-Baiyer District, Western Highlands Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	2			2
Health Sub Center	6			6
Comm Health Post	8			8
Aid Post	12	14	4	30
<b>Grand Total</b>	<b>28</b>	<b>14</b>	<b>4</b>	<b>46</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	BUKAPENA HC	GOVERNMENT	12
	TINSLEY DIST HOSP	BAPTIST	12
Health Sub Center	KUMDI SC	CATHOLIC	12
	KURUK SC	CATHOLIC	12
	MAMUSI SC	BAPTIST	11
	PAGLUM SC	SDA	12
	SIMBIMALE SC	Christian Apost. Fellowship	12
	TROLGA SC	GOVERNMENT	12
	Comm Health Post	ATENGA CHP	GOVERNMENT
	KANIMARETTA CHP	GOVERNMENT	12
	KWINGA CHP	GOVERNMENT	12
	LAPRAMB CHP	BAPTIST	12
	NENGIL CHP	GOVERNMENT	12
	POI CHP	GOVERNMENT	12
	SANAP CHP	GOVERNMENT	12
	WAKNAM CHP	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Tambul-Nebilyer District, Western Highlands Province

Population  
**103,206**

Growth rate  
**3.2%**



Outpatient visits  
**1.0**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births  
**16%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care  
**47%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning  
**80**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine  
**50%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition  
**0.0%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine  
**26%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks


Outreach Clinics  
**80**


Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60


Pneumonia deaths  
**6.5%**


of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%


### DISTRICT PRIORITIES


 Improve rural and hospital health services


 Increase the number of children immunised against diseases


 Improve partnerships with churches and private sector

 Refurbish and upgrade poor and unsafe infrastructure

 Get more health workers to meet population needs

 Expand services to address high levels of family violence

 Make sure women have access to and give birth in a health facility

 Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

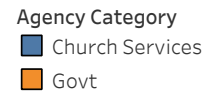
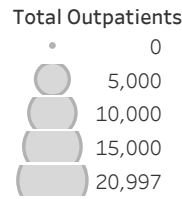
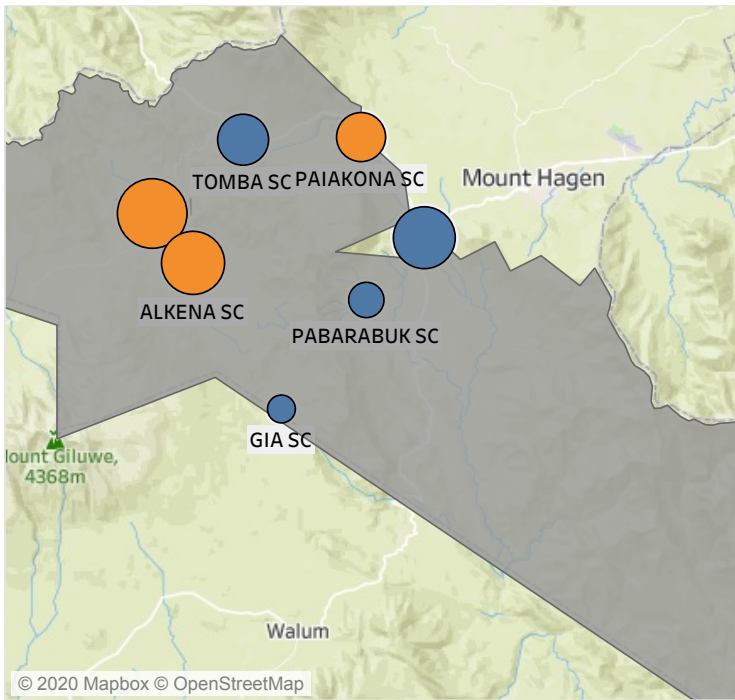
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Tambul-Nebilyer District, Western Highlands Province

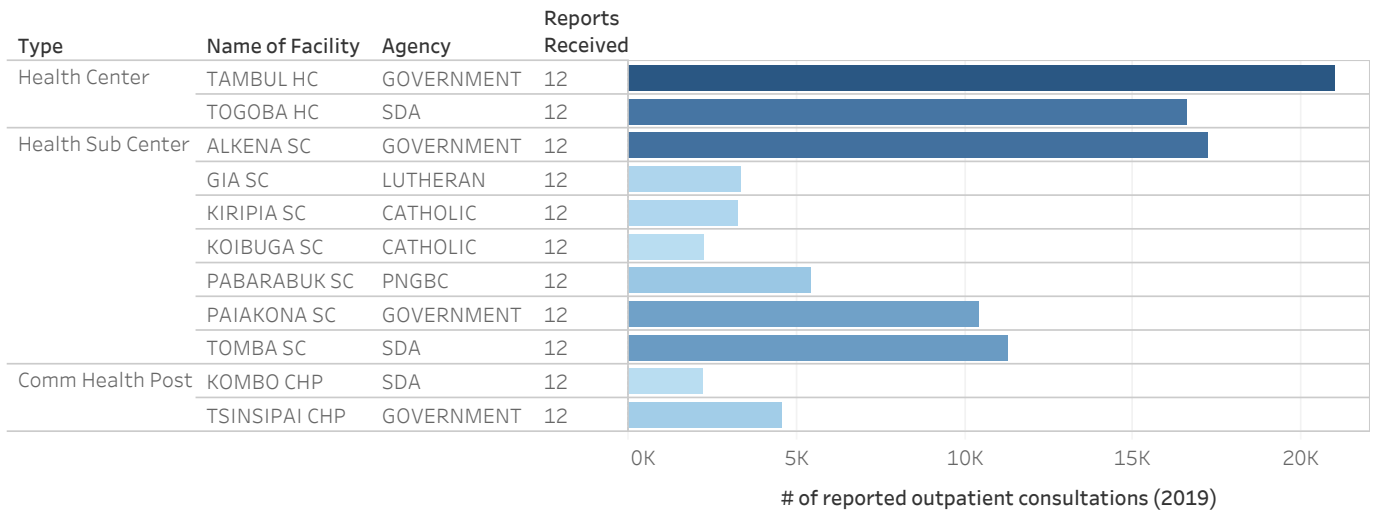
Map of health facilities



Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	2			2
Health Sub Center	7			7
Comm Health Post	2			2
Aid Post	12	10	2	24
<b>Grand Total</b>	<b>23</b>	<b>10</b>	<b>2</b>	<b>35</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## JIWAKA PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## Jiwaka Province

Provincial Population

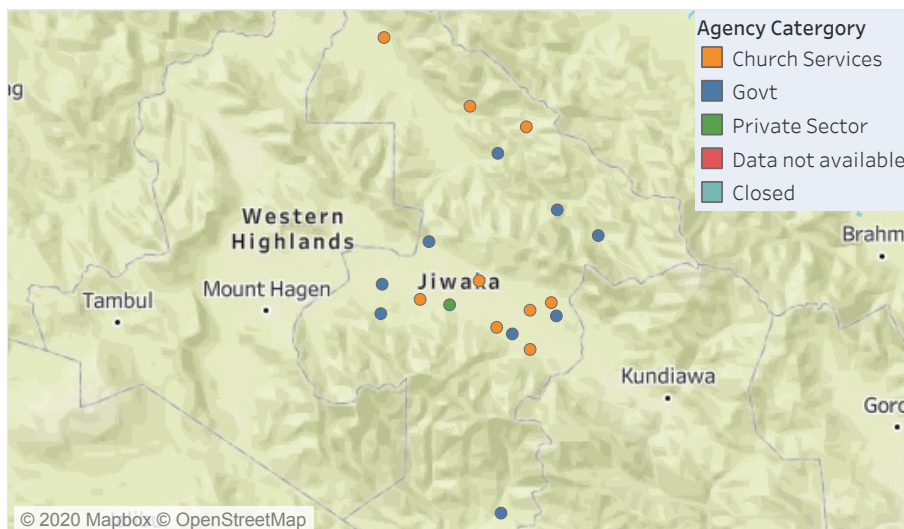
**334,482**

Growth Rate

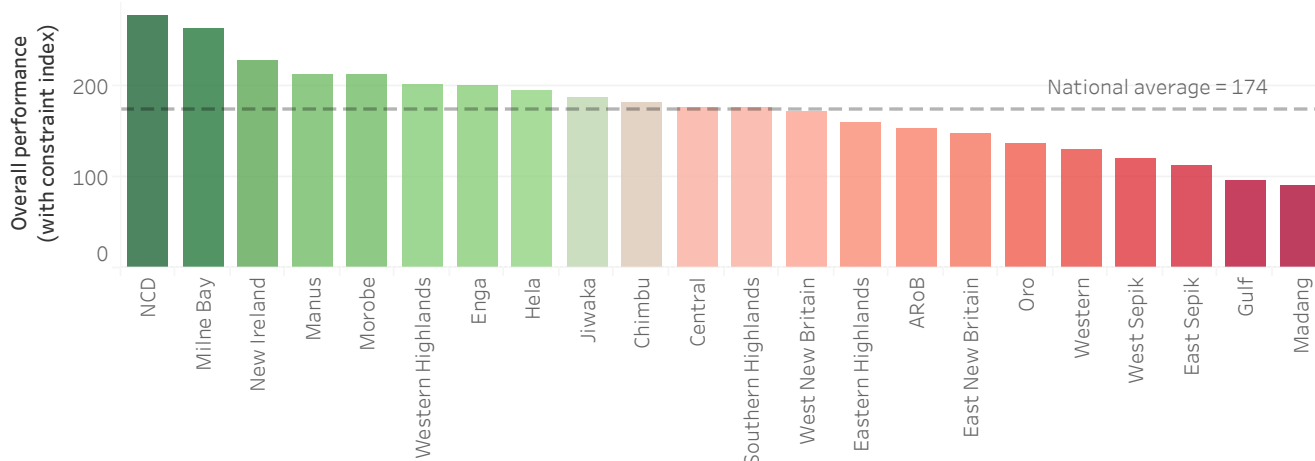
**5.6%**

Health worker to population ratio

**0.8 per 1000**



### Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Private Sector	NGO	Data not available	Closed	Grand Total
Provincial Hospital			1				1
Urban Health Center		1	1	1			3
Health Center	6	1					7
Health Sub Center	4	13					17
Aid Post					80	39	119
<b>Grand Total</b>	<b>10</b>	<b>15</b>	<b>2</b>	<b>1</b>	<b>80</b>	<b>39</b>	<b>147</b>

### Health Workforce (govt)

Doctors	1
Nurses/Midwives	146
Allied Health Workers	8
CHWs	102

All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff.

# Provincial Profile

## Jiwaka Province

### Outpatient Visits



0.8

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



32%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



44%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



145

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



27%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



18%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



30

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



3.1%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



26%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Angalimp-South Wahgi	0.7	31	54%
	Jimi	1.1	16	38%
	North Wahgi	0.7	37	66%
Province	Jiwaka	0.8	30	52%
National	National	1.1	31	53%

# Provincial Profile

## Jiwaka Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Angalimp-South Wahgi	19%	31%
	Jimi	10%	7%
	North Wahgi	21%	34%
Province	Jiwaka	18%	26%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Angalimp-South Wahgi	56%	42%	127
	Jimi	7%	36%	241
	North Wahgi	12%	53%	109
Province	Jiwaka	32%	44%	145
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Angalimp-South Wahgi	2.0%	185	21%
	Jimi	9.9%	209	46%
	North Wahgi	0.0%	367	33%
Province	Jiwaka	3.1%	219	27%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Angalimp-South Wahgi	6.4%	29	12
	Jimi	0.8%	30	18
	North Wahgi	2.6%	23	18
Province	Jiwaka	6.0%	27	15
National	National	7.0%	35	112



# District Profile

## Angalimp-South Wahgi District, Jiwaka Province

Population

173,850

Growth rate



5.6%



Outpatient visits

0.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



56%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



42%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



127

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



31%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



20.7%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



19%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



31

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

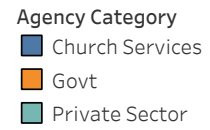
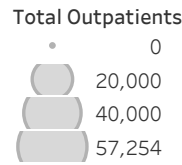
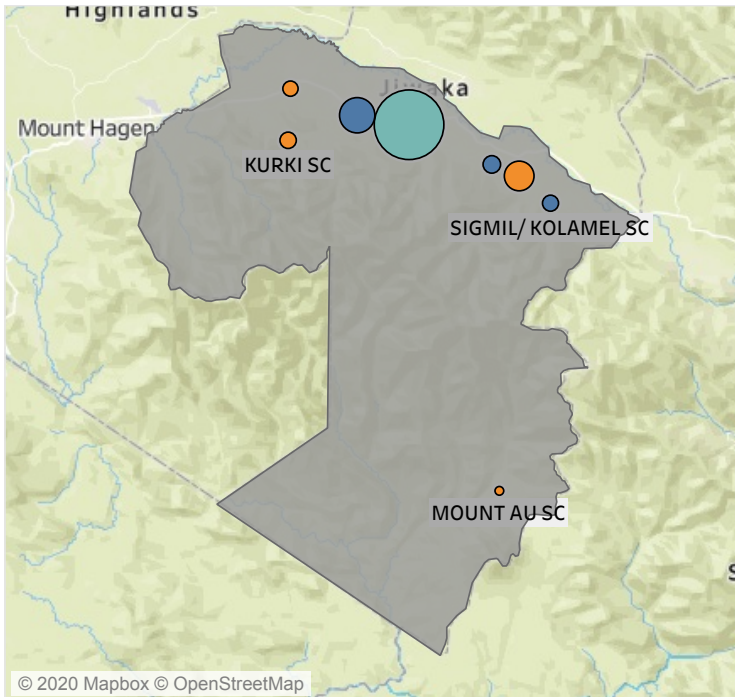
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Angalimp-South Wahgi District, Jiwaka Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Provincial Hospital	1			1
Urban Health Center	1			1
Health Center	2			2
Health Sub Center	7			7
Aid Post	11	13	17	41
<b>Grand Total</b>	<b>22</b>	<b>13</b>	<b>17</b>	<b>52</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	KUDJIP DIST HOSP	NAZARENE H/LANDS COFFEE	12
Urban Health Center	MADAN CLINIC	ARABICA HIGHLANDS COFFEE	3
Health Center	KINDENG HC	GOVERNMENT	6
	MINJ HC	GOVERNMENT	12
Health Sub Center	AVIAMP SC	Christian Apost. Fellowship	12
	KETEPAM SC	CATHOLIC	12
	KURKI SC	GOVERNMENT	12
	MOUNT AU SC	GOVERNMENT	6
	POLGA SC	GOVERNMENT	12
	SIGMIL/ KOLAMEL SC	Evangelical Brotherhood Church	12
	TOMBIL SC	SDA	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Jimi District, Jiwaka Province

Population

67,303

Growth rate



5.6%



Outpatient visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



7%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



36%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



241

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



7%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



45.7%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



10%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



16

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



9.9%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

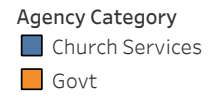
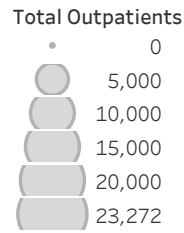
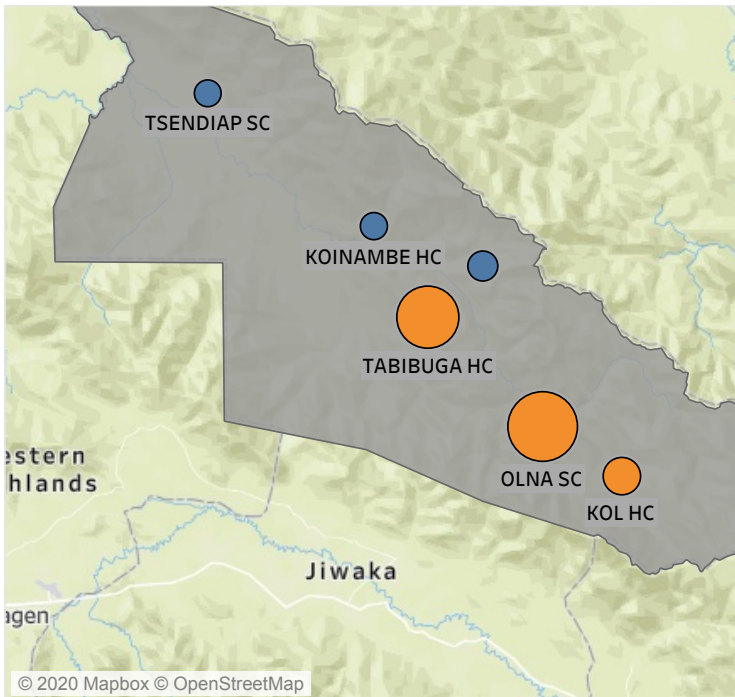
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Jimi District, Jiwaka Province

### Map of health facilities

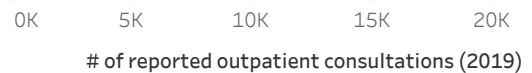


### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	3			3
Health Sub Center	6			6
Aid Post	12	14	23	49
<b>Grand Total</b>	<b>21</b>	<b>14</b>	<b>23</b>	<b>58</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	KOINAMBE HC	ANGLICAN	7
	KOL HC	GOVERNMENT	12
	TABIBUGA HC	GOVERNMENT	12
Health Sub Center	AMBULUA SC	CATHOLIC	12
	KUMBANTS SC	Evangelical Brotherhood Church	11
	OLNA SC	GOVERNMENT	12
	TOGBAN SC	ANGLICAN	12
	TSENDIAP SC	ANGLICAN	9
	WARAMANZ SC	Evangelical Brotherhood Church	12



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## North Wahgi District, Jiwaka Province

Population

93,330

Growth rate



5.6%



Outpatient visits

0.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



12%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



53%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



109

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



34%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



32.9%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



21%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



37

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

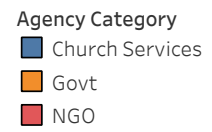
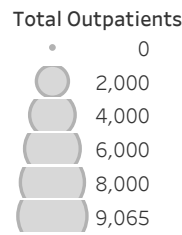
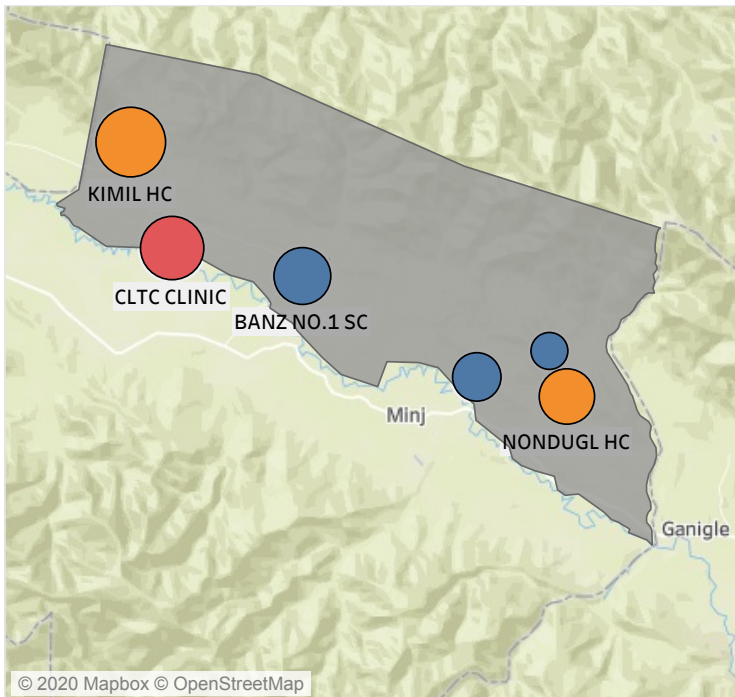
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## North Wahgi District, Jiwaka Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Urban Health Center	2			2
Health Center	2			2
Health Sub Center	4			4
Aid Post	9	12	8	29
<b>Grand Total</b>	<b>17</b>	<b>12</b>	<b>8</b>	<b>37</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Urban Health Center	CLTC CLINIC	NGO	12
	FATIMA CL	CATHOLIC	12
Health Center	KIMIL HC	GOVERNMENT	12
	NONDUGL HC	GOVERNMENT	12
Health Sub Center	BANZ NO.1 SC	LUTHERAN	12
	BANZ NO.2 SC	CATHOLIC	12
	DONA SC	Evangelical Brotherhood Church	12
	NORBA SC	CATHOLIC	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.





National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## CHIMBU PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## Chimbu Province

Provincial Population

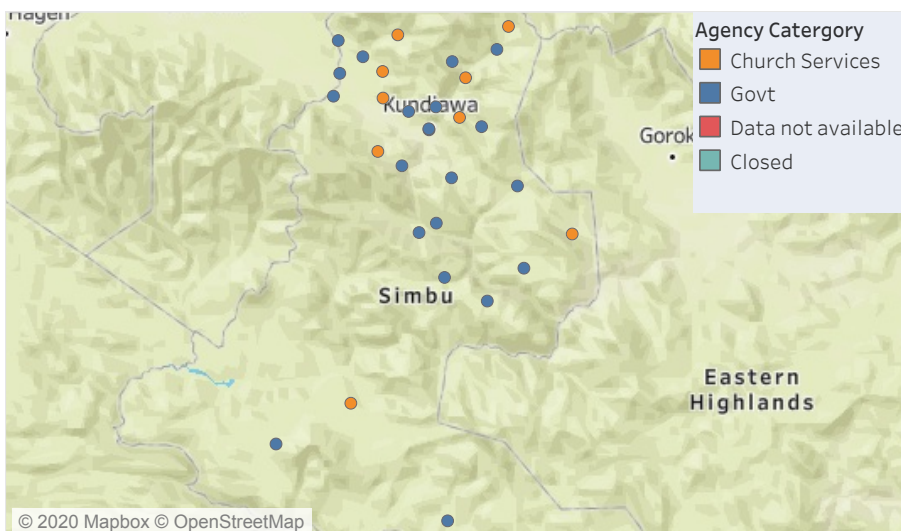
**372,056**

Growth Rate

**3.4%**

Health worker to population ratio

**0.9 per 1000**



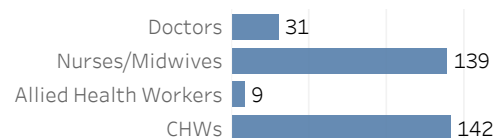
Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Data not available	Closed	Grand Total
Provincial Hospital	1				1
Urban Health Center	1				1
Health Center	6	2			8
Health Sub Center	18	8			26
Aid Post			81	3	84
<b>Grand Total</b>	<b>26</b>	<b>10</b>	<b>81</b>	<b>3</b>	<b>120</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. Chimbu

# Provincial Profile

## Chimbu Province

### Outpatient Visits



0.9

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



40%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



50%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



123

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



9%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



38%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



149

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



1.1%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



49%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Chuave	1.2	192	49%
	Gumine	0.8	58	46%
	Karimui-Nomane	0.8	94	70%
	Kerowagi	0.9	201	75%
	Kundiawa-Gembogl	1.1	149	83%
	Sinasina-Yonggamugl	0.8	160	85%
Province	Chimbu	0.9	149	71%
National	National	1.1	31	53%

# Provincial Profile

## Chimbu Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Chuave	19%	36%
	Gumine	41%	62%
	Karimui-Nomane	38%	32%
	Kerowagi	51%	55%
	Kundiawa-Gembogl	40%	61%
	Sinasina-Yonggamugl	35%	43%
Province	Chimbu	38%	49%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Chuave	26%	58%	69
	Gumine	19%	41%	40
	Karimui-Nomane	8%	27%	26
	Kerowagi	40%	67%	56
	Kundiawa-Gembogl	95%	63%	383
	Sinasina-Yonggamugl	12%	27%	44
Province	Chimbu	40%	50%	123
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Chuave	0.5%	133	23%
	Gumine	0.8%	108	3%
	Karimui-Nomane	1.0%	143	14%
	Kerowagi	0.5%	171	22%
	Kundiawa-Gembogl	2.5%	353	7%
	Sinasina-Yonggamugl	0.0%	77	3%
Province	Chimbu	1.1%	181	9%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Chuave	3.5%	32	9
	Gumine	0.0%	33	6
	Karimui-Nomane	0.0%	33	16
	Kerowagi	1.8%	34	20
	Kundiawa-Gembogl	4.7%	37	18
	Sinasina-Yonggamugl	0.5%	20	7
Province	Chimbu	3.0%	32	14
National	National	7.0%	35	112

Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report, 2020

Multiple values

# District Profile

## Chuave District, Chimbu Province

Population

**51,680**

Growth rate



**3.4%**



Outpatient visits



**1.2**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



**26%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



**58%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



**69**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



**36%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



**22.8%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



**19%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



**192**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



**0.5%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

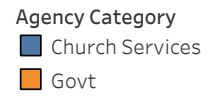
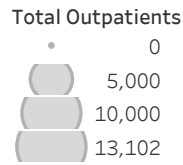
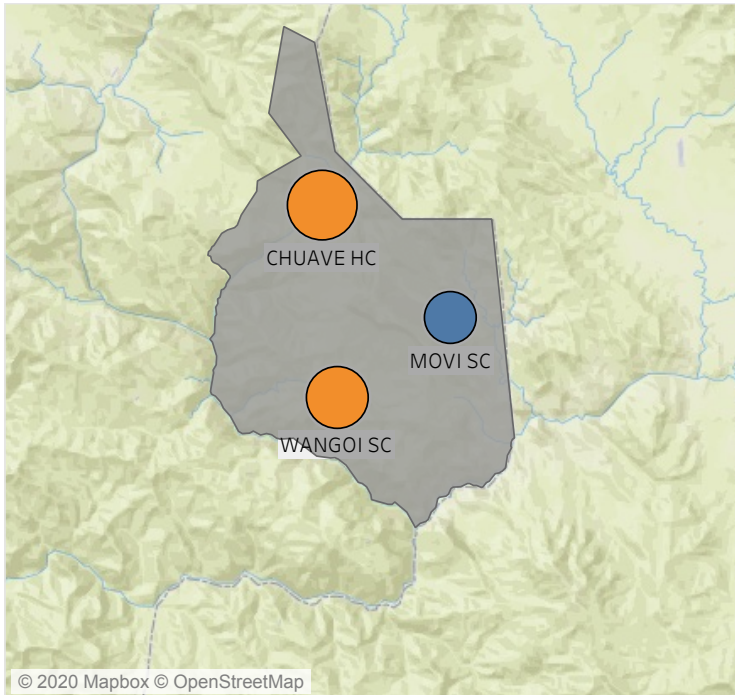
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Chuave District, Chimbu Province

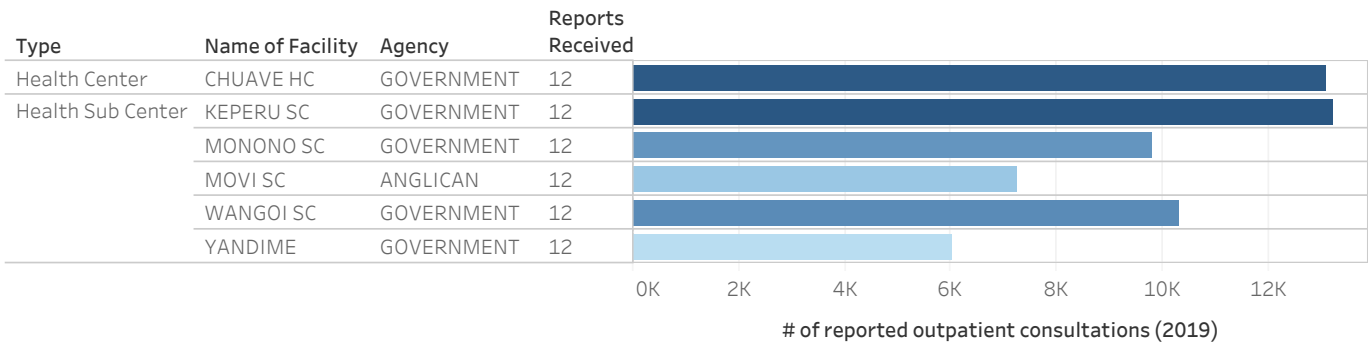
### Map of health facilities



### Number of health facilities

Type	Open	Status not known	Grand Total
Health Center	1		1
Health Sub Center	5		5
Aid Post	8	3	11
<b>Grand Total</b>	<b>14</b>	<b>3</b>	<b>17</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Gumine District, Chimbu Province

Population

**51,540**

Growth rate



**3.4%**



Outpatient visits



**0.8**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



**19%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



**41%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



**40**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



**62%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



**2.9%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



**41%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



**58**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



**0.8%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

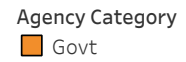
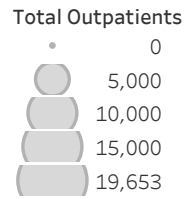
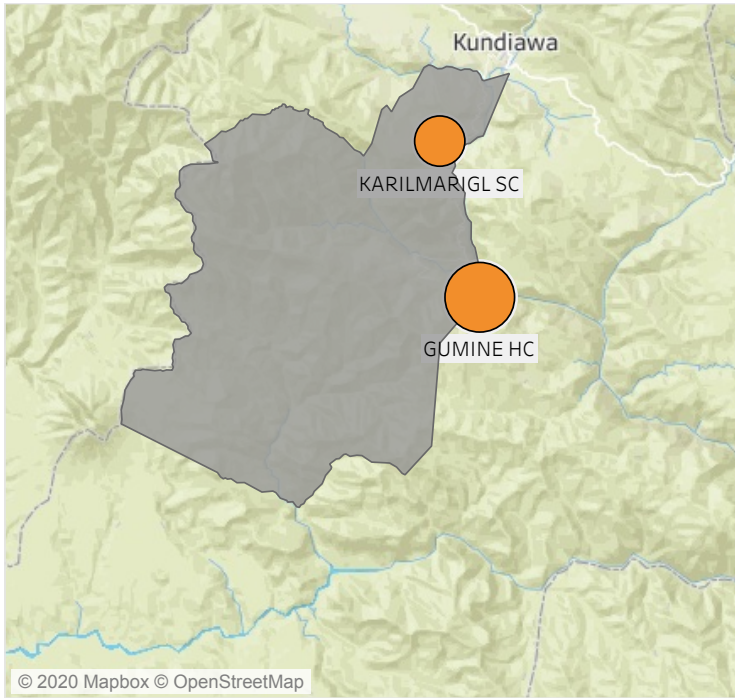
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Gumine District, Chimbu Province

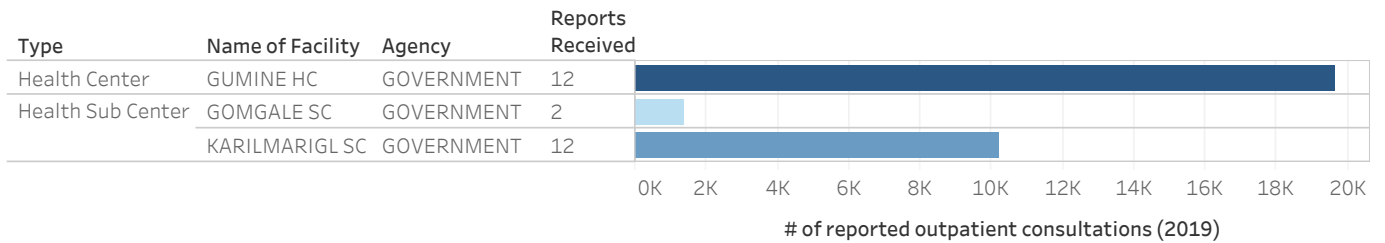
### Map of health facilities



### Number of health facilities

Type	Open	Status not known	Grand Total
Health Center	1		1
Health Sub Center	2		2
Aid Post	8	3	11
<b>Grand Total</b>	<b>11</b>	<b>3</b>	<b>14</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Karimui-Nomane District, Chimbu Province

Population

52,053

Growth rate



3.4%



Outpatient visits



0.8

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



8%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



27%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



26

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



32%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



14.1%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



38%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



94

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



1.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

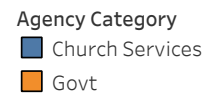
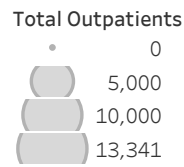
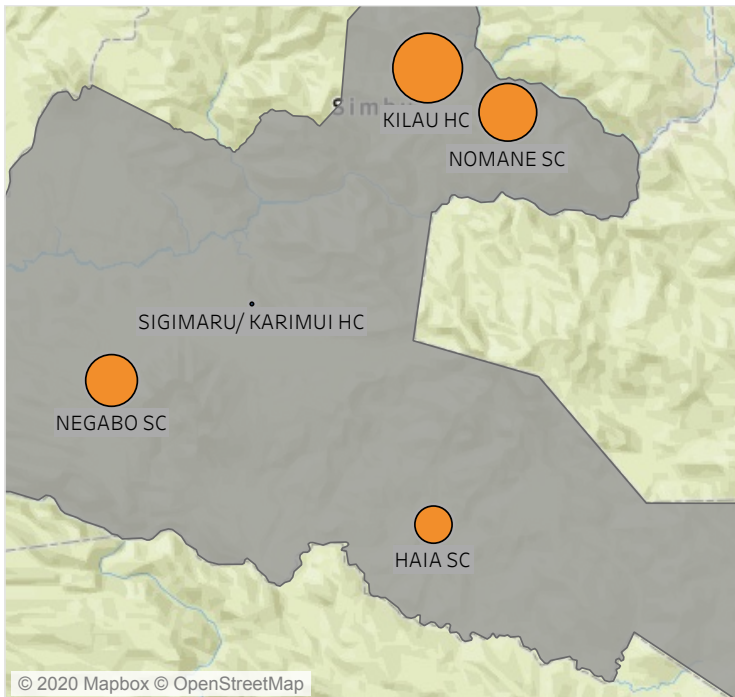
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Karimui-Nomane District, Chimbu Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	2			2
Health Sub Center	4			4
Aid Post	14	2	1	17
<b>Grand Total</b>	<b>20</b>	<b>2</b>	<b>1</b>	<b>23</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	KILAU HC	GOVERNMENT	12
	SIGIMARU/KARIMUI HC	LUTHERAN	10
Health Sub Center	BOMAI SC	GOVERNMENT	12
	HAIA SC	GOVERNMENT	10
	NEGABO SC	GOVERNMENT	11
	NOMANE SC	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Kerowagi District, Chimbu Province

Population

**78,579**

Growth rate



**3.4%**



Outpatient visits



**0.9**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



**40%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



**67%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



**56**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



**55%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



**22.1%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



**51%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



**201**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



**0.5%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

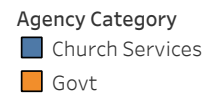
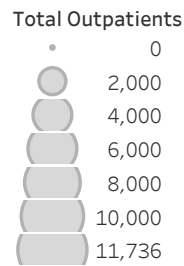
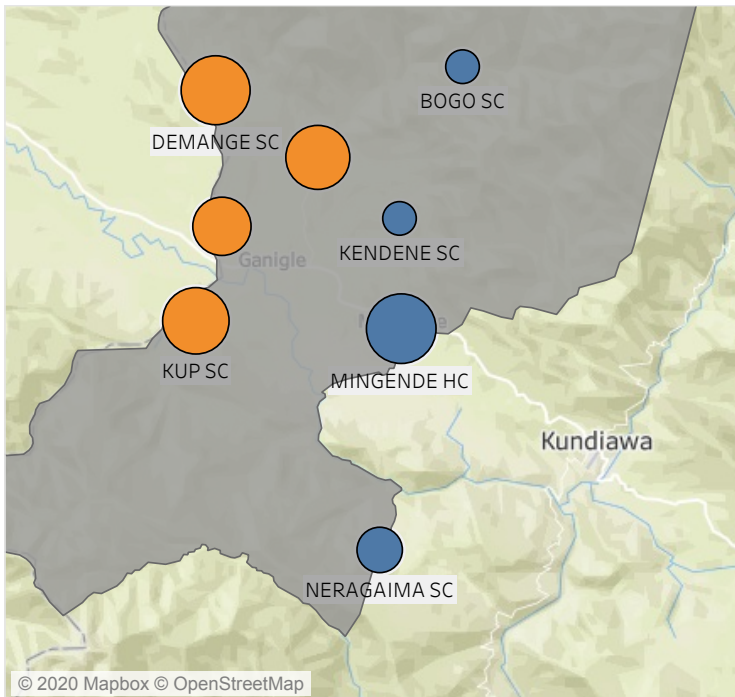
**For further information, contact your PHA CEO**



# District Profile

## Kerowagi District, Chimbu Province

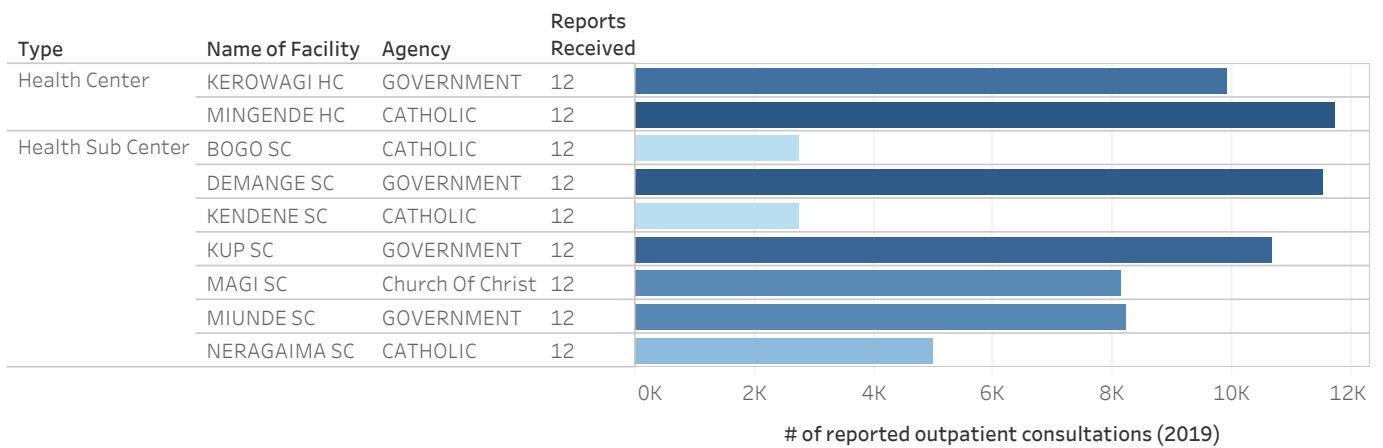
Map of health facilities



Number of health facilities

Type	Open	Status not known	Grand Total
Health Center	2		2
Health Sub Center	7		7
Aid Post	15	2	17
<b>Grand Total</b>	<b>24</b>	<b>2</b>	<b>26</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Kundiawa-Gembogl District, Chimbu Province

Population

83,742

Growth rate



3.4%



Outpatient visits



1.1

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



95%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



63%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



383

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



61%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



7.2%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



40%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



149

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.5%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

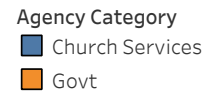
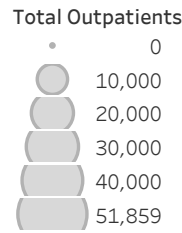
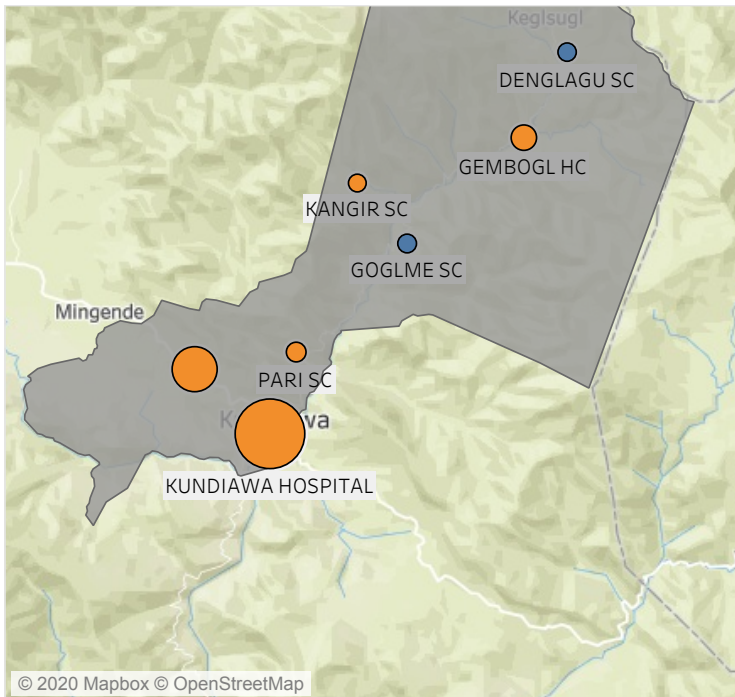
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Kundiawa-Gembogl District, Chimbu Province

### Map of health facilities



### Number of health facilities

Type	Open	Grand Total
Provincial Hospital	1	1
Urban Health Center	1	1
Health Center	1	1
Health Sub Center	5	5
Aid Post	17	17
<b>Grand Total</b>	<b>25</b>	<b>25</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	KUNDIAWA HOSPITAL	GOVERNMENT	12
Urban Health Center	KUNDIAWA UC	GOVERNMENT	12
Health Center	GEMBOGL HC	GOVERNMENT	12
Health Sub Center	DENGLAGU SC	CATHOLIC	12
	GOGLME SC	CATHOLIC	12
	KANGIR SC	GOVERNMENT	12
	PARI SC	GOVERNMENT	12
	WANDI SC	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Sinasina-Yonggamugl District, Chimbu Province

Population

54,461

Growth rate



3.4%



Outpatient visits



0.8

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



12%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



27%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



44

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



43%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



3.4%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



35%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



160

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

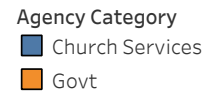
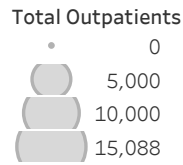
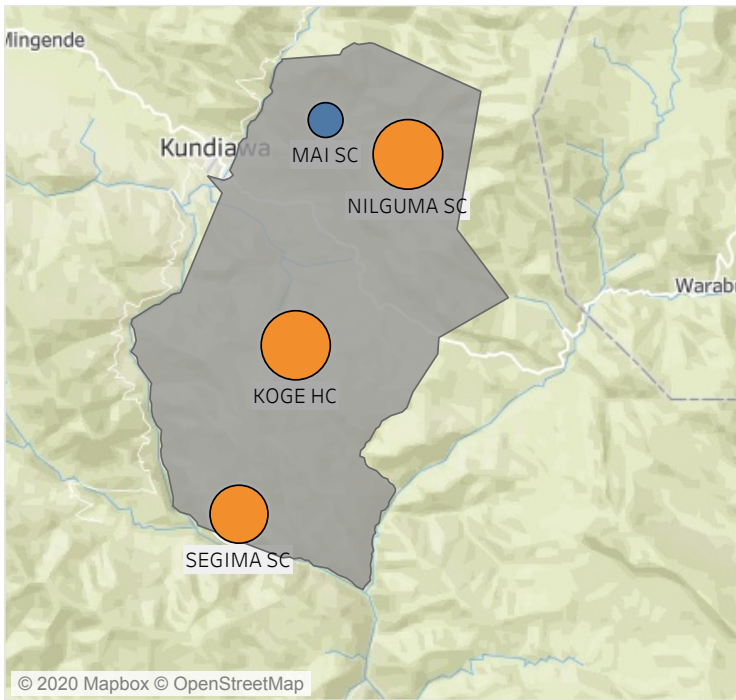
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Sinasina-Yonggamugl District, Chimbu Province

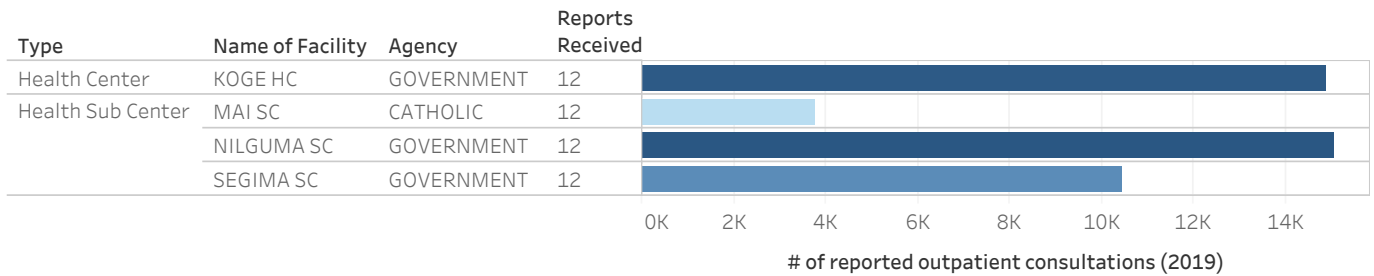
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	1		1
Health Sub Center	3		3
Aid Post	10	1	11
<b>Grand Total</b>	<b>14</b>	<b>1</b>	<b>15</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## EASTERN HIGHLANDS PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central



# Provincial Profile

## Eastern Highlands Province

Provincial Population

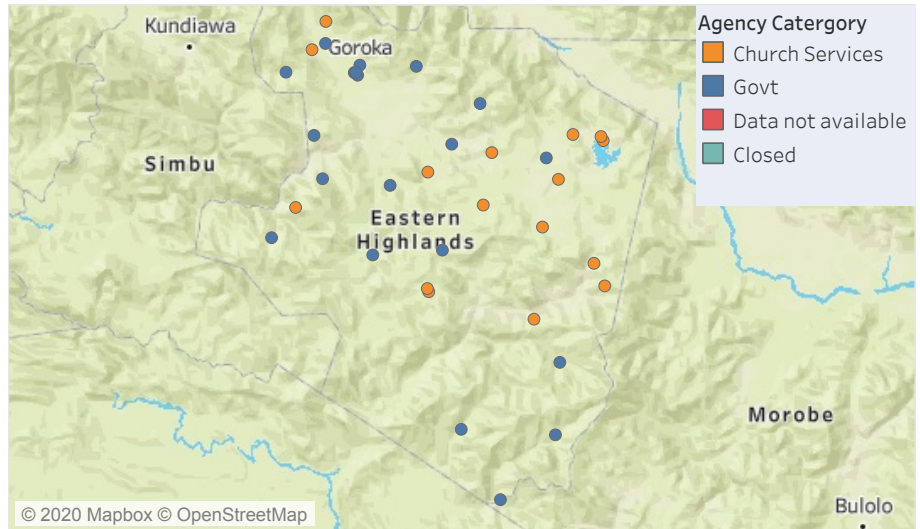
**701,404**

Growth Rate

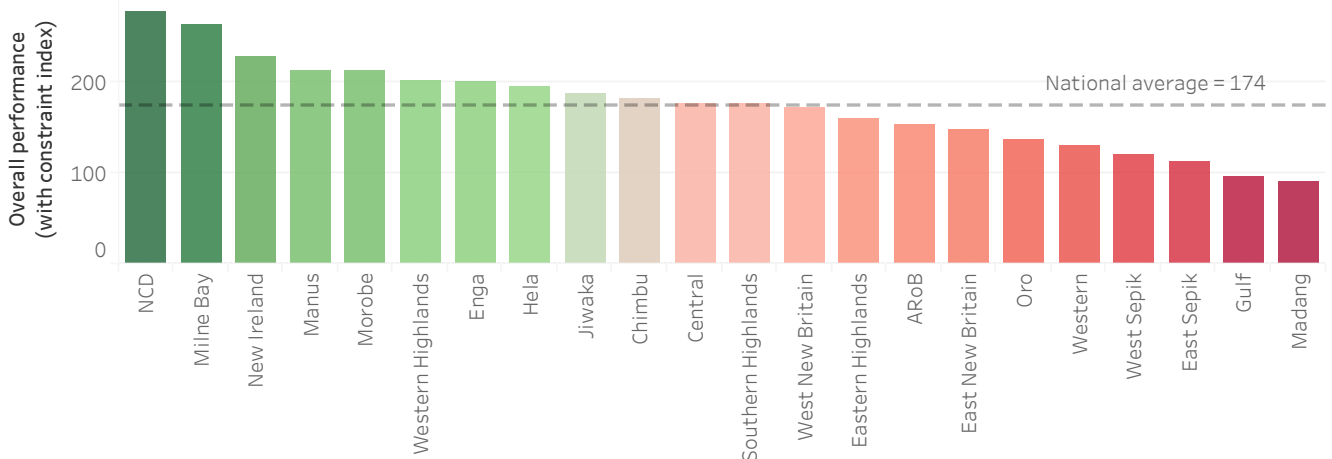
**2.6%**

Health worker to population ratio

**0.9 per 1000**



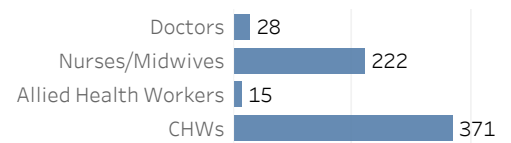
Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Data not available	Closed	Grand Total
Provincial Hospital	1				1
Urban Health Center	3	1			4
Health Center	6				6
Health Sub Center	10	15			25
Comm Health Post	1				1
Aid Post			92	90	182
<b>Grand Total</b>	<b>21</b>	<b>16</b>	<b>92</b>	<b>90</b>	<b>219</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff.

Eastern Highlands



# Provincial Profile

## Eastern Highlands Province

### Outpatient Visits



0.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



36%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



52%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



189

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



20%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



29%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



27

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



1.5%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



41%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

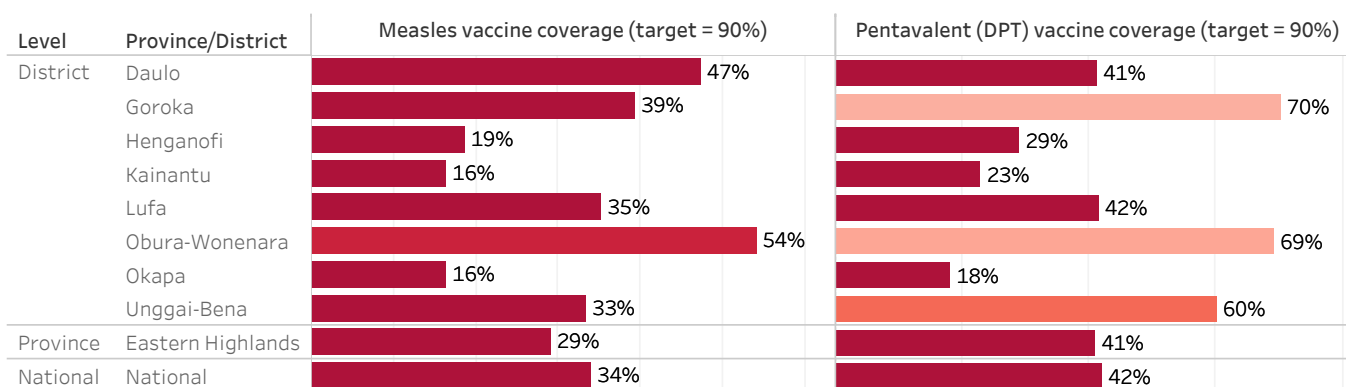
### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Daulo	0.9	56	56%
	Goroka	1.2	18	96%
	Henganofi	0.4	38	40%
	Kainantu	0.2	18	19%
	Lufa	0.3	41	52%
	Obura-Wonenara	1.7	35	48%
	Okapa	1.0	2	27%
	Unggai-Bena	0.4	40	21%
Province	Eastern Highlands	0.7	27	47%
National	National	1.1	31	53%

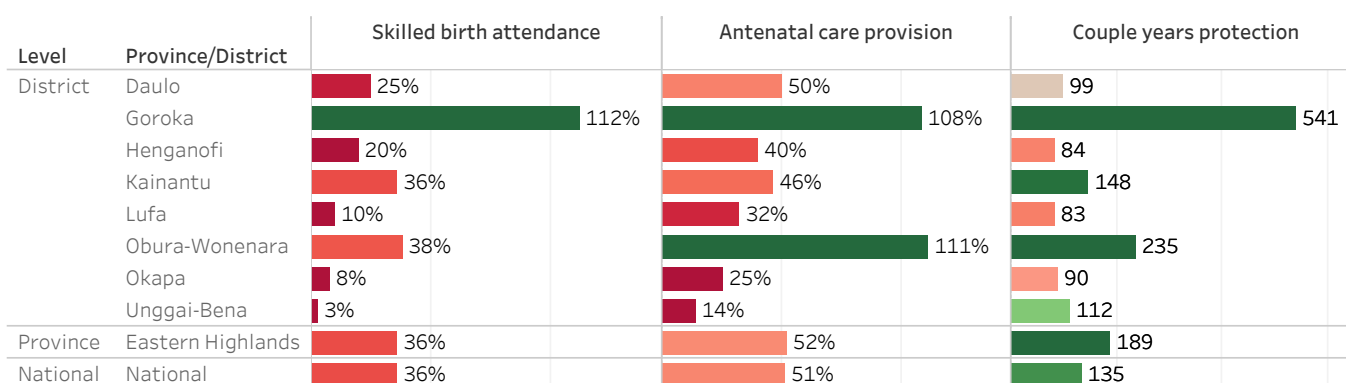
# Provincial Profile

## Eastern Highlands Province

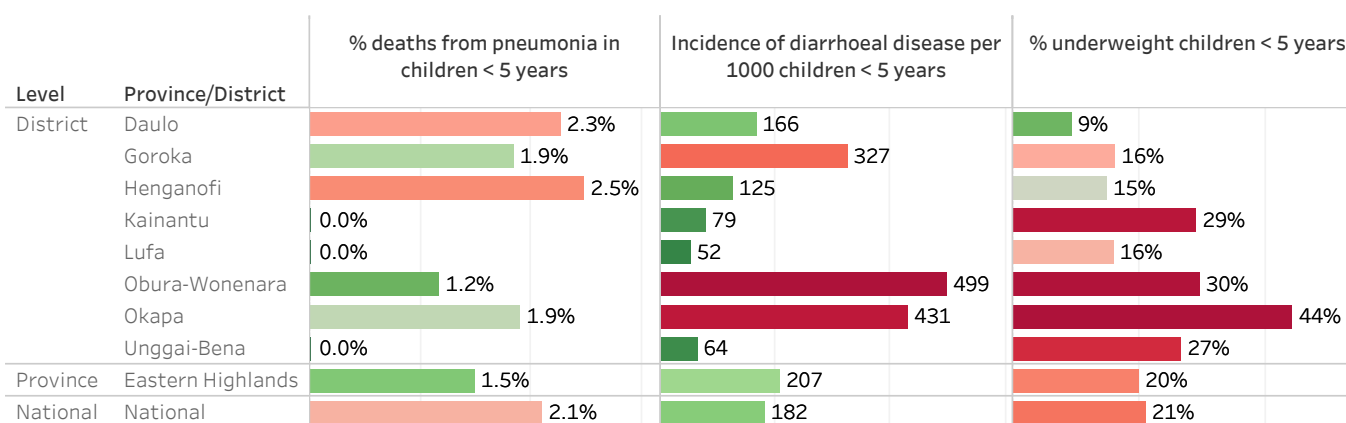
### Vaccination coverage for children < 1 years



### Maternal, newborn health and family planning



### Child health and nutrition



# Provincial Profile

## Eastern Highlands Province

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Daulo	1.4%	21	12
	Goroka	5.8%	65	7
	Henganofi	5.9%	13	8
	Kainantu	2.1%	6	4
	Lufa	1.3%	7	4
	Obura-Wonenara	3.2%	53	55
	Okapa	2.9%	10	61
	Unggai-Bena	2.6%	13	10
Province	Eastern Highlands	4.0%	22	18
National	National	7.0%	35	112

# District Profile

## Daulo District, Eastern Highlands Province

Population

50,154

Growth rate



2.6%



Outpatient visits



0.9

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



25%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



50%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



99

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



41%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



9.3%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



47%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



56

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.3%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

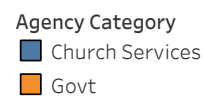
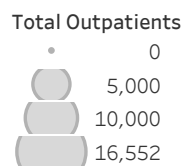
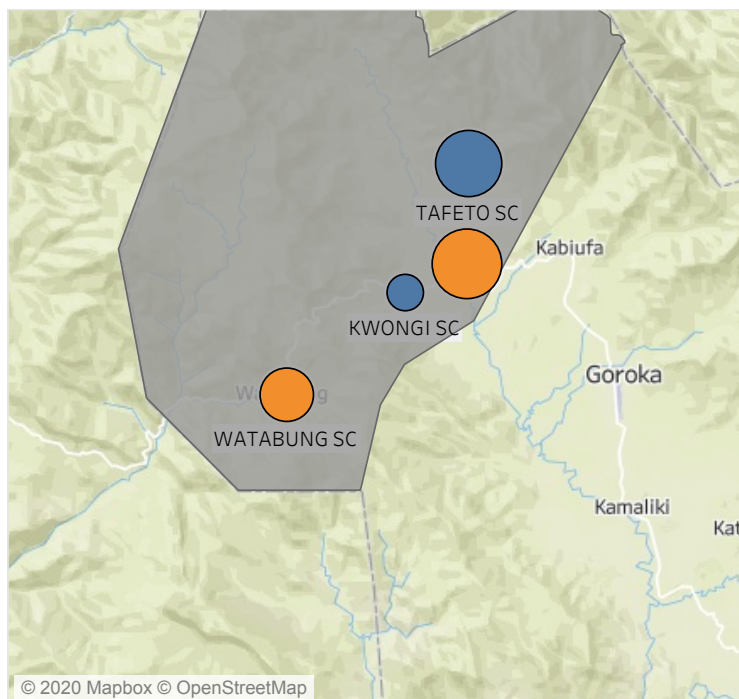
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Daulo District, Eastern Highlands Province

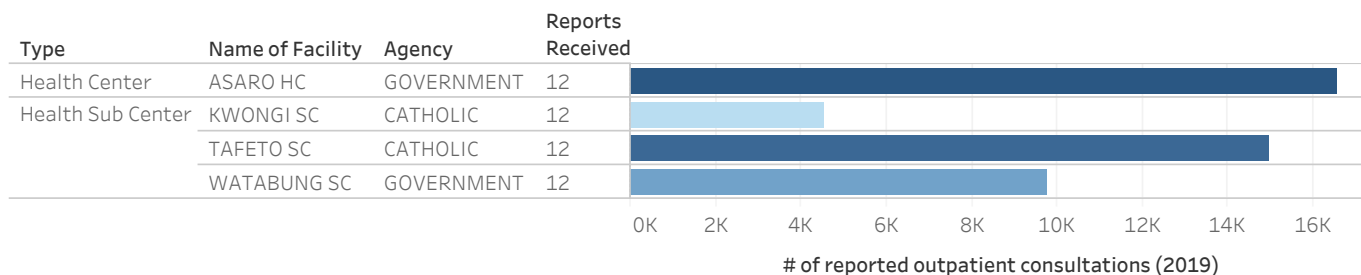
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	1		1
Health Sub Center	3		3
Aid Post	7	9	16
<b>Grand Total</b>	<b>11</b>	<b>9</b>	<b>20</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Goroka District, Eastern Highlands Province

Population

**116,428**

Growth rate



**2.6%**



Outpatient visits



**1.2**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



**112%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



**108%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



**541**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



**70%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



**16.4%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



**39%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



**18**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



**1.9%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

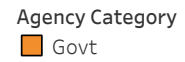
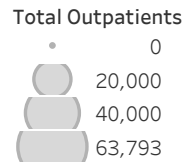
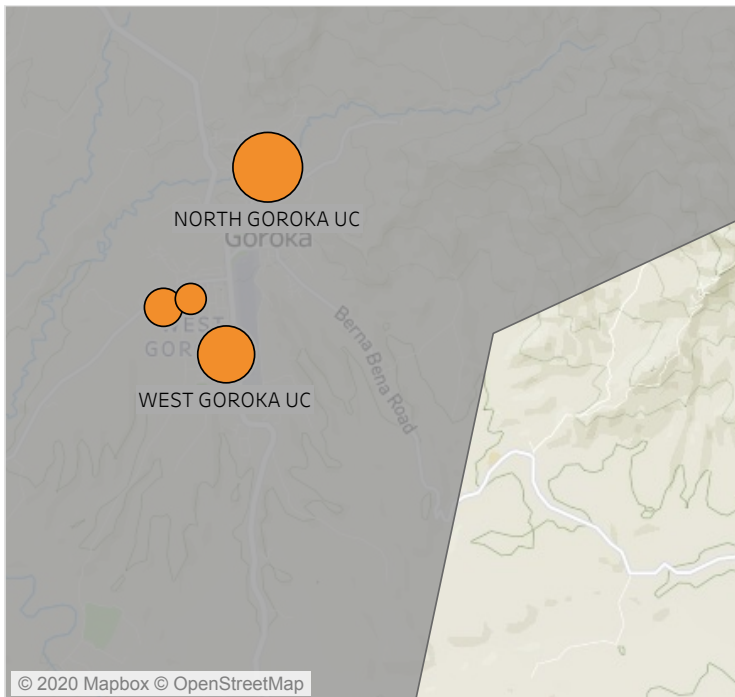
**For further information, contact your PHA CEO**



# District Profile

## Goroka District, Eastern Highlands Province

### Map of health facilities



### Number of health facilities

Type	Open	Grand Total
Provincial Hospital	1	1
Urban Health Center	3	3
Aid Post	12	12
<b>Grand Total</b>	<b>16</b>	<b>16</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	GOROKA BASE HOSPITAL	GOVERNMENT	12
Urban Health Center	KAMA UC	GOVERNMENT	12
	NORTH GOROKA UC	GOVERNMENT	12
	WEST GOROKA UC	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Henganofi District, Eastern Highlands Province

Population

90,343

Growth rate



2.6%



Outpatient visits

0.4

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



20%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



40%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



84

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



29%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



15.0%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



19%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



38

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.5%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

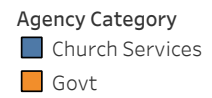
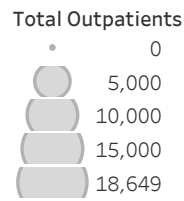
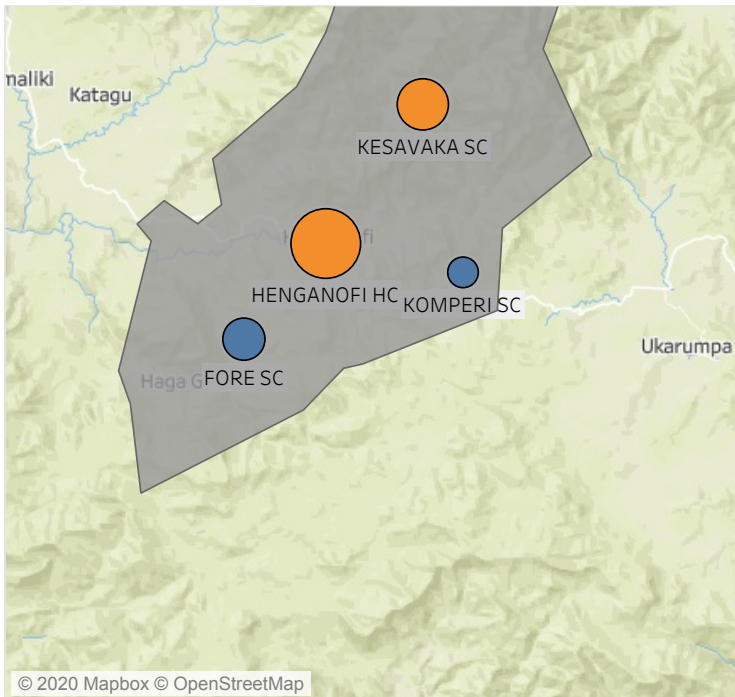
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Henganofi District, Eastern Highlands Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	1		1
Health Sub Center	3		3
Aid Post	8	16	24
<b>Grand Total</b>	<b>12</b>	<b>16</b>	<b>28</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	HENGANOFI HC	GOVERNMENT	12
Health Sub Center	FORE SC	FOUR SQUARE	12
	KESAVAKA SC	GOVERNMENT	12
	KOMPERI SC	Evangelical Brotherhood Church	12



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Kainantu District, Eastern Highlands Province

Population

148,667

Growth rate



2.6%



Outpatient visits



0.2

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



36%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



46%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



148

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



23%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



29.1%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



16%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



18

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

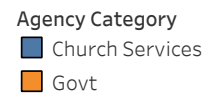
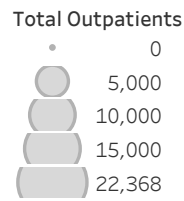
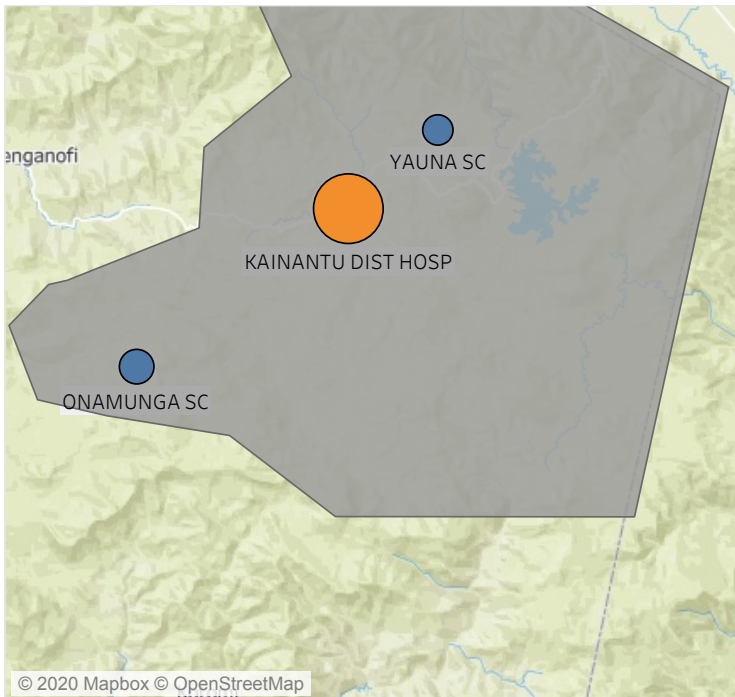
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Kainantu District, Eastern Highlands Province

### Map of health facilities

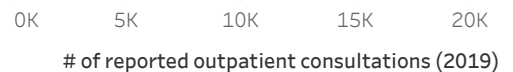


### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	1		1
Health Sub Center	2		2
Aid Post	11	7	18
<b>Grand Total</b>	<b>14</b>	<b>7</b>	<b>21</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	KAINANTU DIST HOSP	GOVERNMENT	12
Health Sub Center	ONAMUNGA SC	SALVATION ARMY	12
	YAUNA SC	Evangelical Brotherhood Church	12



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Lufa District, Eastern Highlands Province

Population

74,305

Growth rate



2.6%



Outpatient visits



0.3

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



10%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



32%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



83

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



42%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



16.1%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



35%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



41

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

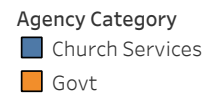
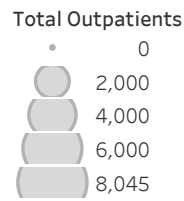
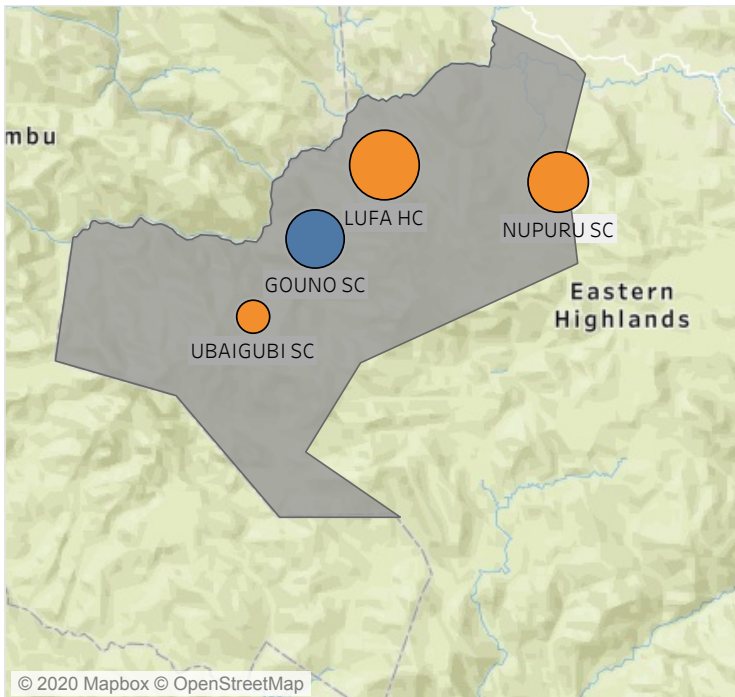
**For further information, contact your PHA CEO**



# District Profile

## Lufa District, Eastern Highlands Province

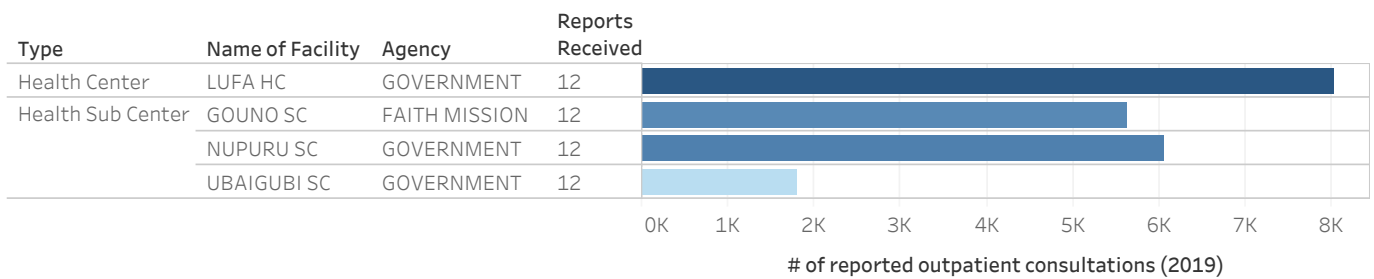
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	1		1
Health Sub Center	3		3
Aid Post	13	13	26
<b>Grand Total</b>	<b>17</b>	<b>13</b>	<b>30</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Obura-Wonenara District, Eastern Highlands Province

Population

48,094

Growth rate



2.6%



Outpatient visits



1.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



38%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



111%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



235

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



69%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



29.7%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



54%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



35

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



1.2%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

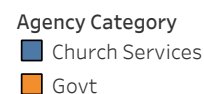
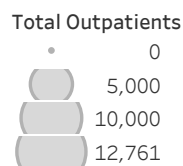
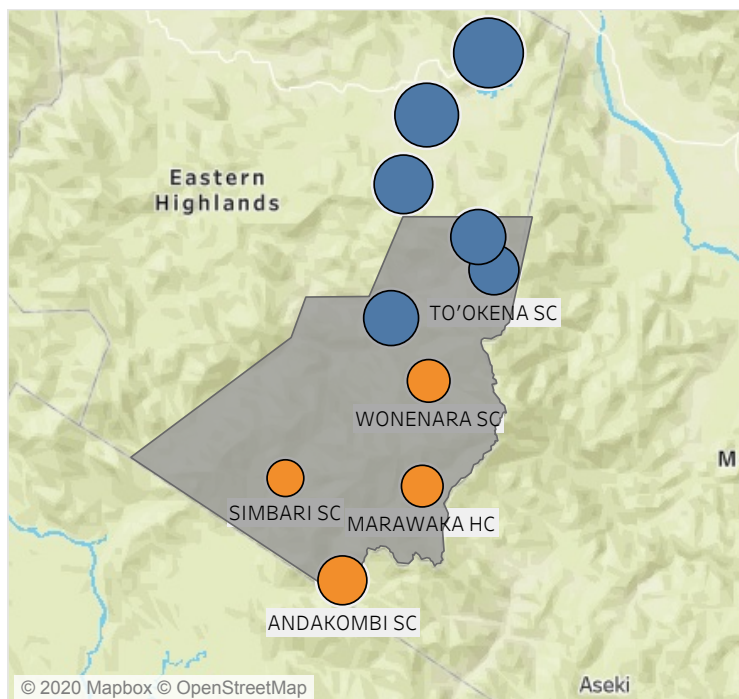
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Obura-Wonenara District, Eastern Highlands Province

Map of health facilities



Number of health facilities

Type	Open	Closed	Grand Total
Urban Health Center	1		1
Health Center	1		1
Health Sub Center	9		9
Aid Post	15	21	36
<b>Grand Total</b>	<b>26</b>	<b>21</b>	<b>47</b>

List of health facilities

Type	Name of Facility	Agency	Reports Received
Urban Health Center	S.I.L. UC	SIL	12
Health Center	MARAWAKA HC	GOVERNMENT	12
Health Sub Center	ANDAKOMBI SC	GOVERNMENT	12
	BARABUNDORA SC	Evangelical Brotherhood Church	12
	KASSAM SC	Evangelical Brotherhood Church	12
	OBURA SC	Evangelical Brotherhood Church	12
	OMAUARA SC	SDA	12
	OWENA SC	BAPTIST	12
	SIMBARI SC	GOVERNMENT	12
	TO'OKENA SC	Evangelical Brotherhood Church	12
	WONENARA SC	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Okapa District, Eastern Highlands Province

Population

100,505

Growth rate



2.6%



Outpatient visits



1.0

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



8%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



25%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



90

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



18%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



44.3%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



16%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



2

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



1.9%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

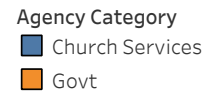
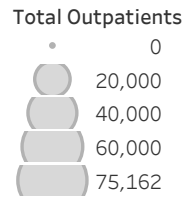
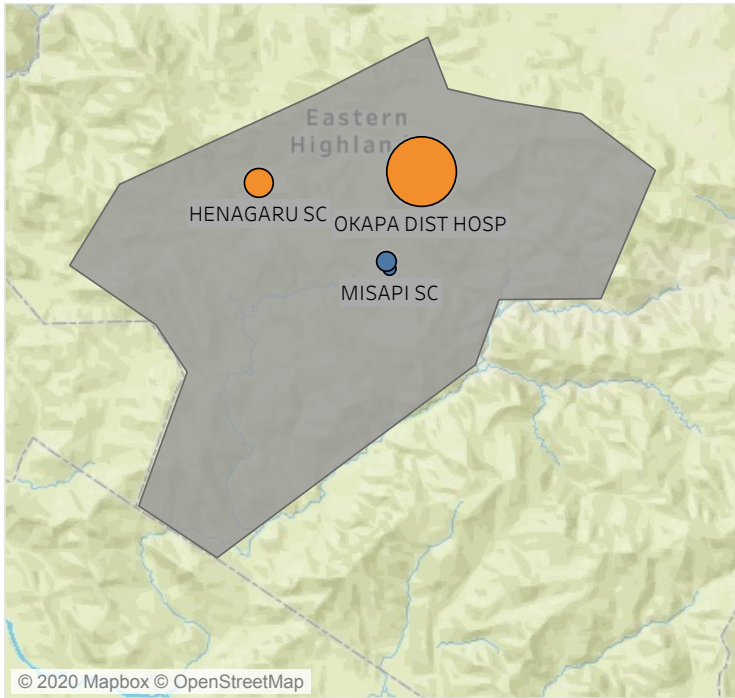
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Okapa District, Eastern Highlands Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	1		1
Health Sub Center	3		3
Comm Health Post	1		1
Aid Post	16	11	27
<b>Grand Total</b>	<b>21</b>	<b>11</b>	<b>32</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	OKAPA DIST HOSP	GOVERNMENT	12
Health Sub Center	HENAGARU SC	GOVERNMENT	12
	IVINGOI SC	OPEN BIB MISSION	12
	MISAPI SC	SALVATION ARMY	12
Comm Health Post	YASUBI CHP	GOVERNMENT	12

A horizontal bar chart showing the number of reported outpatient consultations for each facility in 2019. The x-axis is labeled '# of reported outpatient consultations (2019)' and ranges from 0K to 70K. The bars are blue. The data points are: OKAPA DIST HOSP (75,162), HENAGARU SC (20,000), IVINGOI SC (20,000), MISAPI SC (20,000), and YASUBI CHP (20,000).

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



# District Profile

## Unggai-Bena District, Eastern Highlands Province

Population

72,909

Growth rate



2.6%



Outpatient visits

0.4

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



3%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



14%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



112

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



60%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



26.8%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



33%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



40

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

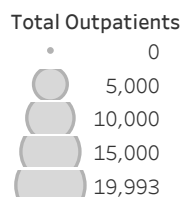
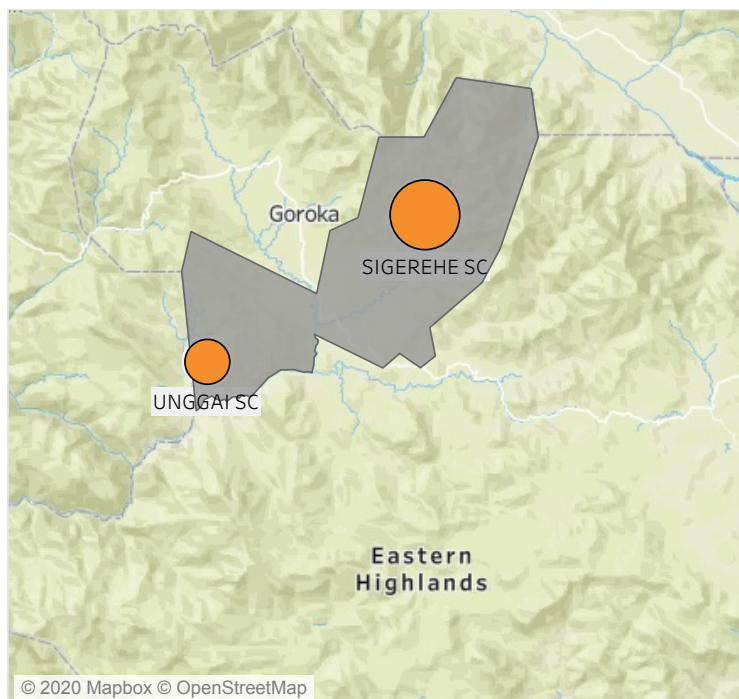
*For further information, contact your PHA CEO*



# District Profile

## Unggai-Bena District, Eastern Highlands Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Sub Center	2		2
Aid Post	10	13	23
<b>Grand Total</b>	<b>12</b>	<b>13</b>	<b>25</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Sub Center	SIGEREHE SC	GOVERNMENT	12
	UNGGAI SC	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## WEST NEW BRITAIN PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## West New Britain Province

Provincial Population

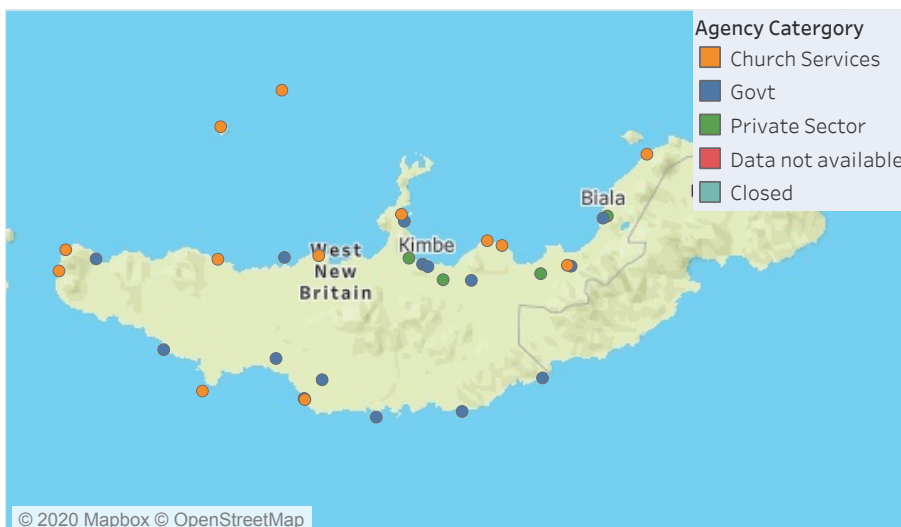
**338,344**

Growth Rate

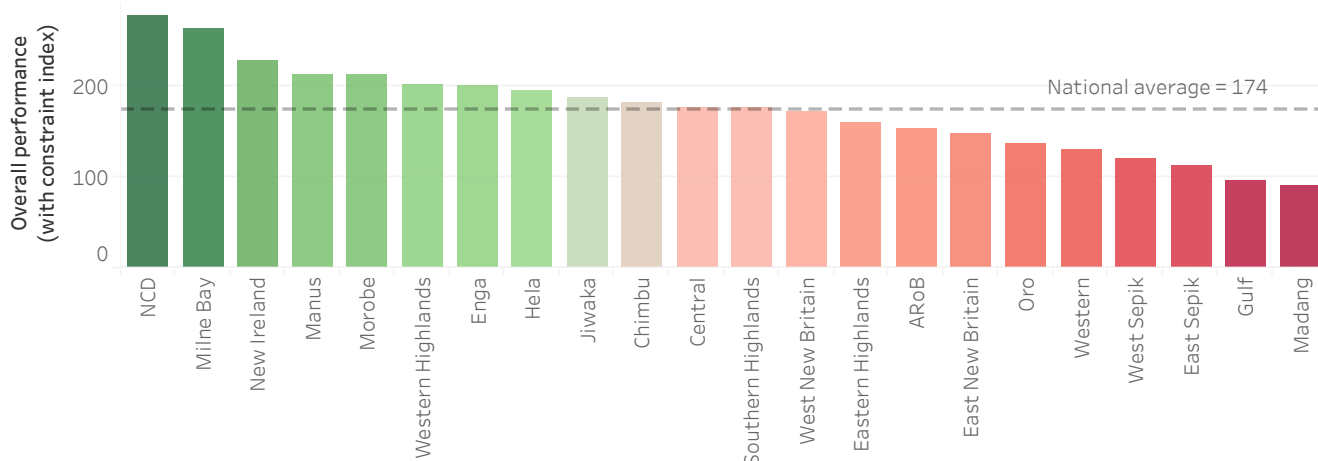
**3.3%**

Health worker to population ratio

**1.4 per 1000**



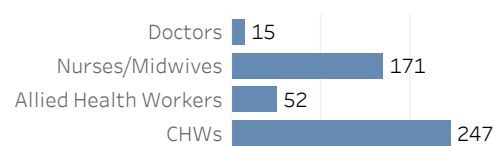
### Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Private Sector	Data not available	Closed	Grand Total
Provincial Hospital	1					1
Urban Health Center	1		5			6
Health Center	5	2	1			8
Health Sub Center	8	11				19
Comm Health Post	4					4
Aid Post				117	22	139
<b>Grand Total</b>	<b>19</b>	<b>13</b>	<b>6</b>	<b>117</b>	<b>22</b>	<b>177</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff.

# Provincial Profile

## West New Britain Province

### Outpatient Visits



1.5

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



35%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



60%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



109

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



19%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



31%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



20

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



0.5%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



42%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Kandrian-Gloucestera	1.3	12	25%
	Talasea	1.6	23	50%
Province	West New Britain	1.5	20	39%
National	National	1.1	31	53%

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Kandrian-Gloucestera	14%	13%
	Talasea	38%	54%
Province	West New Britain	31%	42%
National	National	34%	42%

Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report, 2020

West New Britain

Multiple values

# Provincial Profile

## West New Britain Province

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Kandrian-Gloucestera	19%	45%	41
	Talasea	41%	65%	138
Province	West New Britain	35%	60%	109
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Kandrian-Gloucestera	1.9%	71	38%
	Talasea	0.0%	170	17%
Province	West New Britain	0.5%	144	19%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Kandrian-Gloucestera	3.6%	32	252
	Talasea	7.2%	57	280
Province	West New Britain	7.0%	50	274
National	National	7.0%	35	112

# District Profile

## Kandrian-Gloucestter District, West New Britain Province

Population

102,170

Growth rate



3.3%



Outpatient visits



1.3

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



19%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



45%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



41

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



13%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



38.3%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



14%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



12

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



1.9%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

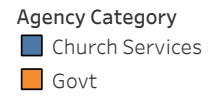
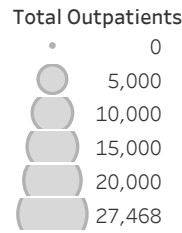
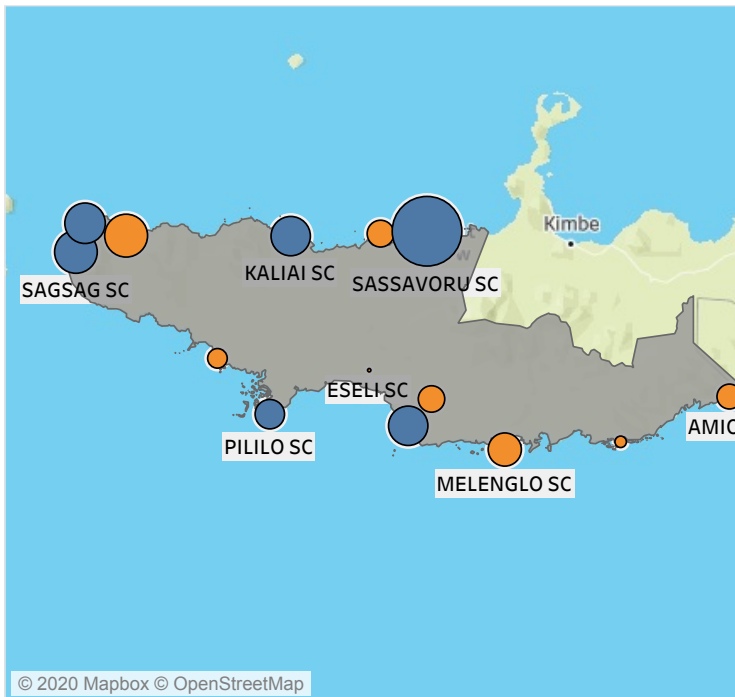
*For further information, contact your PHA CEO*



# District Profile

## Kandrian-Gloucester District, West New Britain Province

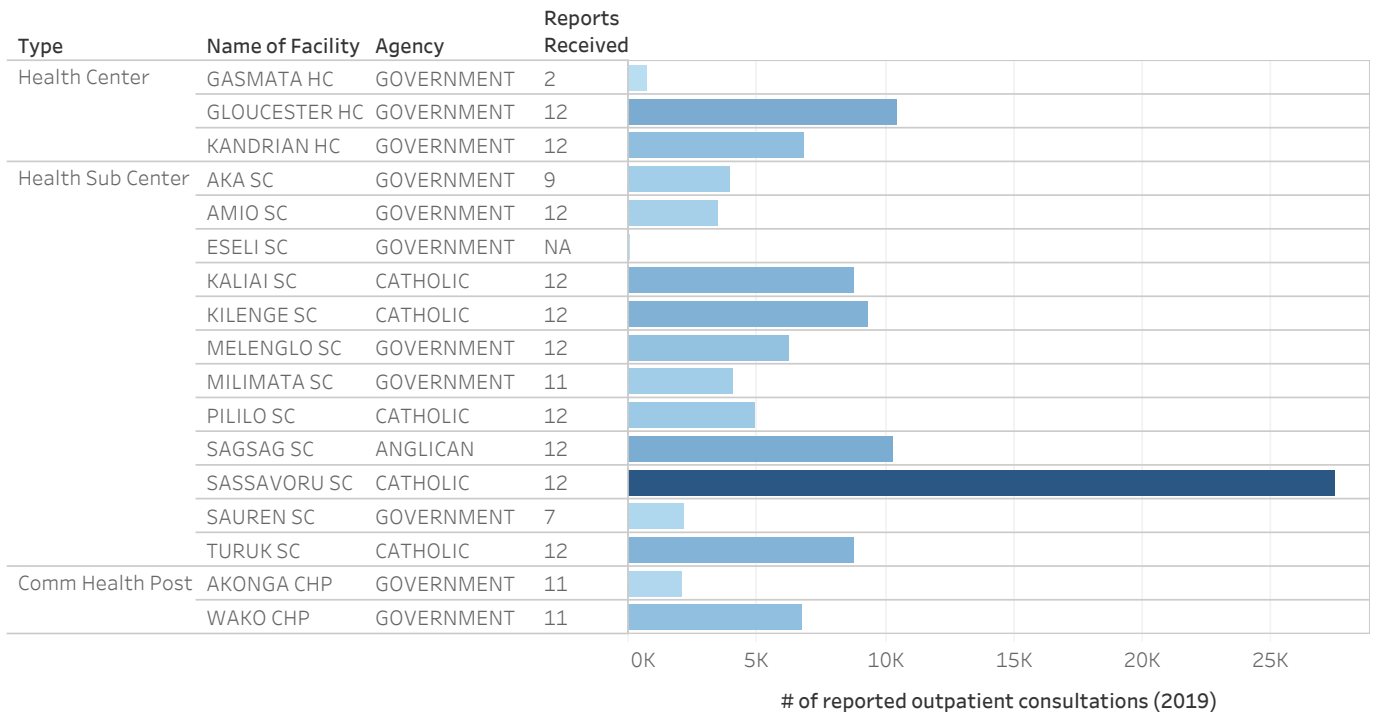
Map of health facilities



Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Health Center	3			3
Health Sub Center	12			12
Comm Health Post	2			2
Aid Post	37	6	1	44
<b>Grand Total</b>	<b>54</b>	<b>6</b>	<b>1</b>	<b>61</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Talasea District, West New Britain Province

Population  
**236,174**

Growth rate  
**3.3%**



Outpatient visits  
**1.6**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births

**41%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care

**65%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning

**138**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### DPT/Pentavalent Vaccine

**54%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

### Malnutrition

**16.6%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine

**38%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics

**23**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia deaths

**0.0%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

## DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

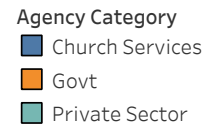
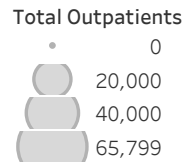
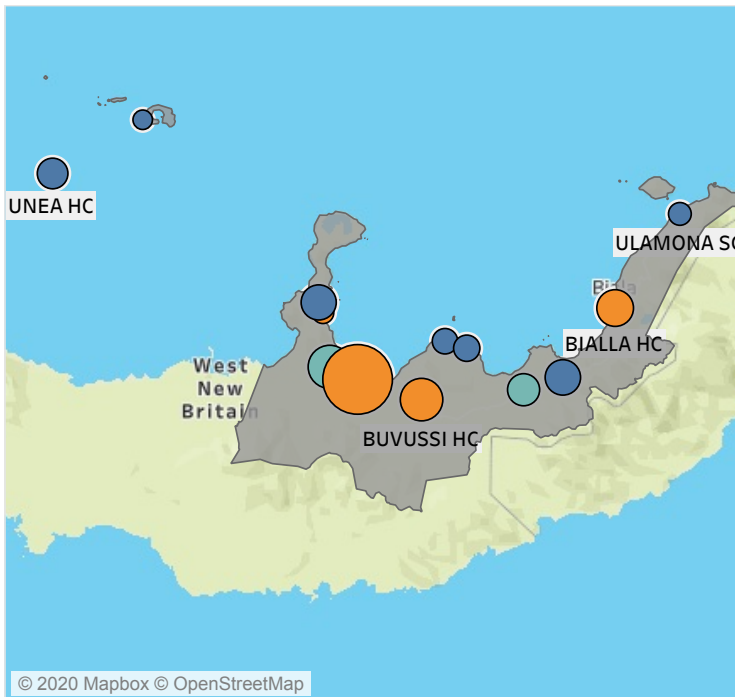
*For further information, contact your PHA CEO*

Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report. Talasea

# District Profile

## Talasea District, West New Britain Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Provincial Hospital	1			1
Urban Health Center	6			6
Health Center	5			5
Health Sub Center	7			7
Comm Health Post	2			2
Aid Post	77	16	2	95
<b>Grand Total</b>	<b>98</b>	<b>16</b>	<b>2</b>	<b>116</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	KIMBE HOSPITAL	GOVERNMENT	5
Urban Health Center	HAELLA CLINIC	NBPOL	12
	HARGY UC	HARGY Company	11
	KAPIURA UC	NBPOL	12
	KIMBE UC	GOVERNMENT	12
	MOSA (NBPOL) UC	NBPOL	12
	NAVO UC	HARGY OIL PALM LTD	12
Health Center	BIALLA HC	GOVERNMENT	12
	BUVUSSI HC	GOVERNMENT	12
	SIOVITU HC	NBPOL	NA
	UNEA HC	CATHOLIC	12
	VALOKA HC	CATHOLIC	12
Health Sub Center	BITOKARA HC	CATHOLIC	12
	BOLA SC	GOVERNMENT	9
	LALOPO SC	GOVERNMENT	12
	MALALIA SC	UNITED CHURCH	12
	SILANGA SC	CATHOLIC	12
	ULAMONA SC	CATHOLIC	12
Comm Health Post	VITU (PARURU) SC	CATHOLIC	10
	BAEA CHP	GOVERNMENT	11
	VATUKELE CHP	GOVERNMENT	11

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

Talasea



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## EAST NEW BRITAIN PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## East New Britain Province

Provincial Population

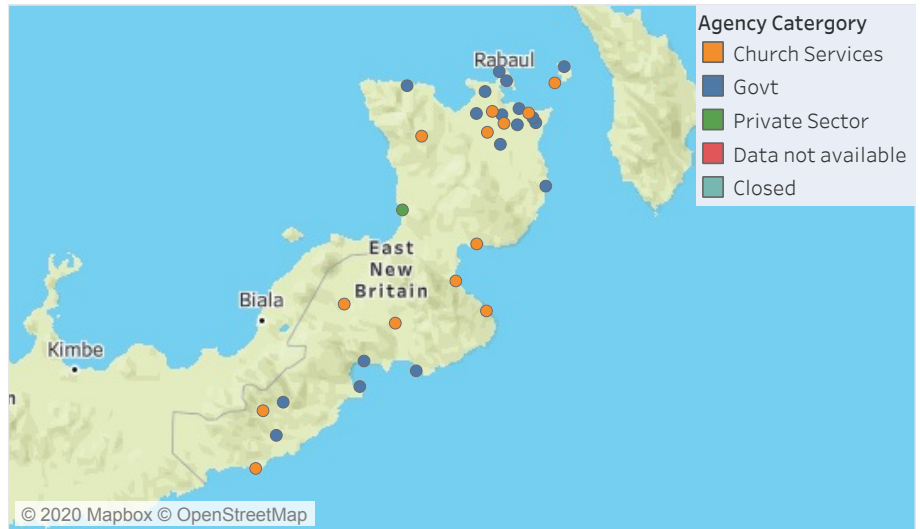
**366,659**

Growth Rate

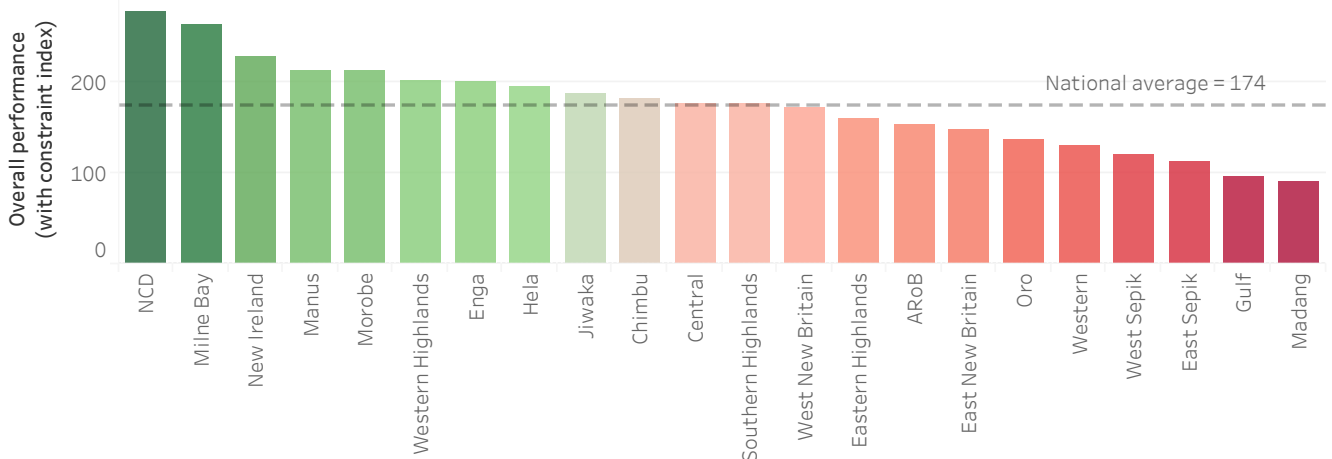
**3.6%**

Health worker to population ratio

**1.5 per 1000**



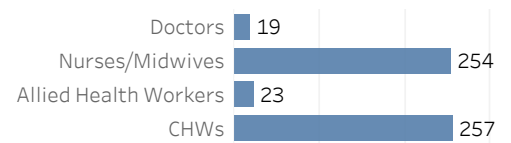
Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Private Sector	Data not available	Closed	Grand Total
Regional referral hosp..	1					1
Rural hospital	1					1
District Hospital		1				1
Urban Health Center	3					3
Health Center	10					10
Health Sub Center	3	12	1			16
Aid Post				77	32	109
<b>Grand Total</b>	<b>18</b>	<b>13</b>	<b>1</b>	<b>77</b>	<b>32</b>	<b>141</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. East New Britain

# Provincial Profile

## East New Britain Province

### Outpatient Visits



1.3

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



63%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



69%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



195

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



16%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



36%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



20

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



1.1%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



53%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Gazelle	1.0	12	62%
	Kokopo	1.3	28	80%
	Pomio	1.7	28	58%
	Rabaul	1.6	20	93%
Province	East New Britain	1.3	20	65%
National	National	1.1	31	53%



# Provincial Profile

## East New Britain Province

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Gazelle	29%	43%
	Kokopo	44%	66%
	Pomio	41%	51%
	Rabaul	32%	56%
Province	East New Britain	36%	53%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Gazelle	36%	61%	62
	Kokopo	82%	76%	141
	Pomio	42%	73%	124
	Rabaul	162%	78%	873
Province	East New Britain	63%	69%	195
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Gazelle	0.8%	110	16%
	Kokopo	0.8%	125	19%
	Pomio	0.3%	128	20%
	Rabaul	12.2%	124	7%
Province	East New Britain	1.1%	128	16%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Gazelle	7.0%	32	156
	Kokopo	5.9%	49	296
	Pomio	7.5%	44	340
	Rabaul	10.6%	108	334
Province	East New Britain	8.0%	47	250
National	National	7.0%	35	112

# District Profile

## Gazelle District, East New Britain Province

Population

149,538

Growth rate



3.6%



Outpatient visits



1.0

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



36%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



61%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



62

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



43%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



16.5%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



29%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



12

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.8%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

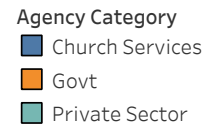
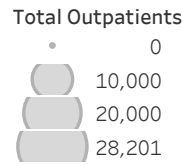
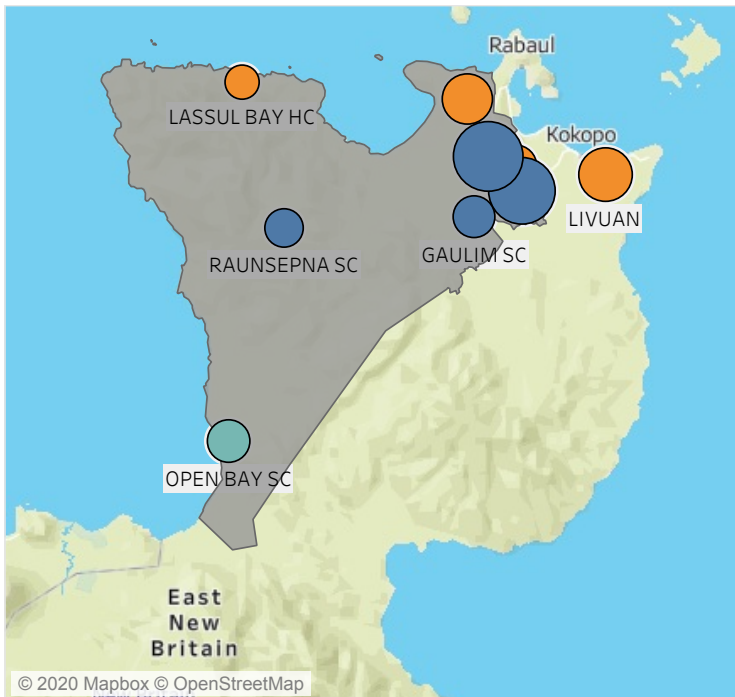
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Gazelle District, East New Britain Province

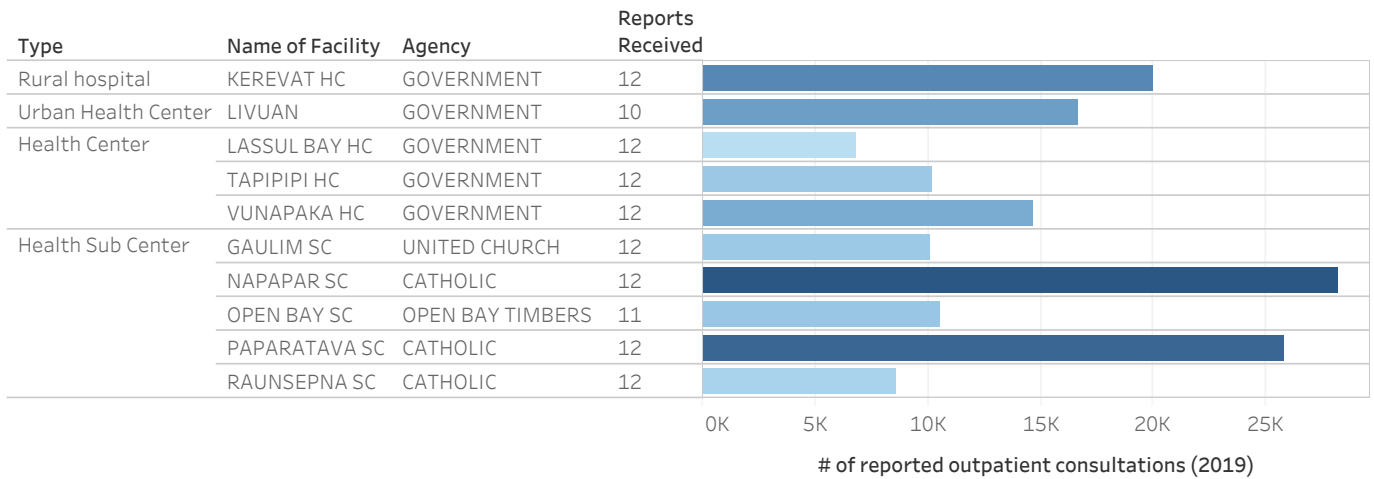
Map of health facilities



Number of health facilities

Type	Open	Closed	Grand Total
Rural hospital	1		1
Urban Health Center	1		1
Health Center	3		3
Health Sub Center	5		5
Aid Post	28	14	42
<b>Grand Total</b>	<b>38</b>	<b>14</b>	<b>52</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Kokopo District, East New Britain Province

Population

97,184

Growth rate



3.6%



Outpatient visits



1.3

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



82%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



76%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



141

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



66%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



18.8%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



44%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



28

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.8%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

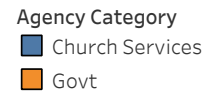
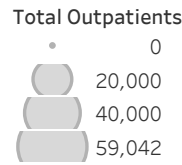
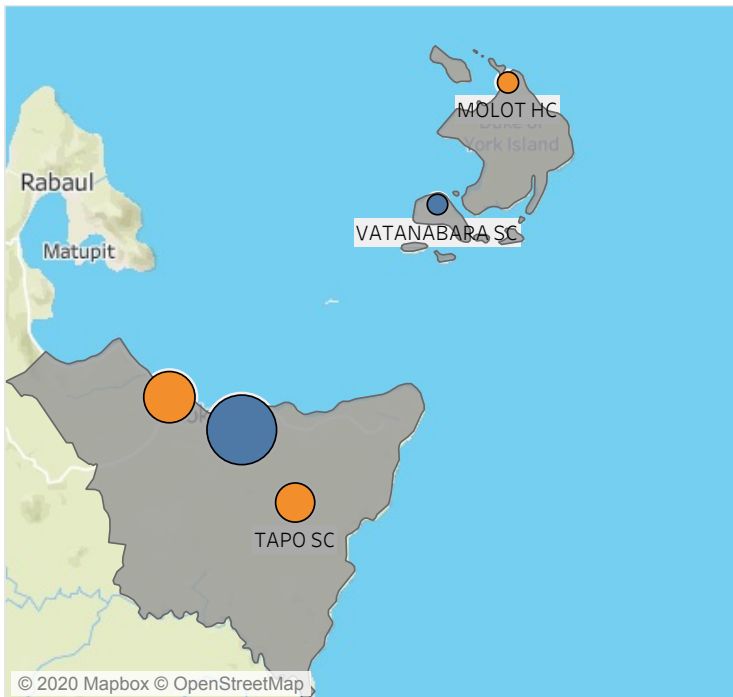
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Kokopo District, East New Britain Province

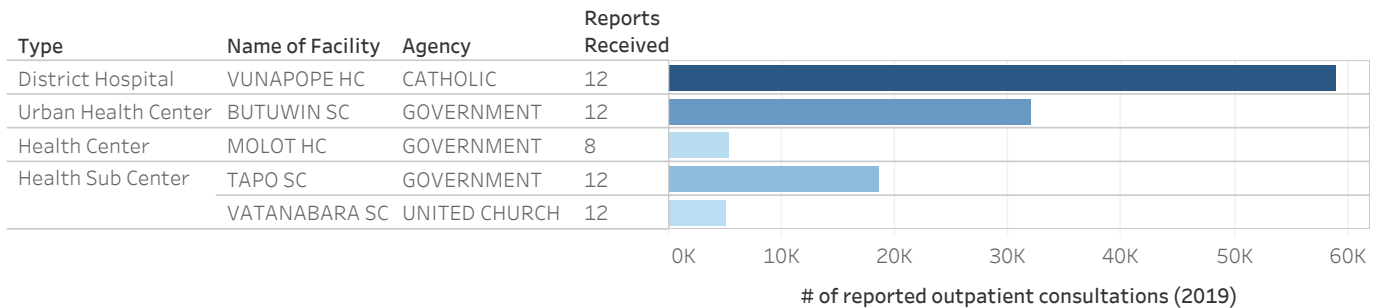
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
District Hospital	1			1
Urban Health Center	1			1
Health Center	1			1
Health Sub Center	2			2
Aid Post	5	6	1	12
<b>Grand Total</b>	<b>10</b>	<b>6</b>	<b>1</b>	<b>17</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Pomio District, East New Britain Province

Population

74,896

Growth rate



3.6%



Outpatient visits



1.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



42%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



73%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



124

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



51%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



20.3%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



41%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



28

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.3%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

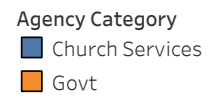
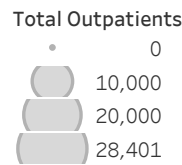
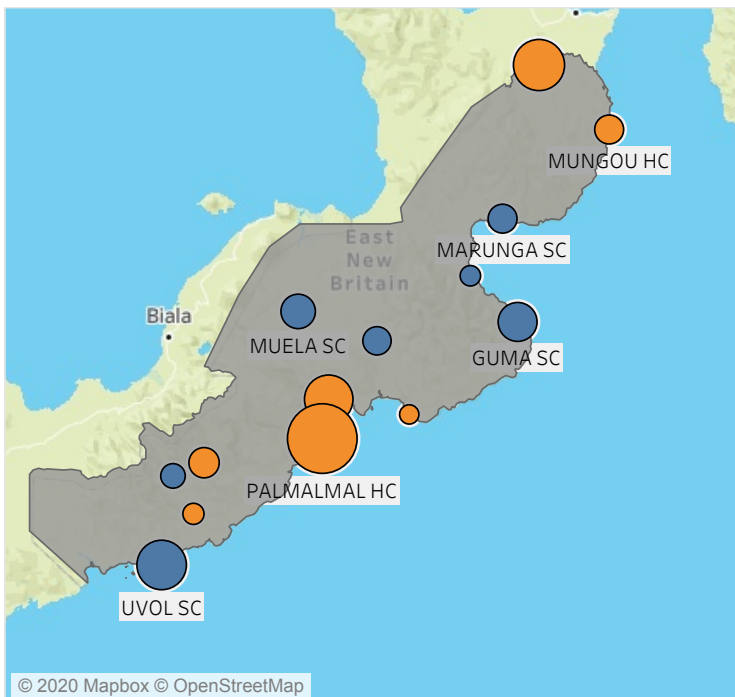
**For further information, contact your PHA CEO**



# District Profile

## Pomio District, East New Britain Province

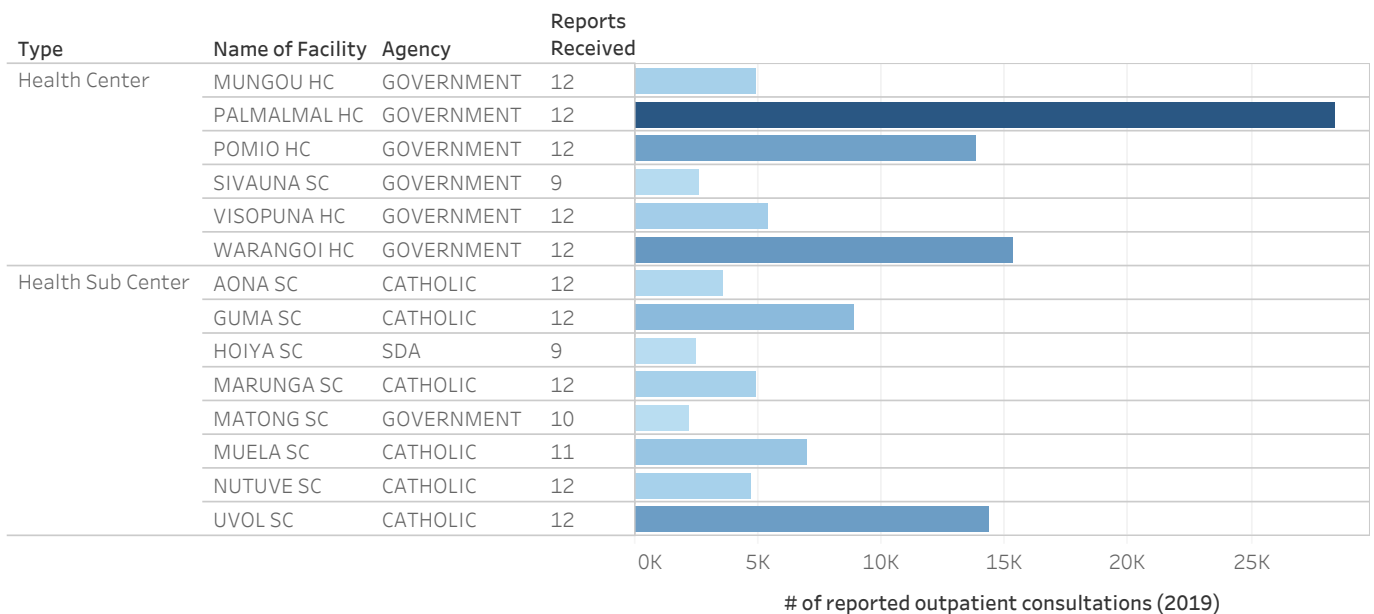
### Map of health facilities



### Number of health facilities

Type	Open	Closed	Grand Total
Health Center	6		6
Health Sub Center	8		8
Aid Post	34	11	45
<b>Grand Total</b>	<b>48</b>	<b>11</b>	<b>59</b>

### List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Rabaul District, East New Britain Province

Population

45,005

Growth rate



3.6%



Outpatient visits



1.6

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



162%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



78%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



873

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



56%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



6.6%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



32%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



20

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



12.2%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

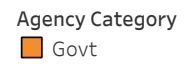
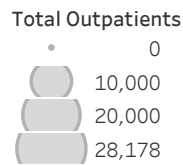
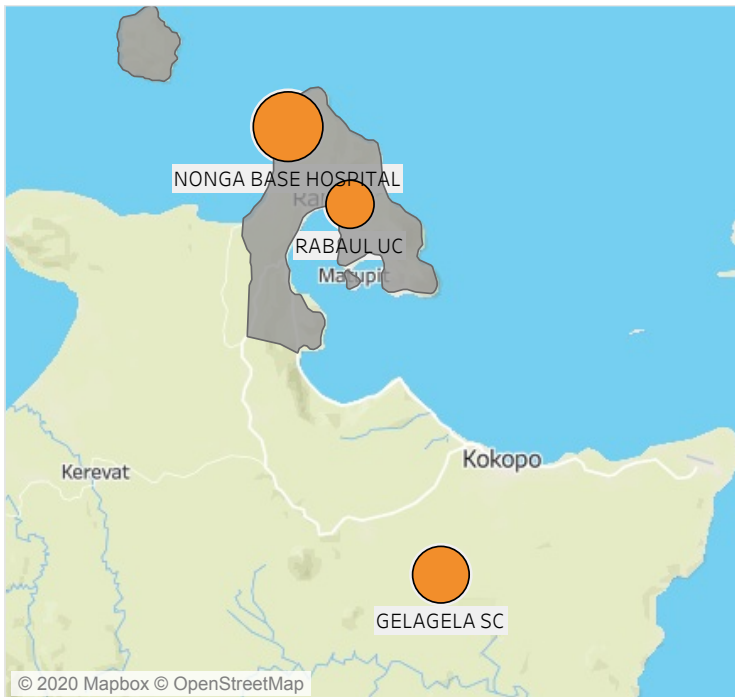
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Rabaul District, East New Britain Province

### Map of health facilities



### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Regional referral hosp..	1			1
Urban Health Center	1			1
Health Sub Center	1			1
Aid Post	8	1	1	10
<b>Grand Total</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>13</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Regional referral hospital	NONGA BASE HOSPITAL	GOVERNMENT	6
Urban Health Center	RABAU UC	GOVERNMENT	12
Health Sub Center	GELAGELA SC	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## MANUS PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## Manus Province

Provincial Population

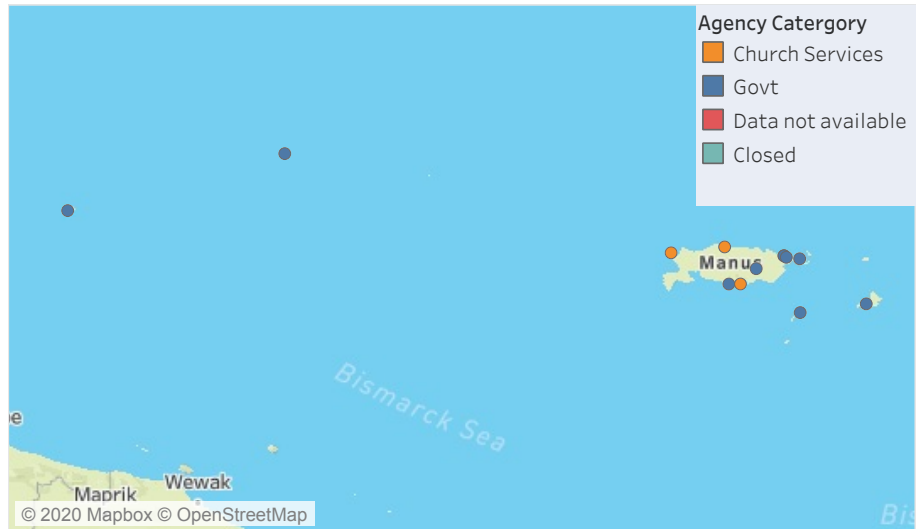
**65,613**

Growth Rate

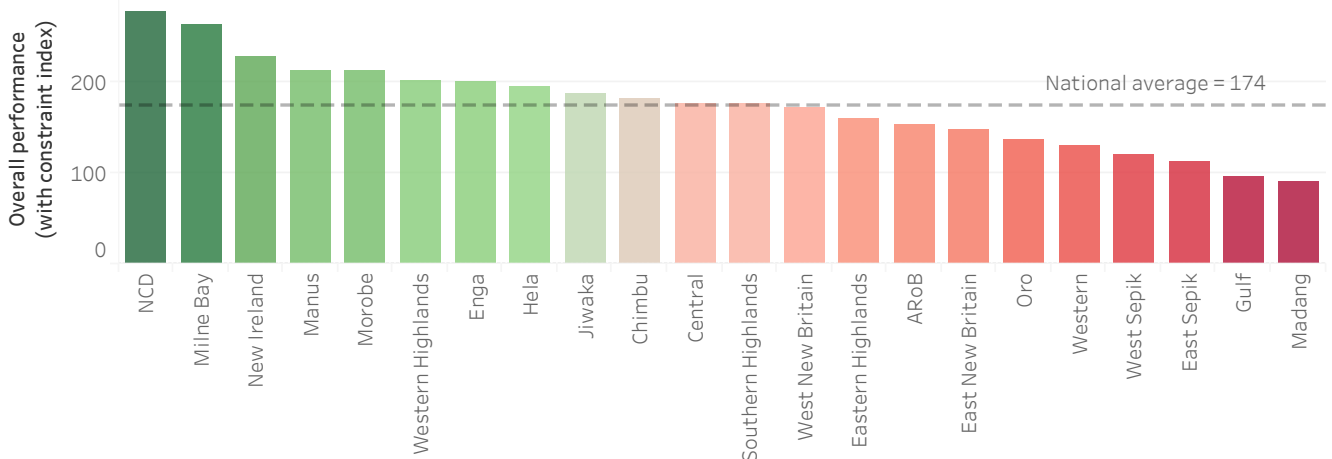
**3.0%**

Health worker to population ratio

**2.5 per 1000**



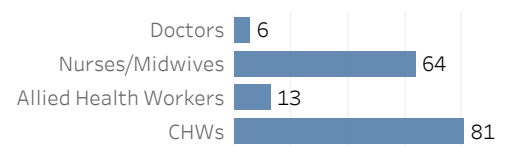
### Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Data not available	Closed	Grand Total
Provincial Hospital	1				1
Urban Health Center	2				2
Health Center	7	3			10
Aid Post			56	23	79
<b>Grand Total</b>	<b>10</b>	<b>3</b>	<b>56</b>	<b>23</b>	<b>92</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. Manus

# Provincial Profile

## Manus Province

### Outpatient Visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Lorengau	1.8	73	44%
Province	Manus	1.8	73	44%
National	National	1.1	31	53%

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Lorengau	65%	66%
Province	Manus	65%	66%
National	National	34%	42%



# Provincial Profile

## Manus Province

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Lorengau	49%	64%	114
Province	Manus	49%	64%	114
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Lorengau	4.3%	122	24%
Province	Manus	4.3%	114	24%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Lorengau	9.5%	56	231
Province	Manus	10.0%	56	231
National	National	7.0%	35	112

# District Profile

## Lorengau District, Manus Province

Population

**65,613**

Growth rate



**3.0%**



Outpatient visits



**1.8**

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



**49%**

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



**64%**

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



**114**

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



**66%**

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



**24.4%**

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



**65%**

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



**73**

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



**4.3%**

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

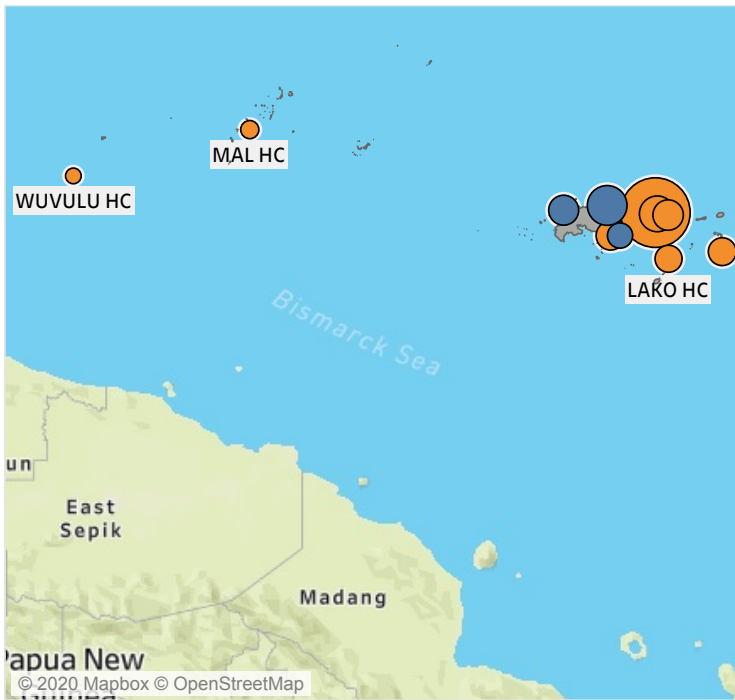
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

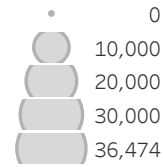
# District Profile

## Lorengau District, Manus Province

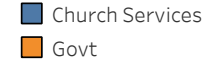
### Map of health facilities



#### Total Outpatients



#### Agency Category



### Number of health facilities

Type	Open	Closed	Grand Total
Provincial Hospital	1		1
Urban Health Center	2		2
Health Center	10		10
Aid Post	56	23	79
<b>Grand Total</b>	<b>69</b>	<b>23</b>	<b>92</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	LORENGAU HOSPITAL	GOVERNMENT	12
Urban Health Center	LORENGAU EAST UC	GOVERNMENT	12
	LORENGAU WEST UC	GOVERNMENT	12
Health Center	BUNDRALIS HC	CATHOLIC	12
	LAKO HC	GOVERNMENT	12
	LESSAU HC	ECOM	12
	LOMBRUM HC	PNGDF/GOV	12
	MAL HC	GOVERNMENT	12
	PANUSELU HC	GOVERNMENT	12
	PATU HC	CATHOLIC	12
	PELIPOWAI HC	GOVERNMENT	12
	TINGOU HC	GOVERNMENT	12
	WUVULU HC	GOVERNMENT	12

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## NEW IRELAND PROVINCE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central

# Provincial Profile

## New Ireland Province

Provincial Population

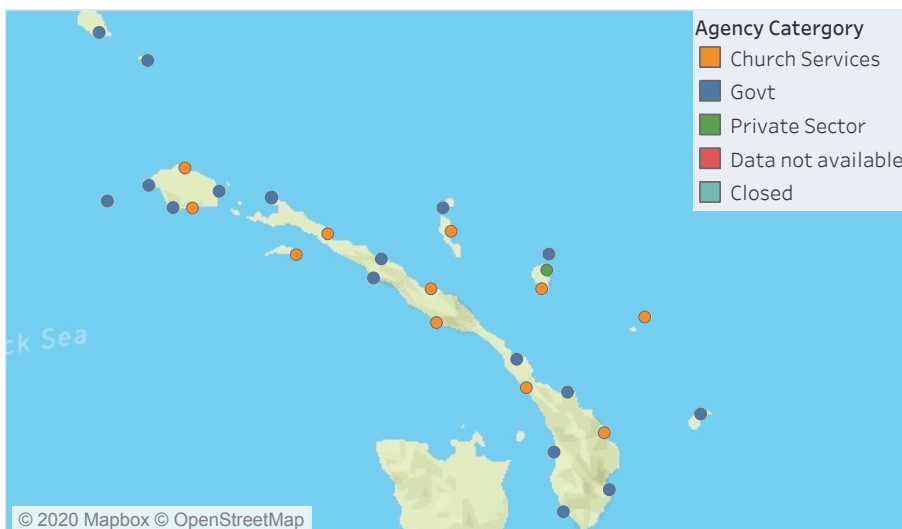
**207,219**

Growth Rate

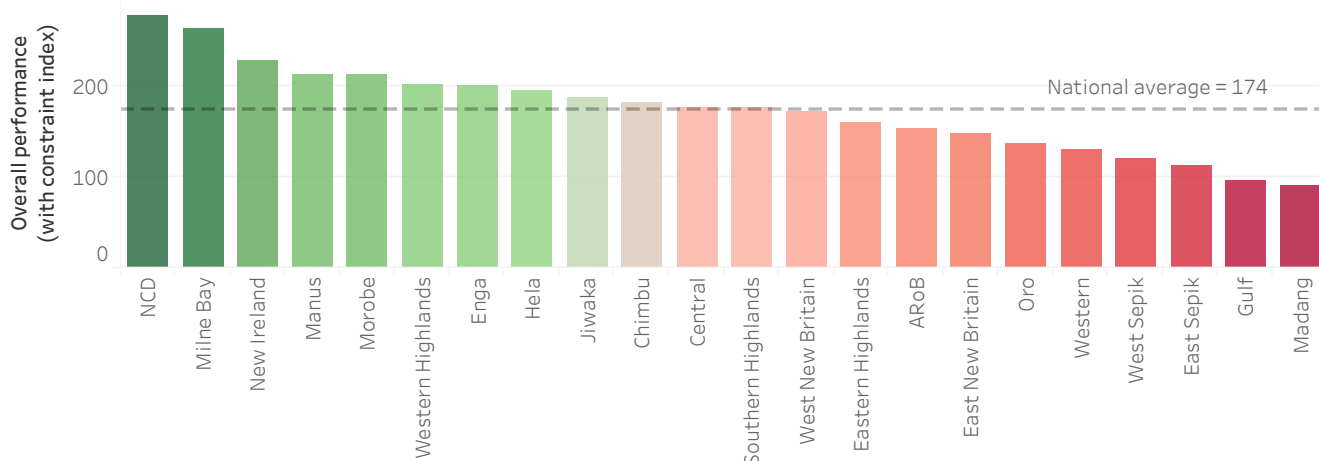
**4.5%**

Health worker to population ratio

**2.2 per 1000**



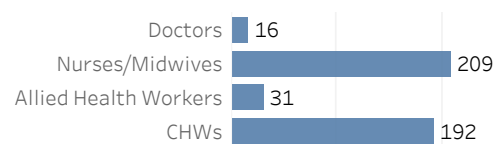
### Weighted Provincial Ranking, based on health indicators (with constraint index)



### Number of Health Facilities

Type	Govt	Church Services	Private Sector	Data not available	Closed	Grand Total
Provincial Hospital	1					1
Rural hospital	1					1
Urban Health Center	1		3			4
Health Center	2	5				7
Health Sub Center	13	6				19
Aid Post				64	23	87
<b>Grand Total</b>	<b>18</b>	<b>11</b>	<b>3</b>	<b>64</b>	<b>23</b>	<b>119</b>

### Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. New Ireland

# Provincial Profile

## New Ireland Province

### Outpatient Visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Kavieng	1.4	14	66%
District	Namatanai	2.8	54	46%
Province	New Ireland	2.2	35	55%
National	National	1.1	31	53%

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Kavieng	40%	46%
District	Namatanai	48%	60%
Province	New Ireland	44%	53%
National	National	34%	42%



# Provincial Profile

## New Ireland Province

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Kavieng	42%	49%	85
	Namatanai	47%	63%	112
Province	New Ireland	45%	57%	100
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Kavieng	0.0%	83	23%
	Namatanai	0.4%	161	21%
Province	New Ireland	0.3%	123	22%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Kavieng	8.5%	48	225
	Namatanai	5.0%	92	571
Province	New Ireland	7.0%	72	410
National	National	7.0%	35	112

# District Profile

## Kavieng District, New Ireland Province

Population

93,370

Growth rate



4.5%



Outpatient visits



1.4

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



42%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



49%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



85

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



46%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



22.5%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



40%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



14

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.0%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

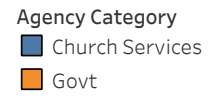
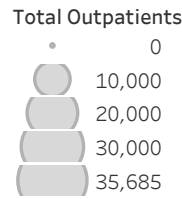
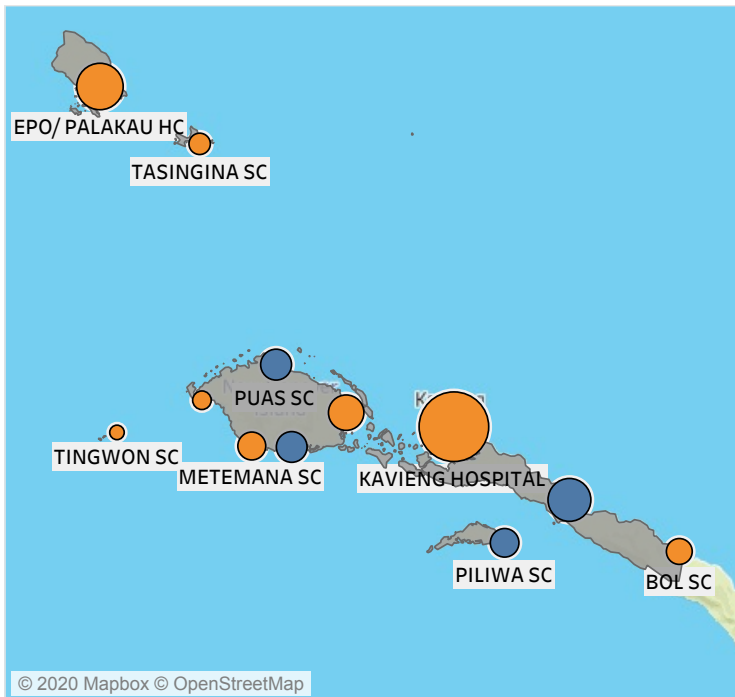
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## Kavieng District, New Ireland Province

### Map of health facilities

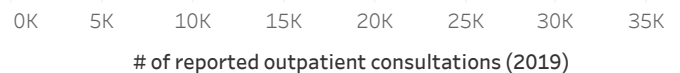


### Number of health facilities

Type	Open	Closed	Status not known	Grand Total
Provincial Hospital	1			1
Urban Health Center	2			2
Health Center	4			4
Health Sub Center	7			7
Aid Post	20	17	1	38
<b>Grand Total</b>	<b>34</b>	<b>17</b>	<b>1</b>	<b>52</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	KAVIENG HOSPITAL	GOVERNMENT	12
Urban Health Center	KAVIENG UC	GOVERNMENT	12
	POLIAMBA UC	OIL PALM	12
Health Center	EPO/PALAKAU HC	GOVERNMENT	12
	LAVONGAI HC	CATHOLIC	12
	LEMAKOT HC	CATHOLIC	12
	TASKUL HC	GOVERNMENT	12
Health Sub Center	BOL SC	GOVERNMENT	12
	METEMANA SC	GOVERNMENT	12
	PILIWA SC	UNITED CHURCH	11
	PUAS SC	CATHOLIC	12
	TASINGINA SC	GOVERNMENT	12
	TINGWON SC	GOVERNMENT	12
	UMBUKUL SC	GOVERNMENT	12



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## Namatanai District, New Ireland Province

Population

113,849

Growth rate



4.5%



Outpatient visits



2.8

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



47%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



63%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



112

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



60%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



21.4%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



48%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



54

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



0.4%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

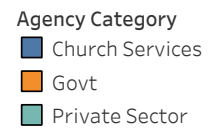
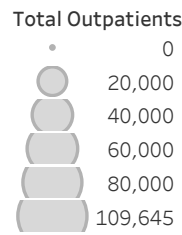
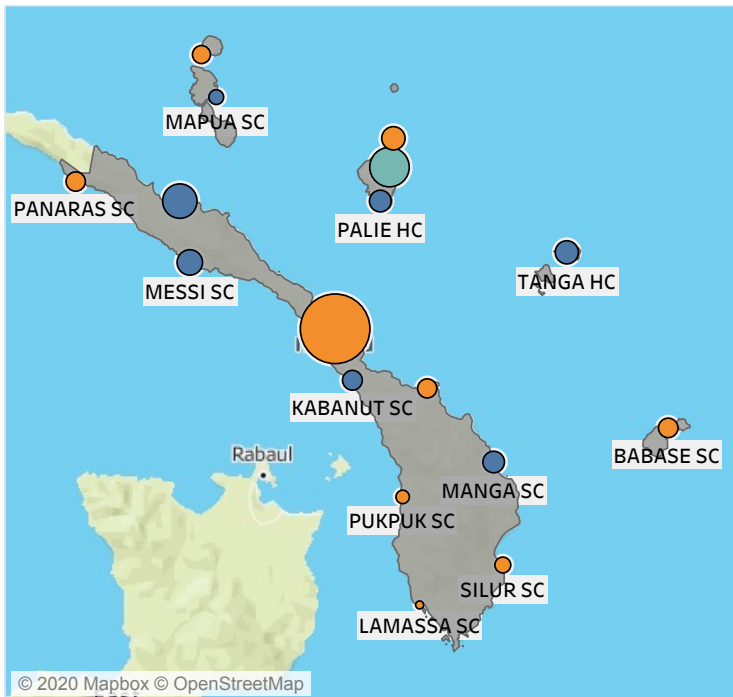
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

**For further information, contact your PHA CEO**

# District Profile

## Namatanai District, New Ireland Province

Map of health facilities



Number of health facilities

Type	Open	Closed	Grand Total
Rural hospital	1		1
Urban Health Center	2		2
Health Center	3		3
Health Sub Center	12		12
Aid Post	42	7	49
<b>Grand Total</b>	<b>60</b>	<b>7</b>	<b>67</b>

List of health facilities

Type	Name of Facility	Agency	Reports Received
Rural hospital	NAMATANAI HC	GOVERNMENT	12
Urban Health Center	LIHIR MINING CLINIC	LIHIR MINING CO.	12
	SIMBERI MINING CLINIC	SIMBERI MINING CO.	11
Health Center	KIMADAN HC	UNITED CHURCH	12
	PALIE HC	CATHOLIC	10
	TANGA HC	CATHOLIC	10
Health Sub Center	BABASE SC	GOVERNMENT	11
	KABANUT SC	UNITED CHURCH	12
	LAMASSA SC	GOVERNMENT	9
	LIPEK SC	GOVERNMENT	12
	MANGA SC	CATHOLIC	12
	MAPUA SC	CATHOLIC	12
	MASAHET SC	GOVERNMENT	12
	MESSI SC	CATHOLIC	12
	PANARAS SC	GOVERNMENT	11
	PUKPUK SC	GOVERNMENT	12
	SILUR SC	GOVERNMENT	10
SIMBERI SC	GOVERNMENT	10	

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.



National Department of Health

---

# PROVINCIAL AND DISTRICT HEALTH PROFILES

---

Data for decision-makers

## AUTONOMOUS REGION OF BOUGAINVILLE

New Ireland Sandaun Gulf  
Milne Bay West New Britain National Capital  
East Sepik Western Highlands Enga  
Western Southern Highlands Jiwaka Hela  
Morobe Manus Chimbu Eastern Highlands  
Madang Bougainville East New Britain  
Northern Central



# Provincial Profile

## Autonomous Region of Bougainville

Provincial Population

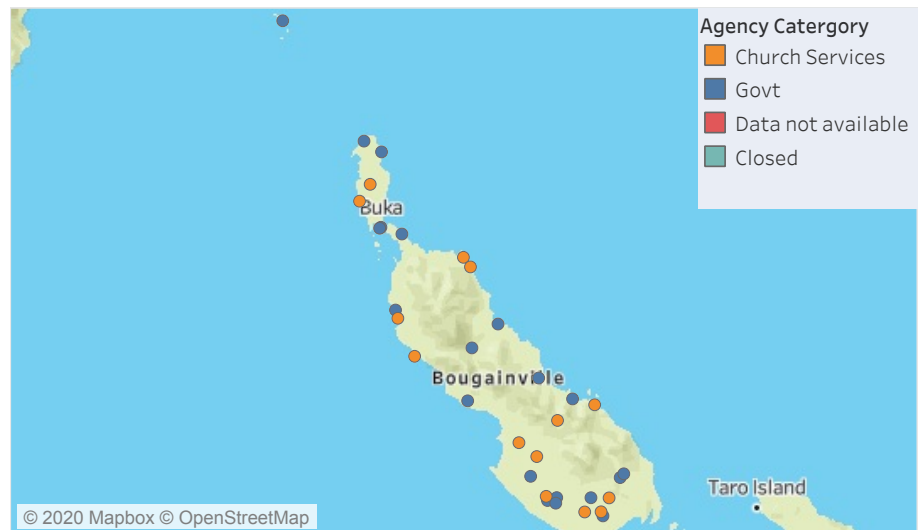
**324,177**

Growth Rate

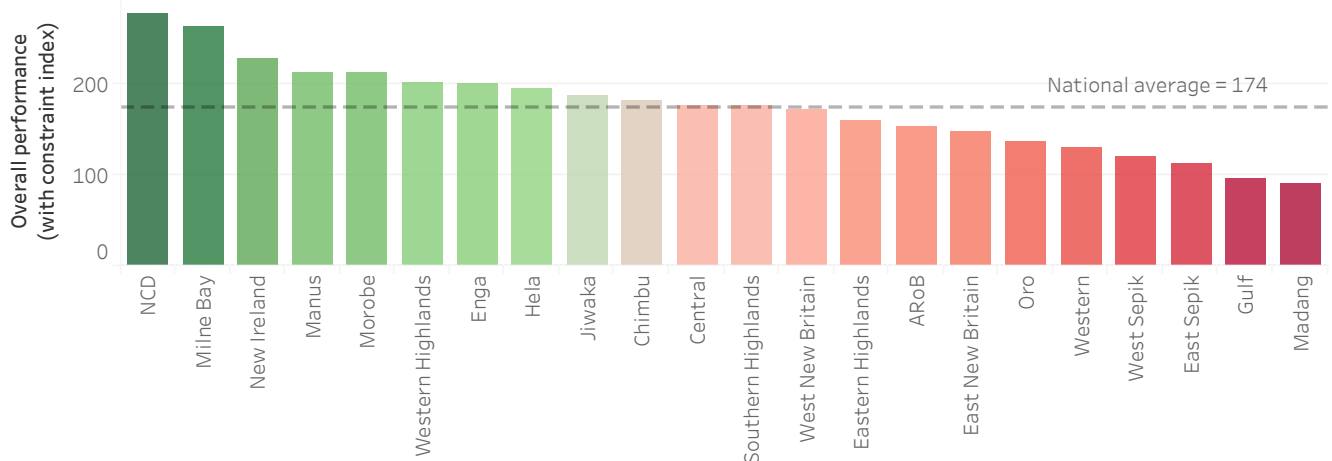
**3.2%**

Health worker to population ratio

**0.5 per 1000**



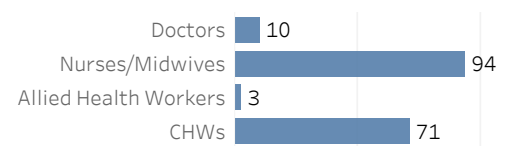
Weighted Provincial Ranking, based on health indicators (with constraint index)



Number of Health Facilities

Type	Govt	Church Services	Data not available	Closed	Grand Total
Provincial Hospital	1				1
District Hospital	1				1
Urban Health Center	1				1
Health Center	6	3			9
Health Sub Center	14	11			25
Comm Health Post	4				4
Aid Post			153	54	207
Grand Total	27	14	153	54	248

Health Workforce (govt)



All data sourced from the electronic National Health Information System and related sources. Only facilities with known GPS coordinates have been mapped. Aid posts were excluded. Health workforce includes government-only staff. Bougainville

# Provincial Profile

## Autonomous Region of Bougainville

### Outpatient Visits



0.7

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

### Facility Births



43%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

### Antenatal Care



55%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

### Family Planning



63

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

### Malnutrition



13%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

### Measles Vaccine



32%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

### Outreach Clinics



31

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

### Pneumonia Deaths



1.9%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DPT/Pentavalent Vaccine



40%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

## PRIORITY HEALTH INDICATORS

### Health Service Performance

Level	Province/District	Average outpatient visits per person per year	Outreach clinics per 1000 children < 5 years	% months with no significant stock-outs
District	Central Bougainville	0.7	32	26%
	North Bougainville	0.9	27	32%
	South Bougainville	0.6	37	39%
Province	ARoB	0.7	31	34%
National	National	1.1	31	53%

# Provincial Profile

## Autonomous Region of Bougainville

### Vaccination coverage for children < 1 years

Level	Province/District	Measles vaccine coverage (target = 90%)	Pentavalent (DPT) vaccine coverage (target = 90%)
District	Central Bougainville	37%	45%
	North Bougainville	30%	41%
	South Bougainville	28%	36%
Province	ARoB	32%	40%
National	National	34%	42%

### Maternal, newborn health and family planning

Level	Province/District	Skilled birth attendance	Antenatal care provision	Couple years protection
District	Central Bougainville	54%	67%	90
	North Bougainville	41%	51%	71
	South Bougainville	38%	53%	35
Province	ARoB	43%	55%	63
National	National	36%	51%	135

### Child health and nutrition

Level	Province/District	% deaths from pneumonia in children < 5 years	Incidence of diarrhoeal disease per 1000 children < 5 years	% underweight children < 5 years
District	Central Bougainville	1.4%	93	9%
	North Bougainville	1.7%	92	11%
	South Bougainville	2.2%	58	21%
Province	ARoB	1.9%	80	13%
National	National	2.1%	182	21%

### Other health indicators

Level	Province/District	Under weight births (<2500g) as % of total births	Injury discharges from health facilities for every 1000 population	Incidence of malaria per 1000 population
District	Central Bougainville	4.2%	18	63
	North Bougainville	5.7%	24	75
	South Bougainville	5.8%	13	11
Province	ARoB	5.0%	19	50
National	National	7.0%	35	112

# District Profile

## Central Bougainville, Autonomous Region of Bougainville

Population  
**76,778**

Growth rate  
**3.2%**



Outpatient visits



Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES

- Improve rural and hospital health services
- Improve partnerships with churches and private sector
- Get more health workers to meet population needs
- Make sure women have access to and give birth in a health facility

- Increase the number of children immunised against diseases
- Refurbish and upgrade poor and unsafe infrastructure
- Expand services to address high levels of family violence
- Increase family planning options; children by choice, not chance

**Why invest DSIP funds in health?**

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

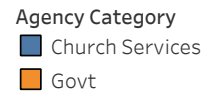
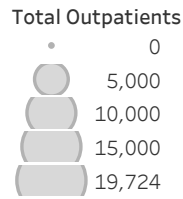
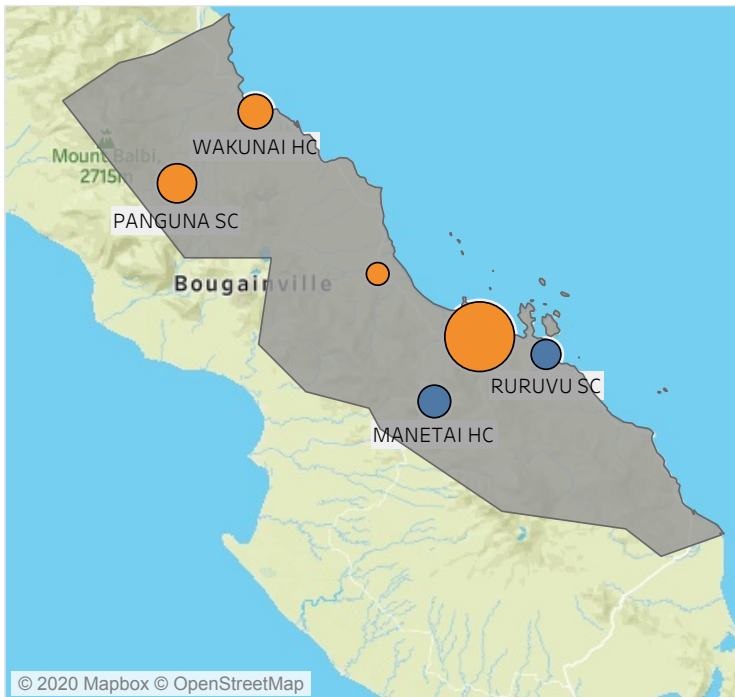
*For further information, contact your PHA CEO*

Population data sourced from PNG Census 2011 to develop 2019 estimate. Health indicators are from the 2019 Sector Performance Annual Report. Central Bougainville

# District Profile

## Central Bougainville, Autonomous Region of Bougainville

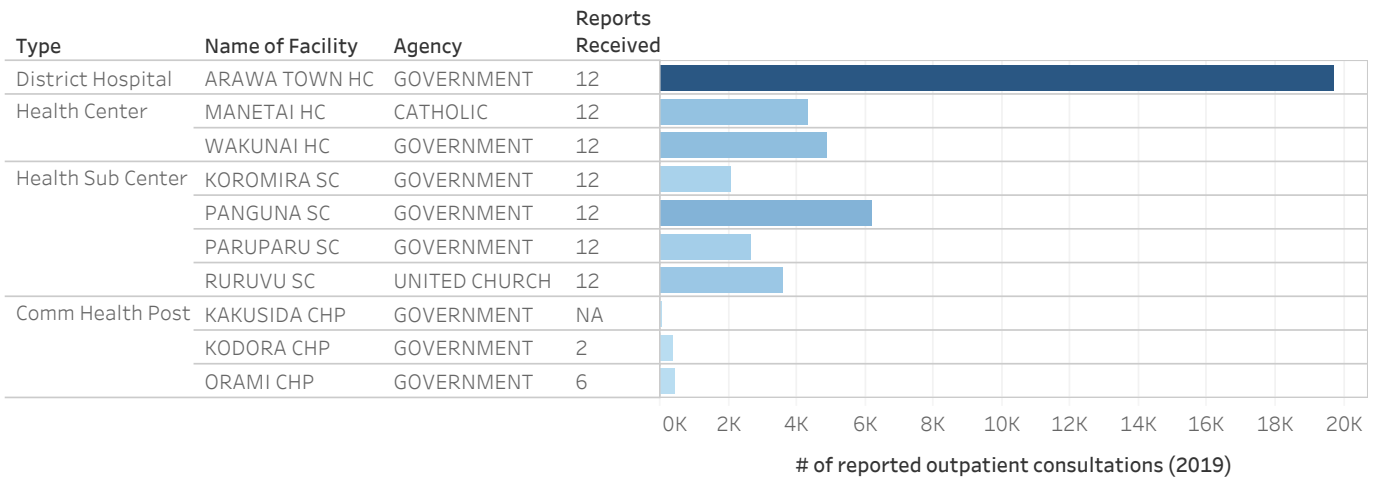
Map of health facilities



Number of health facilities

Type	Open	Closed	Status not known	Grand Total
District Hospital	1			1
Health Center	2			2
Health Sub Center	4			4
Comm Health Post	1		2	3
Aid Post	14	19	42	75
<b>Grand Total</b>	<b>22</b>	<b>19</b>	<b>44</b>	<b>85</b>

List of health facilities



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## North Bougainville, Autonomous Region of Bougainville

Population

135,273

Growth rate



3.2%



Outpatient visits

0.9

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



41%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



51%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



71

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



41%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



10.6%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



30%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



27

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



1.7%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

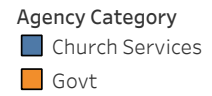
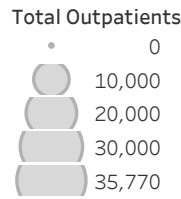
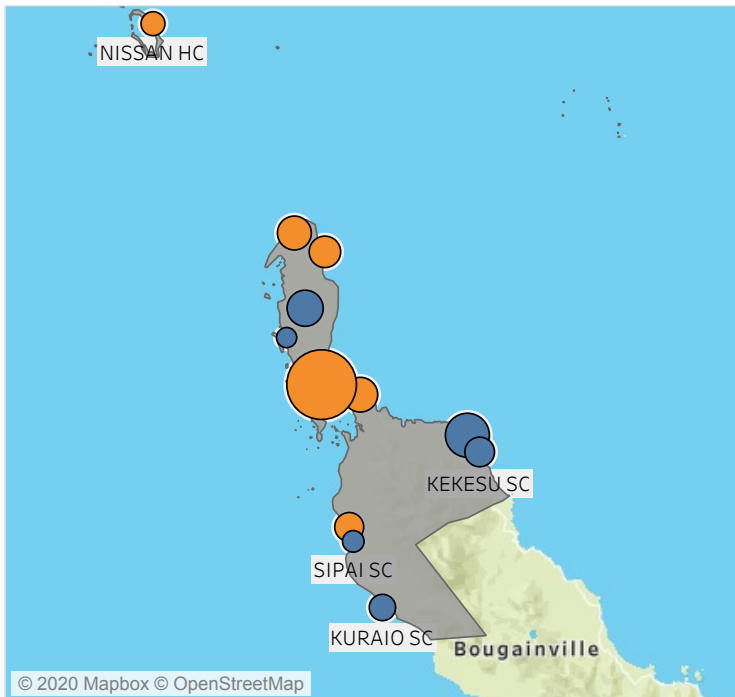
**For further information, contact your PHA CEO**



# District Profile

## North Bougainville, Autonomous Region of Bougainville

### Map of health facilities

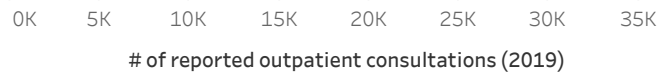


### Number of health facilities

Type	Open	Closed	Grand Total
Provincial Hospital	1		1
Urban Health Center	1		1
Health Center	3		3
Health Sub Center	9		9
Aid Post	28	35	63
<b>Grand Total</b>	<b>42</b>	<b>35</b>	<b>77</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Provincial Hospital	BUKA HOSP	GOVERNMENT	12
Urban Health Center	BUKA UC	GOVERNMENT	12
Health Center	KUNUA HC	GOVERNMENT	12
	NISSAN HC	GOVERNMENT	12
	TEAROUKI HC	CATHOLIC	12
Health Sub Center	Carterets SC	GOVERNMENT	12
	GAGAN SC	CATHOLIC	12
	HANAHAN SC	GOVERNMENT	12
	KEKESU SC	UNITED CHURCH	12
	KURAIO SC	CATHOLIC	12
	LEMANMANU SC	GOVERNMENT	12
	SELAU (HANTOA) SC	GOVERNMENT	12
	SIPAI SC	CATHOLIC	12
	SKOTOLAN SC	UNITED CHURCH	11



Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.

# District Profile

## South Bougainville, Autonomous Region of Bougainville

Population

112,126

Growth rate



3.2%



Outpatient visits



0.6

Number of outpatient visits per person per year - a key metric in service delivery. The best districts provided 2+ visits per person per year

Facility Births



38%

of women give birth in a health facility - one of the most important interventions to prevent maternal and newborn deaths

Antenatal Care



53%

of pregnant women attend an antenatal care checkup - these visits help to identify and treat any issues during pregnancy and prepare women and their families for a safe child birth

Family Planning



35

couple years protection provided per 1000 women aged 15-44 years. Districts should be aiming for 300 or more so that women have children by choice, not chance

DPT/Pentavalent Vaccine



36%

of children under 1 that received three doses of the DPT-HepB-Hib pentavalent vaccine - districts should aim for over 90% in order to prevent future disease outbreaks

Malnutrition



20.8%

of children under 5 are underweight for their age - malnutrition is estimated to contribute to more than a third of childhood deaths

Measles Vaccine



28%

of children under 1 vaccinated against measles - districts should aim for over 90% in order to prevent future disease outbreaks

Outreach Clinics



37

Number of outreach clinics per 1000 children - rural outreach provides a key platform for preventive child health programs and districts should be achieving over 60

Pneumonia deaths



2.2%

of children under 5 who die from pneumonia - good quality care (oxygen, early and effective use of antibiotics) would minimise these deaths. The national average is 2.1%

### DISTRICT PRIORITIES



Improve rural and hospital health services



Increase the number of children immunised against diseases



Improve partnerships with churches and private sector



Refurbish and upgrade poor and unsafe infrastructure



Get more health workers to meet population needs



Expand services to address high levels of family violence



Make sure women have access to and give birth in a health facility



Increase family planning options; children by choice, not chance

### Why invest DSIP funds in health?

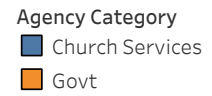
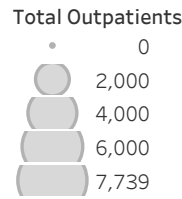
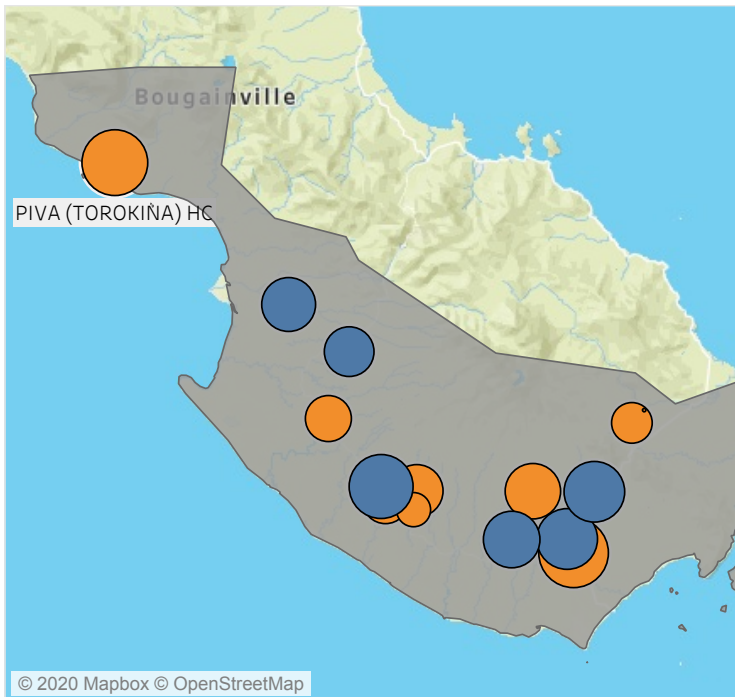
**The district is the frontline in service delivery. The money you invest in health can and does make a real difference to health outcomes. The money can be directed to where it is needed most - whether that is fuel for outreach visits or rebuilding aid posts. These investments can save lives and mean all families can access quality services to live happy and healthy lives.**

*For further information, contact your PHA CEO*

# District Profile

## South Bougainville, Autonomous Region of Bougainville

### Map of health facilities



### Number of health facilities

Type	Open	Status not known	Grand Total
Health Center	4		4
Health Sub Center	11	1	12
Comm Health Post		1	1
Aid Post		69	69
<b>Grand Total</b>	<b>15</b>	<b>71</b>	<b>86</b>

### List of health facilities

Type	Name of Facility	Agency	Reports Received
Health Center	BOKU HC	GOVERNMENT	12
	BUIN HC	GOVERNMENT	12
	KATUHKUH HC	GOVERNMENT	12
	MORATONA HC	CATHOLIC	12
Health Sub Center	KONGA SC	GOVERNMENT	12
	KULULA SC	GOVERNMENT	NA
	LENOKE SC	GOVERNMENT	12
	MONOITU SC	GOVERNMENT	12
	ORIA SC	GOVERNMENT	12
	PIANO SC	CATHOLIC	12
	PIVA (TOROKINA) HC	GOVERNMENT	12
	SINGKODO SC	GOVERNMENT	12
	SOVELE SC	CATHOLIC	12
	TABAGO SC	CATHOLIC	12
TONU SC	UNITED CHURCH	12	
TURIBOIRU SC	CATHOLIC	12	
Comm Health Post	KARATO CHP	GOVERNMENT	NA

# of reported outpatient consultations (2019)

Health facility data is from the electronic Health Information System. This includes facilities reporting through the eNHIS for outpatient services and separate database of health facilities used to track status and GPS coordinates.