Message from the Secretary

In the first half of 2005, the Division of Health of the Department of Health, Education and Social Affairs (DHESA) of the FSM National Government carried out a comprehensive evaluation of the existing primary health care delivery system in all four states in the FSM. Of the 117 dispensaries in the country, 109 of them (93%) were visited. In order to standardize information collected, survey forms were developed at the FSM Department of HESA and used in the collection of data. With the assistance of each of the health departments in the FSM states, the public health program coordinators and health assistants were interviewed, dispensaries were visited and data were collected and recorded. All this was accomplished through the diligence and persistence of the staff from the state public health and dispensary divisions, FSM Department of HESA, and the consultant from the ADB funded Basic Social Services Project.

This report provides a descriptive account of every dispensary in FSM that was surveyed and a description of public health/primary health care programs. Findings and suggestions for the way ahead that it is felt will rectify common problems encountered during the assessment are detailed. A final section of the report provides a summation of the main issues and weaknesses common to primary care programs in all states with proposals for possible future action. Highlighting the issues in this way is not meant to criticize the dispensaries and public health programs and management procedures but to bring any weaknesses into the open so that those who are in position to implement change for continuous quality improvement will have concrete issues on which to base interventions and innovative improvements.

DHESA regards this study as an important step in better understanding how dispensaries and public health units are functioning in providing basic primary and preventive health care to the people of the FSM. For planning purposes, having such information is invaluable and will provide the basis for program managers and decision makers to design appropriate programs and interventions in the future. Most importantly it ensures that future planning will be evidence based.

In order to make best use of the extensive travel required to carry out this study, the staff utilized the opportunity and vaccinated the children during the visits. This opportunity was particularly welcomed by those islands that normally did not receive regular visits in the year.

The study has taken six months to complete at a direct cost of $150,000.00. While the FSM DHESA took the lead in the survey, all four FSM states were involved in conducting the interviews and providing vaccination and other public health out-reach services. In Chuuk, there were four teams of four members made up of staff from the FSM DHESA and Chuuk State Public Health. These teams were assigned to cover the different regions of Chuuk. Yap was covered by three staff from the FSM National Government who traveled by ship and by small plane to visit each of the outer islands. The three groups of outer islands of Pohnpei were each covered by staff of the FSM National Government Department of HESA. The five dispensaries on Pohnpei were surveyed by two staff from the FSM DHESA. Being a single island, Kosrae was covered by one staff from the FSM DHESA.
I wish to express my appreciation to the staff from the Division of Health for working closely with their colleagues in the states to ensure that this study is completed and to all the Directors of Health and their staff, particularly those from the dispensary and public health division, for their active involvement in this important study. The challenge for us all now is to translate this information into action by making changes where problems exist, focusing interventions where services are lacking, and providing an acceptable level of primary care services where none was provided. If all of these are provided, all citizens of our country can be assured that every time they visit a dispensary they can be confident that they will receive quality health care services.

Very sincerely yours,

Nena S Nena, MPH
Department of Health, Education and Social Affairs
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# Acronyms and Abbreviations

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<tr>
<th>Acronym</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIP</td>
<td>Capital Improvement Project</td>
</tr>
<tr>
<td>CWSHN</td>
<td>Children with Special Health Needs</td>
</tr>
<tr>
<td>DHESA</td>
<td>Department of Health, Education and Social Affairs</td>
</tr>
<tr>
<td>DM</td>
<td>Dispensary Manager</td>
</tr>
<tr>
<td>DOT</td>
<td>Directly Observed Therapy</td>
</tr>
<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
</tr>
<tr>
<td>FSM</td>
<td>Federated States of Micronesia</td>
</tr>
<tr>
<td>FSMTEL</td>
<td>Federated States of Micronesia Telecommunications Corporation</td>
</tr>
<tr>
<td>FTE</td>
<td>Full Time Equivalent</td>
</tr>
<tr>
<td>HA</td>
<td>Health Assistant</td>
</tr>
<tr>
<td>HD</td>
<td>Hanson’s Disease (Leprosy)</td>
</tr>
<tr>
<td>JEMCO</td>
<td>Joint Economic and Management Committee</td>
</tr>
<tr>
<td>JICA</td>
<td>Japan International Cooperation Agency</td>
</tr>
<tr>
<td>PH</td>
<td>Public Health</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>PLWHA</td>
<td>People living with HIV/AIDS</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TTPI</td>
<td>Trust Territory Pacific Islands</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
</tr>
<tr>
<td>US</td>
<td>United States</td>
</tr>
</tbody>
</table>
### Explanation of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Midwife</strong></td>
<td>The term midwife in this report refers, generally, to a health assistant who has received additional basic midwifery training at the central hospital. A midwife, however, may not necessarily have completed high school or any nurse or health assistant training.</td>
</tr>
<tr>
<td><strong>Health Assistant</strong></td>
<td>A Health Assistant (HA) is a primary health care professional who is the first point of contact for the community in terms of health. A HA must be a high school graduate, will have completed a one year HA training course and may have completed, or partially completed, nurse training. They will examine, diagnose and treat patients or refer them to a secondary facility if they do not have the knowledge or skill to provide the required treatment. They routinely conduct clinics in a range of public health areas including, diabetes and hypertension, well baby, and family planning. They undertake screening and treatment or referral. They undertake safe, normal deliveries. They provide education and information on disease prevention and promote good nutrition and healthy living. They promote good sanitation and hygiene practices in their community.</td>
</tr>
<tr>
<td><strong>Medex</strong></td>
<td>A Medex has generally completed nursing or health assistant training followed by medical training through the MEDEX/Pacific Micronesia Program or the Fiji School of Medicine. Medexes are responsible for performing medical tasks which would normally be undertaken by a Medical Officer or a Staff Physician such as: taking medical histories; performing physical examinations; diagnosing, prescribing and treating medical problems; ordering x-rays and laboratory tests and interpreting results; managing emergency care in cases of injury or illness; performing minor surgery; suturing lacerations; and performing normal deliveries.</td>
</tr>
<tr>
<td><strong>Dispensary Services</strong></td>
<td>The following list of services provided applies to all dispensaries in this report unless otherwise specified in the dispensary narrative.</td>
</tr>
</tbody>
</table>

#### Basic and Essential Services

1. **Outpatient services**
   - Disease screening
   - Management of chronic infectious and disease
   - Acute management and transfer to secondary care
   - Minor surgery
   - Antenatal and post-partum (in cooperation with TBA)
   - Child health surveillance
   - Family planning
   - Health education and prevention
   - Nutrition support and education
   - Family health counseling

2. **House calls**

3. **Dispense drugs**

#### Additional Services Provided During Public Health Outreach Team Visits

4. **Outpatient services**
   - Vaccination and Immunization
## Selected Key Indicators for FSM

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude Birth Rate&lt;sup&gt;2&lt;/sup&gt;</td>
<td>23.0</td>
</tr>
<tr>
<td>Crude Death Rate&lt;sup&gt;2&lt;/sup&gt;</td>
<td>32.0</td>
</tr>
<tr>
<td>Infant Mortality Rate&lt;sup&gt;3&lt;/sup&gt; (per 1,000)</td>
<td>22.9</td>
</tr>
<tr>
<td>Percentage of Babies with Low Birth Weight&lt;sup&gt;4&lt;/sup&gt;</td>
<td>6.0%</td>
</tr>
<tr>
<td>Births to Teenage Mothers (per 1,000 live births)</td>
<td>26&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>Projected Population&lt;sup&gt;6&lt;/sup&gt;</td>
<td>107,008</td>
</tr>
<tr>
<td>Life Expectancy&lt;sup&gt;5&lt;/sup&gt; Male</td>
<td>67.6</td>
</tr>
<tr>
<td>Life Expectancy&lt;sup&gt;5&lt;/sup&gt; Female</td>
<td>66.6</td>
</tr>
<tr>
<td>Number of New TB Cases</td>
<td>118</td>
</tr>
<tr>
<td>Suicides (completed)</td>
<td>17</td>
</tr>
<tr>
<td>Percentage of Infants Completing Immunization Schedule by age 2</td>
<td>92%</td>
</tr>
<tr>
<td>Percentage of Births Delivered by Trained Health Staff&lt;sup&gt;7&lt;/sup&gt;</td>
<td>90%</td>
</tr>
<tr>
<td>Number of Doctors</td>
<td>60</td>
</tr>
<tr>
<td>Number of Nurses</td>
<td>528</td>
</tr>
<tr>
<td>Number of Health Assistants</td>
<td>147</td>
</tr>
<tr>
<td>Average per capita expenditure on health</td>
<td>$190.00</td>
</tr>
</tbody>
</table>

---

<sup>1</sup> All data from DHESA except where noted.

<sup>2</sup> Data from Birth and Death Registrations.

<sup>3</sup> Number of deaths of children < 1 year divided by the total number of live births. This data should be treated with caution.

<sup>4</sup> < 5lb 8 oz (2,500 grams).

<sup>5</sup> Data for 2003

<sup>6</sup> Describe where data came from.

<sup>7</sup> Estimated
Section 1.  Introduction to the Federated States of Micronesia

Geography

The Federated States of Micronesia (FSM) consists of 607 islands spread over more than a million square miles in the Western Pacific Ocean and lies between 1 degree south and 14 degrees north latitude and between 135 and 166 degrees east longitude. Although the area that encompasses the FSM (including the exclusive economic zone) is very large, the land area is only 270.5 square miles with an additional 2,776 square miles of lagoon area. The 607 islands vary from large, high mountainous islands of volcanic origin to small atolls. Only 65 of these 607 islands are inhabited.

The FSM is a democratic, constitutional federation of four States, namely, Kosrae, Pohnpei, Chuuk and Yap. Kosrae is the easternmost State of the Federation with 43.2 square miles of land and no lagoons. The land area of Pohnpei State is 133.4 square miles inclusive of five outer islands. In addition to Pohnpei State's land area, it also has 297.2 square miles of lagoon area. Chuuk State consists of six (6) major island groups. The largest is Chuuk Proper which is a complex of islands. It includes 98 islands of which 14 are mountainous islands of volcanic origin, surrounded by a coral ring forming a lagoon of over 800 square miles. Outer islands are 24 in number and are mostly low islands or coral atolls. The total Chuuk State land area is 49.2 square miles. Yap is the westernmost state and has a total land area of 45.9 square miles which includes 15 outer islands. In addition to the Yap State land area, there are 405.2 square miles of lagoon area.

The capital of the FSM is located in Palikir, Pohnpei. The national boundaries of the FSM stretch over, 1,700 miles from Yap in the east to Kosrae in the west, covering over 1 million square miles of ocean.
Demographics

The latest census count in 2000 revealed a total population of 107,008, with an estimated 2.3% post-census growth rate. The census results show that Chuuk is the most populous of the FSM states (53,595), followed by Pohnpei (34,486), Yap (11,241) and Kosrae (7,686).

The majority of the population is very young. Approximately 45,933 (43.51%) of the population were found to be under 15 years of age and about 58,188 (55.0%) under 20 years of age). Children under 10 years of age made up approximately one-third of the total population. The annual population growth rate decreased to 2.5% and fertility reduced from 42.2 in 1989 to 32.2 in 1994 and to 29.2 in 2000.

Approximately 76.0 per cent of the FSM population live in the state administrative centers and intermediate areas. The remainder live on the outer islands. The high population densities in the state centers are due to two factors: (1) rural and outer island migration to the state centers and (2) a high fertility rate within the FSM. People from the out-lying municipalities and the outer islands migrate to the state centers to seek wage-earning employment and to access better (and secondary) education, medical care, and the various amenities of urban life.

Environment

The ecology is one of mountainous jungle and mangrove swamps, with fringing coral reefs. Most of the islands have pronounced wet and dry seasons. The climate is tropical, with relatively uniform temperatures throughout the year. The average temperature is around 80 degrees Fahrenheit, relative humidity between 70% and 100%, and an average annual rainfall varying from 110 inches in Yap to 180-400 inches in Pohnpei.

The main resources are the land and waters. Agricultural and forestry resources are abundant, particularly on the high islands, but little development of these resources has occurred in the past other than for subsistence purposes. A rich marine fauna exists in the open sea, reefs, lagoons and shore areas. Commercial exploitation of the large open-sea tuna stocks is being undertaken by foreign fishing fleets. Mineral resources on land are generally insignificant. The nature of deep sea mineral resources is presently unknown.

Ethnicity and Culture

The people of the FSM are classified as Micronesians, with their origins probably coming from Southeast Asia and Malaysia. Inhabitants of Kapingamarangi and Nukuoro in Pohnpei are of a Polynesian origin.

The cultural diversity is typified by the existence of eight major indigenous languages - Kosraean in Kosrae; Pohnpeian, Kapingamarangi and Nukuoran in Pohnpei; Chuukese in Chuuk; and Yapese, Ulithian and Woleaian in Yap. English, however, is the official language of the governments and is taught in the schools. English is also spoken by most of the government leaders and is the official language is used in entity-wide negotiations,
government activities and documents. Additionally, many older people are familiar with the Japanese language due to the Japanese administration era from 1914 through World War II.

**Health Infrastructure**

The of the health care system mirrors the government structure. Just as there are three levels of government (National, State and Municipal) so too there is involvement of these three levels in the provision of health care. Although the National Government (Federal) does not implement or provide direct services, it provides policy direction for the four states. The state departments of health, through their government-run hospitals, administer all health affairs to the people. The dispensaries in the remote islands, where more than 30% of the total population resides, provide Primary Health Care services including acute care services for basic ailments, often with support from the municipal authorities.

At the National level, the Secretary of the Department of Health, Education and Social Affairs (DHESA), who is a cabinet ranking official, has a constitutional responsibility to protect and promote the health of the nation. The Division of Health Services is divided into four service areas:

- Communicable Disease and Immunization Section
- Planning & Family Health and Non-Communicable Disease Section
- Environmental and Community Health Section
- Substance Abuse and Mental Health Section

and is responsible for the administration and direction of health care services, and for reviewing, updating, and developing health policies and regulations for the four states - Yap, Chuuk, Pohnpei and Kosrae.

Another responsibility of the Division is to provide technical assistance to the four states in training across a number of fields such as nursing, medicine, sanitation, maternal and child health, mental health, program evaluation and monitoring, identifying and securing medical specialists, and disseminating of information. A Public Health Statistics Unit collects, stores, manages, reviews and analyzes data and feeds back consolidated data and reports, to the States. This unit supports the Division through the provision of data necessary for monitoring and evaluation, future planning and budgeting.

Each of the four states in the FSM has a popularly elected Governor. Provision of Social Services is defined in the FSM Constitution as a "concurrent" responsibility of the State and the FSM National Government. Likewise, each state maintains its own Health Service system. Although similar in many respects, each system is also unique. All, however, face operating difficulties arising from budget cutbacks during a period of increasing health care costs and inflation. Each Health Service system is also in the peculiar position of having to respond to its own State Government but also reporting to the National Government on such matters as the management of federal programs.

Each State maintains a centrally located hospital which provides a wide range of primary and secondary, preventive and curative services. Minimal tertiary services exist in that the only tertiary service available is hemodialysis and that is only available in the Pohnpei State
Hospital. Private health services are limited in FSM with Pohnpei having the only private hospital. Pohnpei and Chuuk have the only private clinics with two being located in each.

Services which cannot be provided locally due to staffing, equipment or other deficiencies are referred off-island to health centers in Guam, Manila or Honolulu. However, these referrals are very costly and must pass very strict criteria established by each state. Health services are highly subsidized government. In order to provide basic medical services to the people of the intermediate and outlying areas, including outer islands and atolls, each State maintains dispensaries staffed by health assistants or medexes. Dispensary staff are trained to provide primary health care services including basic treatment for common diseases, referrals, and public health, sanitation, and health education services. In recent years, funding, logistic, and personnel issues have resulted in a reduction in the extent and level of dispensary services. As a consequence, in all States, Public Health Outreach Teams, based at the Primary Health Care Unit located centrally and close to the hospital, are sent to the outer areas periodically to provide supplementary services such as immunization, family planning, screening for infectious diseases and a range of maternal and child health services.

The center of each State's health system is located at the hospital. Each contains an outpatient department, inpatient wards, public health clinics, a dental clinic, and health administration offices. The central hospitals are located on Weno in Chuuk State, Lelu in Kosrae State, Kolonia in Pohnpei, and Colonia in Yap. These hospitals are readily accessible to residents of the urban centers.

**Communication**

FSM Telecommunication Corporation (FSMTEL), a government for profit corporation, is the major and only provider of all telecommunication services in the FSM. Established in 1983, communications systems and services within and outside the FSM have improved considerably since that time. The corporation is consolidated with the individual state sub-systems under the management and control of a single cooperative body. The headquarters is in Pohnpei, with a telecommunication station in each of the three other states.

The cost of making regular overseas telephone calls is still expensive. For example the cost of a single call (person to person) outside the FSM is US$ 12.00 for the first three minutes and $3.00 for each additional minute. In 1995, FSMTEL provided access to the internet for public subscribers for an average cost of US$ 19.95 a month with a charge of US$ 1.99 for each additional hour or part of an hour.

Table 1 shows the extent to which telephone services are available in the FSM. It is important to note that of the 15,723 households in the FSM, less than 10% has telephones. Currently, telephone services on the outer islands is not available with the exception of the islands in the Ulithi Atoll in Yap.
Table 1. Number of Telephone Working Lines in the FSM

<table>
<thead>
<tr>
<th>State</th>
<th>Government</th>
<th>Business</th>
<th>FSMTC</th>
<th>Residence</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pohnpei</td>
<td>772</td>
<td>1,365</td>
<td>295</td>
<td>3,769</td>
<td>6,201</td>
</tr>
<tr>
<td>Chuuk</td>
<td>263</td>
<td>649</td>
<td>101</td>
<td>1,436</td>
<td>2,449</td>
</tr>
<tr>
<td>Yap</td>
<td>373</td>
<td>444</td>
<td>103</td>
<td>1,180</td>
<td>2,100</td>
</tr>
<tr>
<td>Kosrae</td>
<td>208</td>
<td>280</td>
<td>90</td>
<td>1,075</td>
<td>1,653</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1616</td>
<td>2,738</td>
<td>589</td>
<td>7,460</td>
<td>12,403</td>
</tr>
</tbody>
</table>


The importance of a reliable communication system between the outer islands and the main health center cannot be over emphasized. When there is a medical emergency, communication via radio is the only way a health assistant can communicate with a doctor at the hospitals in the centers.

The vast distance between islands, the prohibitive cost of telecommunication links and the time zone differences between other states and countries, all contribute to the difficulty in accessing up to date health information. As much of the rest of the world progresses in the information age, this island nation, made up of small isolated islands with varying levels of health disparity, is at risk of being left behind on the wrong side of the digital divide and this will have a substantial impact on its health care delivery system.
Section 2. Background to Assessment

Introduction

There were two special terms and conditions the U.S. Government imposed on the Government of the Federated States of Micronesia (FSM) Health Sector Grant (Grant # CSG-FSM-2005-HLT) award for the Fiscal Year (FY) 2005. The first one was for the FSM to submit within thirty (30) days, after signing of the notice of grant award, detailed information on the three health insurance programs in existence. The second requirement was for FSM to complete a comprehensive evaluation of the effectiveness of existing primary care systems and expansion plans in all four states.

FSM has fulfilled all requirements under the first condition. It has not only provided the detailed information for each of the health insurance programs but has also provided additional information subsequently requested by the granting agency in order to fully understand the depth and scope of services provided by the respective health insurance programs.

This time, FSM is submitting this report in response to the second requirement. It describes the results of the evaluation of the existing primary care systems in the FSM which has been conducted by National and State Government Health Department staff. It should be understood that while this survey was required by the U.S. Government under the FSM FY 2005 health sector grant, the FSM regarded this study as a priority and as important in order to better understand how dispensaries are functioning in providing basic primary and preventive health care to the people of the FSM. For planning purposes, having such information is invaluable and provides the basis for program managers and decision makers to design appropriate programs and interventions in the future.

This report provides a descriptive account of every dispensary in FSM that was surveyed, followed by a list of recommendations that are felt will rectify the common problems encountered during the survey. In order to provide the entire spectrum of the dispensary operation, this report describes the following areas:

1. Staffing
2. Operational funding
3. Condition of facility
4. Services (scope and types of services offered)
5. Patient records
6. Equipment
7. Drugs and supply
8. Communications
9. Skills and training of providers
10. Strengths
11. Weaknesses

A final section of the report provides a summation of the main issues and weaknesses common to the dispensaries for possible future action. Highlighting the issues in this way is not meant to criticize the dispensaries and their management but to bring any weaknesses
into the open so that those who are in position to assist will have concrete issues on which to base improvements and changes to programs and to support funding changes in the future.

**Methodology**

*Conducting a Search*

Preparation for the survey started during the month of January 2005 by conducting a search on what might have already been done in this area and what questionnaires or survey designs had previously been used in collecting data. The management of the FSM National Government, who ultimately design study questionnaires, was approached to determine if such information might be stored in the former Trust Territory Archival library. However, due to time constraints, management did not pursue this further. Instead, management decided to design its own survey instrument after having consulted with staff of the US Department of Interior on suggested instrument design and questions to be included in the survey.

In designing its own survey instrument, management reviewed the Department of HESA’s resource library on similar activities conducted in the past on FSM dispensaries. The result of this search uncovered only a few anecdotal and incomprehensive reports. This may indicate why the current assessment is necessary.

*Designing the Questionnaire*

The final questionnaire was ten pages in length and it focused on what was felt to constitute issues important to the operation of a dispensary. They include staffing, operational funding, facility structure, accessibility, condition of facility, demographics of population served, backup and medical evacuation availability, community involvement in the upkeep, management and operation of the facility, scope and type of services provided, and communication, equipment and drugs. This ten-page questionnaire was designed to collect quantitative data. A further two pages were added to collect qualitative information, making the instrument a total of 12 pages in length.

While the primary interviewees were the health assistants, community members and other stakeholders or informants were also interviewed. The information collected, particularly financial data, were also validated against official information with the respective budget and finance offices.

*Survey Schedule*

The planning of the survey took place during the month of January 2005 and it involved conducting a critical review of the department’s ability to spearhead such study. The latter part of January was devoted to conducting a literature and resource review of work carried out on dispensaries in the FSM in the past.

The entire month of February was spent on planning the execution of survey and designing the questionnaire to be used in collecting the required information. Staff of the FSM
Department of HESA and the respective state health departments spent the months of March, April and May in the field conducting the survey, with travel plans dependent on the ship schedules to the outer islands. Time between visits was spent back at their respective duty stations compiling reports and data entry of key variables took place simultaneously.

The data analysis and report writing took place from the middle of May to end of June 2005.

**Survey Team Composition**

In Chuuk, there were four teams of four members made up of staff from the FSM Department of HESA and Chuuk State Public Health. These teams were assigned to cover the different regions of Chuuk. Yap was covered by only three staff from the FSM National Government who traveled by ship and by small plane to visit each of the outer islands. The three groups of outer islands of Pohnpei (Nukuor/Kapingamarangi, Sopwoafik, Mwoakillow/Pingilap) was each covered by staff of the FSM National Government Department of HESA. The five dispensaries on Pohnpei were surveyed by two staff from the FSM Department of HESA in one week. Being a single island, Kosrae was covered within one day by a single person.

To make best use of the extensive travel, the opportunity was taken to carry out immunizations during the visits by providing staff members with vaccine and the necessary equipment. This was valuable especially to dispensaries which receive few visits due to their isolation.

**Implementation**

It took the FSM Department of HESA six months to complete this survey at a direct cost of $150,000.00. While the FSM Department of HESA took the lead in the survey, all four FSM states were involved in conducting the interviews and when traveling to the islands to provide vaccination and other public health out-reach services.

The protocol of the survey included obtaining a master list of all of the dispensaries considered open or in operation by each of the FSM states. After obtaining the lists, the teams visited each dispensary to assess their physical conditions and what supplies and equipment (drugs, medical equipment, etc) and services were available. If they found that a listed dispensary did not exist, the interviewers noted this and moved on to the next dispensary on the list.

**Presentation of Findings**

This report contains a narrative of each of the dispensaries on record. Where a dispensary was discovered non-existent during the survey, it simply states “DISPENSARY DOES NOT EXIST”. Where data are missing, it simply states “DATA MISSING”.

8
# Section 3. Chuuk State

## List of Primary Care Facilities

<table>
<thead>
<tr>
<th>Region/Island</th>
<th>Name of Dispensary</th>
<th>Visited during assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MORTLOCKS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nama</td>
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</tr>
<tr>
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<td>Losap</td>
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</tr>
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<tr>
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<td></td>
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<tr>
<td></td>
<td>Ta</td>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
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<tr>
<td></td>
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</tr>
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<tr>
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</tr>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>Magur</td>
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</tr>
<tr>
<td></td>
<td>Ono</td>
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<tr>
<td></td>
<td>Onanu</td>
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</tr>
<tr>
<td></td>
<td>Piharar</td>
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<tr>
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<td></td>
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<td><strong>SOUTHERN NOMONEAS</strong></td>
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<td>Mwanon/Roro</td>
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<tr>
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<td>Name of Dispensary</td>
<td>Visited during assessment</td>
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<td>Foup/Netutu</td>
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<tr>
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<tr>
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<tr>
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<td>Chukienu</td>
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</tr>
<tr>
<td></td>
<td>Faro</td>
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<tr>
<td></td>
<td>Necheche/Nechocho</td>
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<tr>
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<td>Mwunien</td>
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<tr>
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<td>Polle</td>
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<td></td>
<td>Chukuram</td>
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<td>Neirenom</td>
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<td>Nukaf</td>
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<td></td>
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<tr>
<td></td>
<td>Epin</td>
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</tr>
<tr>
<td>Onei (Wonei)</td>
<td>Sopotiw</td>
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<tr>
<td></td>
<td>Penieta</td>
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<td></td>
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<tr>
<td>INNER FAICHUK</td>
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<td>Udot</td>
<td>Unnuk/Tunnuuk</td>
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<td></td>
<td>MwantitWi/Penia</td>
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<tr>
<td></td>
<td>Faninen</td>
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</tr>
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<td>Eot</td>
<td>Romalum</td>
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<td></td>
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<td>Wichap</td>
<td>NO (CLOSED)</td>
</tr>
<tr>
<td></td>
<td>Sapuk</td>
<td>NO (CLOSED)</td>
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</tbody>
</table>
1 Western Islands

| Name of Dispensary: Tamatam Dispensary | Island: Tamatam Atoll |

Tamatam Dispensary is located on Tamatam Atoll in the Pattiw Group or Western Islands Group of Chuuk Outer-Islands Groupings. It is the only health facility on the atoll and about 165 miles from the nearest secondary health care facility which is Chuuk State Hospital. With the purchase of the lot for $4,000, the dispensary is now considered situated on municipal government land to await the land deeds to be finalized. However, the current plan is to relocate the dispensary to another government land by the school area. There are two health assistants assigned to Tamatam Dispensary to provide basic medical and public health services to an estimated population of 447 people currently living on the atoll. The average patient seen per day at Tamatam is at 5 and the number of patients per month is estimated at one-hundred (100).
Staffing

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnny Mike</td>
<td>Health Assistant</td>
<td>5/25/69</td>
<td>15 years</td>
<td>High School</td>
<td>3,508</td>
<td>5</td>
<td>100</td>
</tr>
<tr>
<td>Josepha Paulis</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td>High School</td>
<td>3,994</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tamatam Dispensary is staffed with two health care providers, trained as health assistants in areas of primary health care, provisions on childhood immunizations or expanded immunization programs, acute respiratory infection, prevention of communicable diseases, health education, pre-natal and post-natal clinics, etc. Physicians need to visit this island community often in order to assist health assistants.

Operational Funding

Funding to provide direct services for Tamatam Dispensary comes from Chuuk State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, however, the Municipal Government of Tamatam Island also provides support to its operation by leasing a lot for the dispensary’s services. Tamatam Dispensary is now located on municipal government land. Pending sufficient financial support becoming available, the dispensary is to be relocated to another municipal government lot where the island school is now located. The land has been purchased and cleared for construction. Funding support for new construction is needed.

Condition of Facility
Tamatam Dispensary is a very small building of about 16’ x 24”, built with concrete foundations and tiled floor, wooden walls and partitions with corrugated tin roofing. It has louvered windows of which some are broken and the security wires rusted. Half of the building has a ceiling with the other half having no ceiling. The tin roof is rusted and partially disintegrated. The walls are badly damaged by termites. With no running water, the dispensary has no toilet nor sink. No fittings and furniture was found. The building was designed with a small admission room which is also used for patient examination, a space for outpatient and another space for storage of medicines and supplies. The facility has only a wooden bed in the admission room. There is no lighting as the facility was not built to have electricity, but lanterns are used. It is poorly constructed. There is a need to have a dispensary on a small atoll like Tamatam in order to provide basic essential medical care services to its approximately 500 inhabitants living 165 miles from the nearest secondary health care facility. The basic medical and public health services are accessible to the island community, but accessing to the island is only by ship or boat at scheduled times. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent.

Services (Types and Scope of Services Offered)

See standard list
**Patient Recording System**

Tamatam Dispensary does not have patients’ files kept in a filing cabinet as there is no cabinet. However, there are daily work sheets recording patients’ full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. Such information is kept and reported at the end of the month (monthly reports). The dispensary health assistant reports information to the dispensary supervisor at the State Department of Health Services, Chuuk State for further deliberations and necessary action.

**Equipment**

There is no equipment at all in Tamatam Dispensary. The dispensary has only one bed for patient observation.

**Drugs and Supplies**

Drugs and supplies are stored on wooden shelves and in boxes. Drugs consist of antibiotics, antifungal cream or ointment, cough syrups, vermox, pain relievers, etc. Storage of drugs is on wooden shelves and boxes under hot and humid conditions. Neither air conditioner nor freezer or refrigerators are available.

Some drugs are already expired and many have a shelf life of only one year. There is little evidence of a drugs inventory. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent.

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Drug Form</th>
<th>Strengthen</th>
<th>Unit/Pkg.</th>
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<tbody>
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<td>1</td>
<td>Hydroperoxide</td>
<td>Liquid</td>
<td></td>
<td>4 Bottles</td>
</tr>
<tr>
<td>2</td>
<td>Cotrimoxazole</td>
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<td>3</td>
<td>Phenoxymethylpenicillin</td>
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<tr>
<td>4</td>
<td>Cloxacillin</td>
<td>Suspension</td>
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<td>Vermox</td>
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<tr>
<td>6</td>
<td>Nifedripine</td>
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<td>Erythromycin</td>
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<td>Formulation</td>
<td>Quantity</td>
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<td>Cephalexin</td>
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<td>Hydrocortizone</td>
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<td>Injection vials</td>
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</table>

**Communications**

No communication available in the dispensary. The only communication on the island is the community radio. The radio is approximately 100 meters from the dispensary. The dispensary health assistant has access to this service at all times.

**Skills and Training**

Both health assistants are high school graduates and trained as health assistants for one year. Besides health assistant training, the two health providers also trained in areas of ARI and Cold Chain for Immunization and Infectious diseases.

**Strengths of the Dispensary Facility**

- Accessible for the Atoll population
  
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.

- Community Support
  
  The land on which the dispensary is located was purchased with Tamatam Municipal Government Funds (CIP Funds) for US$ 4,000. Relocating the dispensary to the proposed location (municipal government land) also indicates community commitment in sustaining a health care facility for the island community.

**Weaknesses of the Facility and Atoll**

- No running water or water catchment
- No sink
- No toilet

Contributing health risk factors noted on Tamatam Atoll are nutritional and environmental health conditions.
Pullap Dispensary is located on Pullap Atoll in the Western Islands of Chuuk Outer-Islands Group. It is the only health facility on the atoll and about 170 miles from the nearest secondary health care facility which is Chuuk State Hospital. With the purchase of the lot, the dispensary is now considered as situated on municipal government land awaiting the land deeds and other documents to be finalized.

**Staffing**

There are three health care providers assigned to Pullap Dispensary to provide basic medical and public health services to an estimated population of 500 plus people currently living on the atoll. The average patient seen per day at Pullap is 5 and the number of patients per month is estimated at sixty (60) persons.
Skills and Training

The Medex and health assistant are high school graduates. The midwife has primary level education. However, all are trained as health assistants for one year. Besides health assistant training, all health providers are also trained in areas of ARI and Cold Chain for Immunization and Infectious diseases.

Operational Funding

Funding to provide direct services for Pullap Dispensary comes from Chuuk State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, however, the Municipal Government of Pullap Island also provides both in-kind and financial supports to dispensary’s operations by allocating a purchased lot for the dispensary’s services. Pullap Dispensary is now located on municipal government purchased land. With additional financial support the dispensary is to add an extension for a waiting area.

Condition of Facility

Pullap Dispensary is a pre-fabricated structure of about 28’ x 40’, built with concrete foundation and tiled floor, metal panels for room partitions with corrugated tin roofing. It has sliding windows and is fairly security. There is an outpatient room, inpatient room, examination and delivery room including a room for storage of medicines and supplies. There is no built in toilet or sink. With no running water, the dispensary built an out-house adjacent to the building. Also adjacent to the building is a hut for the battery used to run the radio. The dispensary is equipped with four metal bed frames but only two mattresses, two desks, one examination table, one medication cabinet, one freezer, one rusted filing cabinets, three IV stands, 2 infants cribs, and two scales. There is lighting and ceiling fans run by solar power. There is clearly a need for a dispensary on a small atoll like Pullap in order to provide basic essential medical care services to its 500 some inhabitants living 185 miles from the nearest secondary health care facility. The basic medical and public health services are accessible to the island community, but accessing to the island is only by ship or boat at scheduled times. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent.
Services  (Types and Scope of Services Offered)
See standard list

Patient Recording System
There are no patient records on file. However, there are daily work sheets which record patient full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. These daily encounters along with other information (births and deaths) are kept and reported at the end of the month (monthly reports) by the dispensary Medex and health assistant, to the supervisor of dispensary services, then to the state director of health services for inclusions in medical records reporting.

Equipment
The equipment found in Pullap’s Dispensary was:
  2 scales
  3 IV stands
  4 bed frames
  1 examination table
  2 infant cribs
  1 stethoscope
  1 medication cabinet
  1 filing cabinet
  1 freezer

A visiting physician took the set of dispensary’s blood pressure cuff, leaving the health assistants with no BP cuff.
Drugs and Supplies
Drugs and supplies are stored on wooden shelves and in boxes. Drugs consist of antibiotics, antifungal cream or ointment, cough syrups, vermox, etc. Storage of drugs is kept under hot and humid conditions. Some drugs are already expired and many have a year of shelf life remaining. There is little evidence of a drugs inventory. When there is need for drugs and supplies, the Medex or health assistant health assistant normally radios for re-supplying, but rarely receive essential drugs on time. However, during this assessment trip Pullap Dispensary was replenished with a number of drugs.

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Drug Form</th>
<th>Strengthen</th>
<th>Unit/Pkg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Albuterol</td>
<td>Liquid</td>
<td></td>
<td>1 Bottle</td>
</tr>
<tr>
<td>2</td>
<td>Erythromycin</td>
<td>Liquid</td>
<td></td>
<td>1 Bottle</td>
</tr>
<tr>
<td>3</td>
<td>Dexamethasone Elixir</td>
<td>Suspension</td>
<td></td>
<td>2 Bottles</td>
</tr>
<tr>
<td>4</td>
<td>Cloxacillin</td>
<td>Suspension</td>
<td></td>
<td>14 Boxes</td>
</tr>
<tr>
<td>5</td>
<td>Claritin</td>
<td>Liquid</td>
<td></td>
<td>5 boxes</td>
</tr>
<tr>
<td>6</td>
<td>Nifedipine</td>
<td></td>
<td></td>
<td>7 Box</td>
</tr>
<tr>
<td>7</td>
<td>Dia Beta</td>
<td></td>
<td></td>
<td>6 Boxes</td>
</tr>
<tr>
<td>8</td>
<td>Cander syrup</td>
<td></td>
<td></td>
<td>1 Bottle</td>
</tr>
<tr>
<td>9</td>
<td>Paracetamol for infants</td>
<td>Syrup</td>
<td></td>
<td>8 Boxes</td>
</tr>
<tr>
<td>10</td>
<td>Pin Red</td>
<td>Tablets</td>
<td></td>
<td>7 Boxes</td>
</tr>
<tr>
<td>11</td>
<td>Amoxicillin</td>
<td>Capsule</td>
<td></td>
<td>8 Boxes</td>
</tr>
<tr>
<td>12</td>
<td>Nicardipine</td>
<td>Tablets</td>
<td>30mg/1000</td>
<td>1 Boxes</td>
</tr>
<tr>
<td>13</td>
<td>Anti-diarrheal</td>
<td></td>
<td></td>
<td>10 Boxes</td>
</tr>
<tr>
<td>14</td>
<td>Elastic Bandages</td>
<td></td>
<td></td>
<td>1 pkg</td>
</tr>
<tr>
<td>15</td>
<td>1 Emergency Kit</td>
<td></td>
<td></td>
<td>1 Box</td>
</tr>
<tr>
<td></td>
<td>Medication</td>
<td>Formulation</td>
<td>Quantity</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------</td>
<td>-------------------</td>
<td>------------</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Acetaminophen for rectal</td>
<td></td>
<td>9 Boxes</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Ferrous Sulfate Iron</td>
<td>Tablets</td>
<td>2 Boxes</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Analgram Lotion</td>
<td>Lotion 2.5%</td>
<td>1 Tube</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Amoxicillin</td>
<td></td>
<td>2 Boxes</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Salbutamol</td>
<td>Tablets</td>
<td>4 Boxes</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Theophylline</td>
<td></td>
<td>2 Boxes</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Gauze Bandage</td>
<td></td>
<td>1 Dozen</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Syringes 5cc/10cc/3cc</td>
<td></td>
<td>3 Boxes</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Cefalexin</td>
<td></td>
<td>4 Boxes</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>ORS</td>
<td>Packets</td>
<td>1 Box</td>
<td></td>
</tr>
</tbody>
</table>

**Communications**

The dispensary has a radio but it was in-operable due to a lack of power source (battery). At the time of the assessment. The only other means of communication on the island is the municipal government radio which is about 75 meters from the dispensary. Dispensary personnel have access to this service at all times.

**Strengths**

- Accessible for the Atoll population
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
- Community Support
  The land on which the dispensary is located was purchased with Pullap Municipal Government Funds (CIP Funds) for US$ 10,000.

**Weaknesses**

- No running water or water catchment
- No sink
- No in-house toilet
- Needs to have new solar power batteries
- No shaded waiting area for patients

**Name of Dispensary:** Pollowat Dispensary  
**Island:** Pollowat Atoll
Polluwat Atoll lies 160 miles from Weno, Chuuk State Capital, is part of the Pattiw or Western Group of Chuuk’s Northwestern Outer-Islands with an estimated population of 500 people during the assessment. The dispensary is situated on municipal government land that is worth US$ 20,000. It has been partially purchased with US$ 12,000 thus far, leaving a remaining balance of US$ 8,000. According to the island health assistant, there is no land dispute. There is a critical need to have a dispensary to serve a community so isolated from its secondary health care facility.

Polluwat Dispensary

**Staffing**

Pollowat Dispensary is staffed with one full time employee (FTE) trained as a health assistant and under Chuuk’s State Government Public Service System. The health assistant also participated in First Aid Training, Reproductive Health and Family Planning Training, ARI and Immunization, Immunization and Breastfeeding and Clinical Diarrhea. The last training participated in was in 2003.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Koncy Mark</td>
<td>Health Assistant</td>
<td>12/21/60</td>
<td>1990</td>
<td>High School</td>
<td>3,884</td>
<td>3</td>
<td>60</td>
</tr>
</tbody>
</table>

**Operational Funding**

Funding in support of Pollowat Dispensary comes from the health sector funds under the compact agreement, through Chuuk State Government, Department of Health Services. In addition, Pollowat Municipal Government continues to provide financial support to sustain the operation of basic medical care services to the people. In this respect, the Pollowat Municipal Government has made a partial payment in the total amount of US$ 12,000 for a lot that is worth $US$ 20,000, leaving a balance of US$ 8,000.
**Facility**

Pollowat Dispensary is a pre-fabricated building of 28’ x 40’. It comprises an outpatient room, in-patient room, examination and delivery room, drugs and supplies room with an office and two bathrooms. The dispensary is fairly new with concrete foundation, tiled floor, metal paneling for room partitions and in-door western commodes. Pollowat Dispensary is by far the best facility in the Northwest Region. It is situated on municipal government land. The lot it currently occupies worth US$ 20,000 of which US$ 12,000 already been paid for to the landowners. Financial assistance used to purchase property comes from Pollowat Municipal Government’s funds.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording Systems**

Pollowat Dispensary is using a system that keeps patient charts by household numbers. The health assistant uses daily work sheets to record daily encounters and conditions and at the end of the month, this information are sent to the dispensary supervisor at the state center (DHS Chuuk State) for state director of health services endorsement, data input, storage and reporting at the medical record unit. In most cases this information is relayed through the
dispensary’s own radio. The Health Assistant records births, morbidities and mortalities on the island as well.

**Drugs and Supplies**

Storage of drugs and supplies are on tables and boxes as there are no shelves or cabinets for drugs or medicines. Though the facility is fairly new, the storage room is very hot and humid. The following drugs were found in Pollowat during the assessment.

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Drug Form</th>
<th>Strength</th>
<th>Unit/Pkg</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amoxicillin</td>
<td>Capsules</td>
<td>500mg</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>2</td>
<td>Ampicillin</td>
<td>Capsule</td>
<td>500mg</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>3</td>
<td>Erythromycin</td>
<td></td>
<td></td>
<td>2 boxes</td>
</tr>
<tr>
<td>4</td>
<td>Erythromycin Sterate</td>
<td></td>
<td>250mg</td>
<td>3 boxes</td>
</tr>
<tr>
<td>5</td>
<td>Cefalexin</td>
<td>Capsule</td>
<td>500mg</td>
<td>2 boxes</td>
</tr>
<tr>
<td>6</td>
<td>Cephalaxcin</td>
<td>Suspension</td>
<td>125mg</td>
<td>7 bottles</td>
</tr>
<tr>
<td>7</td>
<td>Paracetamol</td>
<td>Tablets</td>
<td>500mg</td>
<td>6 bottles</td>
</tr>
<tr>
<td>8</td>
<td>Xylocaine</td>
<td>Liquid</td>
<td>20ml</td>
<td>5 boxes</td>
</tr>
<tr>
<td>9</td>
<td>Cream Eurax</td>
<td>Cream</td>
<td></td>
<td>2 boxes</td>
</tr>
<tr>
<td>10</td>
<td>Silvadine</td>
<td>Cream</td>
<td></td>
<td>2 bottles</td>
</tr>
<tr>
<td>11</td>
<td>Pregnancy Test</td>
<td></td>
<td></td>
<td>2 boxes</td>
</tr>
<tr>
<td>12</td>
<td>Sterile Water Injection</td>
<td>IV Fluids</td>
<td></td>
<td>75 bottles</td>
</tr>
<tr>
<td>13</td>
<td>Latex Gloves</td>
<td></td>
<td></td>
<td>2 boxes</td>
</tr>
<tr>
<td>14</td>
<td>Syringes</td>
<td>3cc</td>
<td></td>
<td>1 Box</td>
</tr>
<tr>
<td>15</td>
<td>Phenoxymethylpenicillin</td>
<td></td>
<td></td>
<td>4 boxes</td>
</tr>
<tr>
<td>16</td>
<td>Ampicillin</td>
<td>Capsule</td>
<td>250mg</td>
<td>3 boxes</td>
</tr>
<tr>
<td>17</td>
<td>Nifedipine</td>
<td></td>
<td></td>
<td>1 box</td>
</tr>
<tr>
<td>18</td>
<td>Blades</td>
<td></td>
<td></td>
<td>1 box</td>
</tr>
<tr>
<td>19</td>
<td>Sterile Hypodermic Needle</td>
<td></td>
<td></td>
<td>21G 100 pieces</td>
</tr>
<tr>
<td>20</td>
<td>Lidocaine</td>
<td>Liquid</td>
<td>Expired</td>
<td>1 Box (07/04)</td>
</tr>
<tr>
<td>21</td>
<td>Salbutamol</td>
<td>Tablet</td>
<td>4mg</td>
<td>2 Boxes</td>
</tr>
<tr>
<td>22</td>
<td>Dia Beta (Glyburide)</td>
<td></td>
<td>2.5mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>23</td>
<td>Theophylline</td>
<td>Tablets</td>
<td>300mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>24</td>
<td>Cotrimoxazole</td>
<td></td>
<td></td>
<td>1 Box</td>
</tr>
<tr>
<td>25</td>
<td>Tetracycline</td>
<td>Capsule</td>
<td>250mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>26</td>
<td>Augmentin</td>
<td>Capsule</td>
<td>57mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>27</td>
<td>Antiprotozoal</td>
<td>Tablet</td>
<td>125mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>28</td>
<td>Entex/LA</td>
<td>Powder</td>
<td></td>
<td>½ doz. packets</td>
</tr>
<tr>
<td>29</td>
<td>Rocephin</td>
<td>Liquid</td>
<td>1gm</td>
<td>1 Box (4/05)</td>
</tr>
<tr>
<td>30</td>
<td>Ibuprofen (Motrin)</td>
<td>Tablets</td>
<td>400mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>31</td>
<td>Dextrose IV Fluid</td>
<td>Solution</td>
<td>5%</td>
<td>6 Bottles</td>
</tr>
<tr>
<td>32</td>
<td>Lactated Ringer</td>
<td>Solution</td>
<td>100ml</td>
<td>6 Bottles</td>
</tr>
<tr>
<td>33</td>
<td>Tylenol Suspension</td>
<td>Solution</td>
<td>15ml/80mg</td>
<td>3 Bottles</td>
</tr>
<tr>
<td>34</td>
<td>Poly Vitamin</td>
<td>Drops/Solution</td>
<td>0.5mg</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>35</td>
<td>Dime Tapp Decongestant</td>
<td></td>
<td></td>
<td>1 Box</td>
</tr>
<tr>
<td>36</td>
<td>Pmax</td>
<td>Lotion</td>
<td>15ml</td>
<td>1 Box</td>
</tr>
</tbody>
</table>

**Equipment**
There is no major medical equipment in Polowat Dispensary. The only equipment found was one stethoscope and scales. However, the facility is equipped with two beds, two filing cabinets, one sofa set and a converter for the solar power. Although the facility is powered with solar power, there is no lighting or refrigerator or freezer in the dispensary.

**Communications**

There is a radio run by solar power in the dispensary. At times when the radio does not work, the health assistant uses the municipal radio (SSB Radio) which is about 300 meters from the dispensary. There is no telephone, fax or other means of telegraphic communication other than single side band radio on the island. CB radios can also be utilized but these are private property.

**Strengths**

- Accessible to the community
- Community Support
- Neatness with sufficient space for direct services, including in patient room for monitoring and observation.
- Two bathrooms with sinks and toilets.

**Weaknesses**

- Hot
- No shelves or cabinets
- Broken water pipes (PVC)

**Health Risk Factors have to do with**

- Environmental conditions - as a small island, communicable diseases could easily transmitted from person to person as has been in the past with common flu.
- Nutritional - obesity and hypertension were known to the health workers as common problems caused by overeating and or consumption of the unhealthy foods.
- Accidents from falling - there were some cases of adults and young children falling from trees that led to permanent damage. Theses cases required medical evacuations to Chuuk State Hospital.
Pulusuk also known as “Houk” Atoll lies 168 miles West of Weno, Chuuk State Capital, is part of the Chuuk’s Western Outer-Islands with an estimated population of 300 inhabitants during the assessment. The dispensary, on a temporary basis, has currently been relocated to a small room in the island’s multi-purpose gymnasium situated on municipal government land. The old dispensary has been closed for some years due to normal deterioration of the building and possible land disputes. However, the land on which the old dispensary was built has been purchased and is awaiting construction of new dispensary. According to the island’s health assistants there is no land dispute. There is a critical need for a dispensary in a community so isolated from its secondary health care facility. There is an airstrip on Pulusuk Atoll with a weekly flight. The island’s health risk factors are nutritional and environmental (sanitation) as health conditions, such as diabetes, skin diseases and few other communicable diseases (TB and possibly leprosy) are prevalent.

Staffing

Felsiano Inocente, HA
Angkelika Tiu & Felisa Inocente
Pulusuk Dispensary is staffed by three health care providers trained as health assistants. The health assistants also participated in First Aid Training, Reproductive Health and Family Planning Training, ARI and Immunization, Immunization and Breastfeeding and Clinical Diarrhea. The last training participated in was in 2003.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Title</th>
<th>DOB</th>
<th>Year</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Average Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angkelika Tiu</td>
<td>Midwife &amp; Health Assistant</td>
<td>8/1/49</td>
<td></td>
<td>Elementary</td>
<td>4,808</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Felsiano Inocente</td>
<td>Health Assistant</td>
<td>8/5/63</td>
<td>4</td>
<td>4 yrs. College</td>
<td>3,690</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felisa Inocente</td>
<td>Health Assistant</td>
<td>9/9/75</td>
<td>1</td>
<td>High School</td>
<td>3,508</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Facility**

The current temporary Pulusuk or Houk Dispensary is a pre-fabricated room of 20’ x 28’ within the island gymnasium. It is a single room that combines direct services, drugs and supplies. The room is small, hot and humid. There is no toilet or sink in the designated room for dispensary services. The old dispensary has been abandoned or closed for a number of years. Although the old structure is still standing, the condition is unsatisfactory. The facility needs to be renovated with appropriate working spaces. The land adjacent to the building was purchased and has been set aside for dispensary services to await availability of funds to finance its construction.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

Pulusuk Dispensary does not have a system that keeps patient charts by household numbering. The health assistant uses daily work sheets to record daily encounters and conditions and at the end of the month, this information is sent to the dispensary supervisor at the state center (DHS Chuuk State) for state director of health services endorsement, and further referral for data input and storage at the medical record unit. Mostly this information is relayed through the municipal government radio, but with the once a week flight, monthly reports are being sent on available flights. The Health Assistant also records births, morbidities and mortalities on the island.

**Drugs and Supplies**
Storage of drugs and supplies are on tables and boxes as there are no shelves or cabinets for drugs or medicines. Though the facility is fairly new, the storage room is very hot and humid. The following drugs were found on Pulusuk during the assessment.

**Existing Drugs and Supplies  Pulusuk Dispensary**

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Drug Form</th>
<th>Strength</th>
<th>Unit/Pkg</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amoxicillin</td>
<td>Capsules</td>
<td>500mg</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>2</td>
<td>Ampicillin</td>
<td>Capsule</td>
<td>500mg</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>3</td>
<td>Erythromycin</td>
<td></td>
<td></td>
<td>2 boxes</td>
</tr>
<tr>
<td>4</td>
<td>Erythromycin Sterate</td>
<td></td>
<td>250mg</td>
<td>3 boxes</td>
</tr>
<tr>
<td>5</td>
<td>Cefalexin</td>
<td>Capsule</td>
<td>500mg</td>
<td>2 boxes</td>
</tr>
<tr>
<td>6</td>
<td>Cephalexin</td>
<td>Suspension</td>
<td>125mg</td>
<td>7 bottles</td>
</tr>
<tr>
<td>7</td>
<td>Paracetamol</td>
<td>Tablets</td>
<td>500mg</td>
<td>6 bottles</td>
</tr>
<tr>
<td>8</td>
<td>Xylocaine</td>
<td>Liquid</td>
<td>20ml</td>
<td>5 boxes</td>
</tr>
<tr>
<td>9</td>
<td>Cream Eurax</td>
<td>Cream</td>
<td></td>
<td>2 boxes</td>
</tr>
<tr>
<td>10</td>
<td>Silvadine</td>
<td>Cream</td>
<td></td>
<td>2 boxes</td>
</tr>
<tr>
<td>11</td>
<td>Pregnancy Test</td>
<td></td>
<td></td>
<td>2 boxes</td>
</tr>
<tr>
<td>12</td>
<td>Sterile Water Injection</td>
<td>IV Fluids</td>
<td></td>
<td>75 bottles</td>
</tr>
<tr>
<td>13</td>
<td>Latex Gloves</td>
<td></td>
<td></td>
<td>2 boxes</td>
</tr>
<tr>
<td>14</td>
<td>Syringes</td>
<td>3cc</td>
<td></td>
<td>1 Box</td>
</tr>
<tr>
<td>15</td>
<td>Phenoxymerthpenicillin</td>
<td></td>
<td></td>
<td>4 boxes</td>
</tr>
<tr>
<td>16</td>
<td>Ampicillin</td>
<td>Capsule</td>
<td>250mg</td>
<td>3 boxes</td>
</tr>
<tr>
<td>17</td>
<td>Nifedipine</td>
<td></td>
<td></td>
<td>1 box</td>
</tr>
<tr>
<td>18</td>
<td>Blades</td>
<td></td>
<td></td>
<td>1 box</td>
</tr>
<tr>
<td>19</td>
<td>Sterile Hypodermic Needle</td>
<td></td>
<td>21G</td>
<td>100 pieces</td>
</tr>
<tr>
<td>20</td>
<td>Lidocaine</td>
<td>Liquid</td>
<td>Expired</td>
<td>1 Box (07/04)</td>
</tr>
<tr>
<td>21</td>
<td>Salbutamol</td>
<td>Tablet</td>
<td>4mg</td>
<td>2 Boxes</td>
</tr>
<tr>
<td>22</td>
<td>Dia Beta (Glyburide)</td>
<td></td>
<td>2.5mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>23</td>
<td>Theophylline</td>
<td>Tablets</td>
<td>300mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>24</td>
<td>Cotrimoxazole</td>
<td></td>
<td></td>
<td>1 Box</td>
</tr>
<tr>
<td>25</td>
<td>Tetracycline</td>
<td>Capsule</td>
<td>250mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>26</td>
<td>Augmentin</td>
<td></td>
<td>57mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>27</td>
<td>Antiprotozoal</td>
<td>Tablet</td>
<td>125mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>28</td>
<td>Entex/LA</td>
<td>Powder</td>
<td>½ doz. packets</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Rocephin</td>
<td>Liquid</td>
<td>1gm</td>
<td>1 box (4/05)</td>
</tr>
<tr>
<td>30</td>
<td>Ibuprofen (Motrin)</td>
<td>Tablets</td>
<td>400mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>31</td>
<td>Dextrose IV Fluid</td>
<td>Solution</td>
<td>5%</td>
<td>6 Bottles</td>
</tr>
<tr>
<td>32</td>
<td>Lactated Ringer</td>
<td>Solution</td>
<td>100ml</td>
<td>6 Bottles</td>
</tr>
<tr>
<td>33</td>
<td>Tylenol Suspension</td>
<td>Solution</td>
<td>15ml/80mg</td>
<td>3 Bottles</td>
</tr>
<tr>
<td>34</td>
<td>Poly Vitamin Drops/Solution</td>
<td>0.5mg</td>
<td>1 Bottle</td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>----------------------------</td>
<td>-------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Dime Tapp Decongestant</td>
<td></td>
<td>1 Box</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Pmax Lotion</td>
<td>15ml</td>
<td>1 Box</td>
<td></td>
</tr>
</tbody>
</table>

**Equipment**

There is no major medical equipment at Pulusuk (Houk) Dispensary. The only equipment found is; one stethoscope and a set of BP cuffs. No scales of any type were found in the dispensary room. There is no radio. The nearest radio (SSB) is about 300 meters away at the municipal government building adjacent to the school compound.

**Communications**

There is no communication system or equipment found in the dispensary. At times when use of radio is needed, the health assistant uses the municipal radio (SSB Radio) which is about 300 meters from the dispensary. There is no telephone, fax or other means of telegraphic communication other than a single side band radio on the island. CB radios can also be utilized but these are private properties.

**Strengths**

- Accessible to the community
- Community Support
- Drugs and supplies can be flown to Pulusuk (Houk) as there is an airfield on the island. These supplies can also be distributed to the nearby islands like, Pollowat, Pullap and Tamatam on motor boats.

**Weaknesses**

- Hot and humid
- No shelves or cabinets
- No running water nor toilet or sink.
- No electricity
- Poor ventilation

**Health Risk Factors (Problems) have to do with**

- Environmental conditions
- Nutritional
Located sixty-three (63) miles from Weno, State Capital of Chuuk, is Nomwin Dispensary on Nomwin Atoll of the Hall Islands Group which part of the Northwestern Outer-Islands Group of Chuuk State. The old dispensary has been abandoned for years due to its unsatisfactory condition. However, services currently continue at a new building of about 22’ x 30’ in size. The current dispensary is on municipal government land. The dispensary is in good condition and has four spacious rooms. There is an outpatient room as well as an inpatient room, storage room, and an examination room. There is one health assistant assigned to Nomwin Dispensary to provide basic medical and public health services to an estimated population of 190 people currently living on the atoll. The average patients seen per day at Nomwin is 3 with estimated average monthly encounters at sixty (60). The dispensary is located approximately 46 miles from the nearest secondary health care facility which is Chuuk State Hospital and is the only health facility the inhabitants of Nomwin can access for immediate care.
Stafﬁng

Rael Muleta, Health Assistant
Serino Rael
Dispensary Supervisor

At present, Nomwin Dispensary is staffed with one health care provider. This person is a full time employee under Chuuk State Government, Public Service System.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rael Muleta</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td>High School</td>
<td>5,081</td>
<td>2</td>
<td>40</td>
</tr>
</tbody>
</table>

Operational Funding

Funding to provide direct services comes from Chuuk State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, however, the Municipal Government of Nomwin Atoll also provides financial support to the dispensary by using its CIP funds for structural improvements. Nomwin Facility is located on municipal government land and the local government is committed to support the dispensary services.

Condition of Facility

Current Dispensary
Old Dispensary

The Nomwin Dispensary is a concrete building of about 22’ x 30’ in size, built with concrete foundations, walls and roof. Its present condition (at the time of assessment) is good. Although, the building was not designed to have electricity, efforts have been made to provide solar power into the building. The purpose of the solar power is to assist in running the newly acquired freezer and hopefully an SSB Radio. As for the facility maintenance, it is
carried out by both the health assistant and the municipal government. In its present condition, the basic medical and public health services will continue to be accessible to the island community. Access to the island for the purpose of replenishments is only by field trip ships or boats at scheduled times. Sometime it takes years (2-3 years) for a field trip ship to visit the atoll. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

There is no filing of patient records, as there is no filing cabinet to store such files. However, there are daily work sheets which record patients’ full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. This information is kept and reported at the end of the month (monthly reports). The dispensary health assistant reports information to the dispensary supervisor at the state department of health services for further data input, storage and reporting at medical record unit.

**Equipment**

There is no major medical equipment at Nomwin Dispensary. There is a freezer, two desks, and one inpatient wood bed. There are no scales of any type available in the dispensary. However, equipment such as Blood Pressure Cuff and stethoscope are available. Any preventive maintenance on the equipment including the freezer is the responsibility of the health assistant. No maintenance schedule is followed.

**Drugs and Supplies**
Drugs and supplies are stored on wooden shelves and in boxes. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is on wooden shelves and boxes under hot and humid conditions. Neither air conditioner nor freezer or refrigerators are available.

Some drugs are already expired and many have a shelf life of one year remaining. There is little evidence of a drugs inventory. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent.

### Existing Drugs (On-hands during Assessment) Nowin Dispensary

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Drug Form</th>
<th>Strength</th>
<th>Unit/Pkg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Paracetamol</td>
<td>Syrup</td>
<td>60mg/0.6ml</td>
<td>43 Boxes</td>
</tr>
<tr>
<td>2</td>
<td>Glove Latex</td>
<td>Glove</td>
<td></td>
<td>3 Boxes</td>
</tr>
<tr>
<td>3</td>
<td>Cloxacillin</td>
<td>Capsule</td>
<td>250</td>
<td>1 Box</td>
</tr>
<tr>
<td>4</td>
<td>Phenoxyethylpenicillin</td>
<td>Capsule</td>
<td>250mg</td>
<td>3 Boxes</td>
</tr>
<tr>
<td>5</td>
<td>Cefalexin</td>
<td>Capsule</td>
<td>250mg</td>
<td>3 Boxes</td>
</tr>
<tr>
<td>6</td>
<td>Cefalexin</td>
<td>Suspension</td>
<td>125mg/5ml</td>
<td>3 Boxes</td>
</tr>
<tr>
<td>7</td>
<td>Cotrimoxazole</td>
<td>Tablets</td>
<td>800mg</td>
<td>3 Boxes</td>
</tr>
<tr>
<td>8</td>
<td>Cloxacillin</td>
<td>Suspension</td>
<td>125mg</td>
<td>8 Boxes</td>
</tr>
<tr>
<td>9</td>
<td>Salbutamol</td>
<td>Tablets</td>
<td>4mg</td>
<td>4 Boxes</td>
</tr>
<tr>
<td>10</td>
<td>Erythromycin</td>
<td>Tablets</td>
<td>250mg</td>
<td>2 Boxes</td>
</tr>
<tr>
<td>11</td>
<td>Paracetamol</td>
<td>Syrup</td>
<td>250/5ml</td>
<td>6 Boxes</td>
</tr>
<tr>
<td>12</td>
<td>Tylenol</td>
<td>Tablets</td>
<td>325mg</td>
<td>1 Tablet</td>
</tr>
<tr>
<td>13</td>
<td>IV Line 15 Drops</td>
<td>Solution</td>
<td>15 drops</td>
<td>3 Lines</td>
</tr>
<tr>
<td>14</td>
<td>Hydrogen Peroxide</td>
<td>Solution</td>
<td>3%</td>
<td>1 Bottles</td>
</tr>
<tr>
<td>15</td>
<td>Advil</td>
<td>Caplets</td>
<td>200mg</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>16</td>
<td>Metronidazole</td>
<td>Suspension</td>
<td>125mg/5ml</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>17</td>
<td>Glucometer</td>
<td></td>
<td></td>
<td>1 set</td>
</tr>
<tr>
<td>18</td>
<td>Emergency Kit</td>
<td></td>
<td></td>
<td>1 Kit</td>
</tr>
<tr>
<td>19</td>
<td>Amoxicillin</td>
<td>Suspension</td>
<td>125mg</td>
<td>3 Boxes</td>
</tr>
<tr>
<td>20</td>
<td>Infusion Set</td>
<td></td>
<td></td>
<td>1 Box</td>
</tr>
<tr>
<td>21</td>
<td>IV Solution 5%D/9%HC</td>
<td>Solution</td>
<td>5% D + 9% HC</td>
<td>4 Bottles</td>
</tr>
<tr>
<td>22</td>
<td>Syringes</td>
<td>1cc</td>
<td></td>
<td>1 Box</td>
</tr>
<tr>
<td>23</td>
<td>Allergy Medicines</td>
<td>Solution</td>
<td>236ml/8fl oz</td>
<td>1 Bottle</td>
</tr>
</tbody>
</table>

### Communications

There is no radio in Nomwin Dispensary. The dispensary health care provider usually utilizes the privately owned radio which is about 300 meters away.
Skills and Training
The health assistant is a high school graduate and trained as a health assistant for one year. Besides health assistant training, the health care provider also trained in areas of ARI and Cold Chain for Immunization and Infectious diseases.

Strengths
- Accessible for the Atoll population
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
- Community Support
  The land on which the dispensary is located is municipal government land. Maintenance of the facility is supported by the community.

Weaknesses
- No running water or water catchment
- No lighting
- No toilet or sink
- No proper storage for drugs
- No proper filing system
- No communication equipment (radio)

The contributing health risk factors on this tiny atoll relate to nutritional and environmental ill-health conditions.

Name of Dispensary: Murillo Dispensary
Island: Murillo

Murillo Dispensary is one of the dispensaries in the outer islands of Chuuk approximately 80 miles north of the Chuuk Lagoon. It is one of the islands that make up the Hall Islands Region. There is one health assistant on the island whose educational background is high school and who also completed the health assistant training at Chuuk State Hospital.

According to the health assistant there is one municipal owned dispensary on the island which sits on government land but it was not in use at the time of the assessment. During the visit the building was observed to be not in good condition. Currently the health assistant is using his house to dispense medicines to the patients and to see patents. There is no payment to the health assistant for using his own house as the dispensary.

The dispensary on the island has always experienced a shortage of medical supplies, partly due to transportation problems. It is hoped that with the availability of the MS Chief Mailo, this problem will be resolved. Communication still remains as an important problem. For emergency cases private radios are used to communicate with the state health center for assistance. The health assistants water supply is from rain catchment and patients have to
return home to access water in order to take any medication that is prescribed. There is no sink or faucet for hand washing and patients use the health assistant’s family’s toilet.

Visits by public health teams from the state hospital are almost non-existent because of transportation problems. In the case of emergencies, patients are asked to use their own motor boats to travel to the state center. Many boats have been reported lost at sea from this region going to the state center. When even this form of transport is not possible, patients must wait for weeks or months until other boats come to the islands.

Staffing
There is one health assistant on this island.

Operational Funding
No money is given directly to the island dispensaries.

Services (Types and Scope of Services Offered)
See standard list

Condition of Facility
Fair

Equipment
none

Drugs and Supplies
erythromycin, paracetamol, cefalexin, amoxicillin tablets and syrup, salbutamol, cotrimoxazole tablets, cotrimoxazole syrup

Skills and Training
The health assistant received 2 years of Health Assistant Training at the main Hospital

Patient Recording System
Patients’ history and treatments are recorded in a daily worksheet and, at the end of each month, are transferred to a monthly report form and submitted to the dispensary office in the department of health services.

Communications
none

Strengths
- Accessible
- Sage
- Health assistant is always available even at night

Weaknesses
- Not enough working space
• Poor lighting
• Private building and land

<table>
<thead>
<tr>
<th>Name of Dispensary: Fananu Dispensary</th>
<th>Island: Fananau</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fananu Dispensary is in the Hall Islands with two staff working there. There is a health assistant and a mid-wife. The health assistant has two years college education and also attended the health assistant training. During the assessment visit, the health assistant attended the boat which was anxious to leave for the next island and there was insufficient time to visit the dispensary.</td>
<td></td>
</tr>
<tr>
<td>According to the health assistant, there is a government dispensary on the island which is located on government land but it is not in operation because it was damaged by a typhoon and has not been repaired. Currently, the health assistant is using his house for seeing and treating patients.</td>
<td></td>
</tr>
<tr>
<td>The health assistant also indicated that there are no public health team visits from the main state hospital. The health assistant accesses supplies and drugs by catching a ride with any private boat that visits the island or with any boat from the island that goes to the state center. Referral patients have the same problem when the health assistant advises the need for referral to secondary services. This is because there is not transportation provided for the dispensary there. When asked about how he communicates with the state hospital, the health assistant responded that he asks people on the island who have radios to call the state hospital for him.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Dispensary: Ruo Dispensary</th>
<th>Island: Ruo</th>
</tr>
</thead>
<tbody>
<tr>
<td>This dispensary is located in the Hall Islands which serves the whole population of the island. It has one female health assistant who graduated from high school and also went through the health assistant training at Chuuk State Hospital. Ruo Dispensary is housed in one of the classrooms of the Ruo Elementary School. According to the health assistant, the land belongs to the Ruo Municipal Government.</td>
<td></td>
</tr>
<tr>
<td>The screens were rusted and many had been torn and replaced by pieces of plywood as a temporary and unsatisfactory temporary measure. There were no rooms within that one classroom unit provided for dispensary use. It is like a studio with no shelves or partition for an examination room or for medical supplies and storage. One desk for the health assistant sits in the middle of the room with all her medical supplies on top and in its drawers.</td>
<td></td>
</tr>
<tr>
<td>There is no hand washing system and no toilet facilities. Waste is disposed of by burning. Other problems discussed were transportation problems, communication problems and shortage of medical supplies mainly due to the lack of transport services to the islands.</td>
<td></td>
</tr>
</tbody>
</table>
**Staffing**
There is one female health assistant on the island who graduated from high school and also went through health assistant training at Chuuk State Hospital.

**Operational Funding**
No direct funding is given to the dispensary.

**Services  (Types and Scope of Services Offered)**
See standard list

**Condition of Facility**
Fair but needs renovation and remodeling. There is no reliable source of water and no toilet facility.

**Equipment**
none

**Drugs and supplies**
Tylenol, amoxicillin, ASA, IV solution, penicillin, paracetamol

**Skills and Training**
Basic Health Assistant Training at the main hospital

**Patient Reports**
A daily worksheet is used to record encounter details for each day and transferred onto a monthly report form at the end of each month this is submitted to the dispensary office in the department of health services.

**Communications**
none

**Strengths**
- Government building
- Government land
- Accessible
- Community support

**Weaknesses**
- No safe water system
- No private room for examination
- Needs renovation
Unoun Dispensary also known as “Ulul” is located on Unoun Atoll in the Nomonweito Group of Northwestern Islands of Chuuk’s Outer-Islands Group. It is the only health facility on the atoll and about 150 miles from the nearest secondary health care facility which is Chuuk State Hospital. Although abandoned, the dispensary facility is situated on municipal government land and on lease to the State Government for dispensary services for US$ 1.00 (one dollar) a year. The structure was built with concrete and tin roofing. This dispensary, however, has been closed down for several years as the building had deteriorated and was partially destroyed by typhoons. Normal dispensary services are currently performed at the Health Assistant’s house. The health assistant is also the mayor. A separate room has been designated as the dispensary in the health assistant’s house. The room is small and there is not enough space for direct services. The room contained an examination table, a shelved cabinet for drugs, supplies and a radio. There is also a physician’s house that is being used to store medical supplies. This facility is about 200 meters from the health assistant’s house and about 50 meters from the abandoned dispensary. It is crucial that the structure (old dispensary) be renovated for dispensary services. There are three health assistants assigned to Unoun Dispensary to provide basic medical and public health services to an estimated population of 500 people currently living on the atoll. The average patient seen per day at Unoun is 2 with estimated average monthly encounters at sixty (60).
Unoun Dispensary is staffed with three health care providers. Two of the health care providers were present and one was absent (Futalina Episom). Health Assistant Kensio Always is also the island mayor. These personnel are employed under Chuuk State Government Public Service System. All are full time (FTE) government employees.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kensio Always</td>
<td>Health Assistant</td>
<td>11/12/57</td>
<td>20 years</td>
<td>High School</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Remikio Neth</td>
<td>Health Assistant</td>
<td>10/1/64</td>
<td>15 years</td>
<td>High School</td>
<td>3,996</td>
<td></td>
<td>60</td>
</tr>
<tr>
<td>Futalina Episom</td>
<td>Health Assistant</td>
<td>10/1/64</td>
<td>260</td>
<td>High School</td>
<td>4,092</td>
<td></td>
<td>60</td>
</tr>
</tbody>
</table>

*Operational Funding*

Funding to provide direct services for Unoun Dispensary comes from Chuuk State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, however, the Municipal Government of Unoun Island also provides financial support for the dispensary by using its CIP funds for structural improvements. Unoun Facility is located on municipal government land. With sufficient financial support the dispensary is to be renovated to bring back services from the health assistant’s house to its rightful place.

*Condition of Facility*
Unoun Dispensary is a building of about 22’ x 30’ in size, built with concrete foundations, tiled floor, concrete walls and partitions, covered with corrugated tin roofing. Its present status (at the time of assessment) is unsatisfactory. It has wooden louvered windows with some broken and the security wires are rusted. Tin roofs are rusted and disintegrated in some areas. With no running water, the dispensary’s toilet and sink are not working. The water catchment by the building is not fit to collect water, due to its unsatisfactory condition and broken pipes. No fittings and furniture were found. The building has seven rooms including the restroom. It was designed with a small reception and waiting area, a patient examination and delivery room, a storage room for medicines and supplies, two in-patient/observation rooms. Some rooms need to be combined to create a larger space. Although the building was designed to have electricity, there is no lighting as there is no power source or fuel. Although temporarily abandoned, there is a need to have a dispensary on a small atoll like Unoun in order to provide basic essential medical care services to its 500 inhabitants living 150 miles from the nearest secondary health care facility. Currently, the basic medical and public health services are provided to the island community, from the health assistant’s house. Access to the island is by ship or boat, and now a small Cessna type plane, at scheduled times. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if
the next delivery by a field trip ship is not imminent. There is also an abandoned physician house on the island. The house is used to accommodate assigned doctors on Unoun. At present it is still in fair condition. With its close proximity to the shore, it has been used as a storehouse for drugs and other medical supplies. With small repairs this house could be used as a dispensary. Its location is significantly more accessible for the community than the health assistants house.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

There is no filing of patient records, as there is no filing cabinet to store such files. However, there are daily work sheets that record patients’ full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. This information is kept and reported at the end of the month (monthly reports). The dispensary health assistant reports information to the dispensary supervisor at the state department of health services for further data deliberation and in input, storage and reporting through the medical record unit.

**Equipment**

There is no equipment at all in the abandoned dispensary on Unoun. The existing equipment was transferred to the health assistant’s house. Equipment found at the health assistant house is an examination table, blood pressure cuff, stethoscope and a radio. No other major medical equipment was found.

**Drugs and Supplies**

Drugs and supplies are stored on wooden shelves and in boxes. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is on wooden shelves and boxes under hot and humid conditions. Neither air condition nor freezer or refrigerators are available.

Some drugs are already expired and many have a year of shelf life remaining. There is little evidence of a drugs inventory. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent.
<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Drug Form</th>
<th>Strength</th>
<th>Unit/Pkg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mortrin</td>
<td>Tablets</td>
<td>400mg</td>
<td>20 Tablets</td>
</tr>
<tr>
<td>2</td>
<td>Kwell Lotion</td>
<td>Cream</td>
<td>1</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>3</td>
<td>Inderal</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Nicardipine</td>
<td>Tablets</td>
<td>30mg</td>
<td>500 Tablets</td>
</tr>
<tr>
<td>5</td>
<td>Penicillin V Potassium</td>
<td>Tablets</td>
<td>250mg</td>
<td>100 Tablets</td>
</tr>
<tr>
<td>6</td>
<td>Teagopen</td>
<td>Tablets</td>
<td>250mg</td>
<td>50 Tablets</td>
</tr>
<tr>
<td>7</td>
<td>Erythromycin</td>
<td>Tablets</td>
<td>4mg</td>
<td>40 Tablets</td>
</tr>
<tr>
<td>8</td>
<td>Albuterol</td>
<td>Tablets</td>
<td>500mg</td>
<td>100 Tablets</td>
</tr>
<tr>
<td>9</td>
<td>Hydrochloride</td>
<td>Tablets</td>
<td>50 Tablets</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Docusate Solution</td>
<td>Sodium</td>
<td>100 Tablets</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Children Chewable Vitamin</td>
<td>Tablets</td>
<td>10 Bottles</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>5lt IV Solution</td>
<td>Solution</td>
<td>5%</td>
<td>6 Bottles</td>
</tr>
<tr>
<td>13</td>
<td>LR IV Solution</td>
<td>Solution</td>
<td>10 Bottles</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Sodium Chloride IV Sol.</td>
<td>Solution</td>
<td>10 Bottles</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Suture set</td>
<td>Suture</td>
<td>Minor</td>
<td>1 Set</td>
</tr>
<tr>
<td>16</td>
<td>Chromic Suture</td>
<td>Suture</td>
<td>3-0</td>
<td>10 Sets</td>
</tr>
<tr>
<td>17</td>
<td>Chromic Suture</td>
<td>Suture</td>
<td>2-0</td>
<td>10 Sets</td>
</tr>
<tr>
<td>18</td>
<td>Chromic Suture</td>
<td>Suture</td>
<td>00</td>
<td>15 Sets</td>
</tr>
<tr>
<td>19</td>
<td>Silk</td>
<td>Suture</td>
<td>4-0</td>
<td>20 Sets</td>
</tr>
<tr>
<td>20</td>
<td>Silk</td>
<td>Suture</td>
<td>2-0</td>
<td>15 Sets</td>
</tr>
<tr>
<td>21</td>
<td>Silk</td>
<td>Suture</td>
<td>3-0</td>
<td>20 Sets</td>
</tr>
<tr>
<td>22</td>
<td>IV Tubing</td>
<td>Tubes</td>
<td>30 Sets</td>
<td></td>
</tr>
</tbody>
</table>

**Communications**

The temporary dispensary (health assistant’s house) has a Single Side Band Radio (SSB Radio). It is the only communication for the whole island including the dispensary services. The radio is in the health assistant’s house which is about 200 meters from the actual (abandoned) dispensary.

**Skills and Training**

Both health assistants are high school graduates and trained as health assistants for one year. Besides health assistant training, the two health providers also trained in areas of ARI and Cold Chain for Immunization and Infectious diseases.

**Strengths**

- Accessible for the Atoll population
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
- Community Support
  The land on which the actual (abandoned) dispensary is situated belongs to Unoun Municipal Government and on lease to State Government for US$ 1.00 (one dollar) a year. Until it is renovated, services will continue to be provided from the health assistant house.
Weaknesses
Unoun Dispensary has no running water or water catchment, no lighting and no toilet or sink. Therefore, a major renovation of the abandoned facility is urgently needed to replace or provide all of the missing elements required for improved services. The disposing of waste (syringes, soiled materials, etc.) is through burning and burying.

Contributing health risk factors on the atoll are environmental and nutritional health conditions. Health conditions such as diabetes, hypertension, and most likely circulatory diseases, including skin diseases are noted among the community population.

Name of Dispensary: Makur Dispensary
Island: Makur Atoll

Makur Dispensary is located on Makur Atoll in the Namonweito or Northwestern Outer-Islands Group of Chuuk State. It is the only health facility on the atoll and lies about 170 miles from the nearest secondary health care facility which is Chuuk State Hospital. The dispensary is a concrete building all around of 20’ x 20’ in size situated on municipal government land. The building has two 10’ x 10’ rooms that are used as storage and an inpatient room for one section and the other for shelving medications, consultations and dispensing drugs. The rooms are small but adequate to provide necessary services. One room has a wooden shelf cabinet for drugs and supplies. It is crucial that the structure be renovated for dispensary services. There are two health assistants assigned to Makur Dispensary to provide basic medical and public health services to an estimated population of 170 people currently living on the atoll. The average number of patients seen per day at Makur Dispensary is 4 with estimated average monthly encounters of fifty (50).

Staffing

Lydia Robert, HA
Makur Dispensary is staffed by two health care providers. One of the health care providers was absent (London Lucas) as he was traveling on the ship to Weno. These personnel are employed under the Chuuk State Government Public Service System. All are full time (FTE) government employees.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Years Employed</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Average Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lydia Robert</td>
<td>Health Assistant</td>
<td>03/20/52</td>
<td>16</td>
<td>High School</td>
<td>4,092</td>
<td></td>
<td></td>
</tr>
<tr>
<td>London Lucas</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td>High School</td>
<td>3,508</td>
<td>4</td>
<td>50</td>
</tr>
</tbody>
</table>

**Operational Funding**

Funding to provide direct services at Makur Dispensary comes from Chuuk State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, however, the Municipal Government of Makur Island also provides financial support to the dispensary by using its CIP funds for structural improvements. The Facility is located on municipal government land. With increased financial support the dispensary hopes to improve facilities.

**Condition of Facility**

Makur Dispensary is a small building of about 20’ x 20’, built with concrete foundations, floor, walls, partitions and concrete roof. Its present status (at the time of assessment) is fair. It has louvered windows of which some are broken and the security wires are rusted. Cement walls and ceiling are deteriorating and breaking up, exposing rusted reinforcement bars in some areas. Although there is a concrete water catchment there is no running water, toilet and sink in the dispensary. There are no fittings or furniture. The building has two rooms and a waiting area. It was designed with an out-patient area, a consultation and dispensing room and a storage room for medicines and supplies. The need for a dispensary on a small atoll like Makur is obvious in order to provide basic essential medical care services to its approximately 170 inhabitants living 175 miles from the nearest secondary health care facility. The basic medical and public health services are accessible to the island community, but access to the island is only by ship or boat at scheduled times. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent.
**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

There is no filing of patient records, as there is no filing cabinet to store such files. However, there are daily work sheets on which the patient’s full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments is recorded. This information is kept and reported at the end of the month (monthly reports). The staff report the recorded and collected information to the dispensary supervisor at the state department of health services for data in-put and storage with the medical record unit.

**Equipment**

There is no major medical equipment found in Makur’s Dispensary. The only pieces of equipment considered as medical equipment which were found were BP cuffs and a stethoscope.

**Drugs and Supplies**

Drugs and supplies are stored on wooden shelves and in boxes under hot and humid conditions. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensives, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Neither air condition nor a freezer or refrigerator are available.

Some drugs are already expired and many have a shelf life of one year. There is little evidence of a drugs inventory. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent, but rarely receive essential drugs on time. As a result, most of the dispensary’s drugs are donated, with some of these drugs already being expired on receipt.

![Drugs and Supplies Image](image)

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Drug Form</th>
<th>Strengthen</th>
<th>Unit/Pkg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cefalexin Capsule</td>
<td>250mg</td>
<td>6 Boxes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cefalexin Granules</td>
<td>125mg</td>
<td>6 Boxes</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Motrin Migraine Tablets</td>
<td>200 mg</td>
<td>2 Boxes</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Ibuprofen Tablets</td>
<td>400mg</td>
<td>4Box/100 Tabs</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Vermox Tablets</td>
<td></td>
<td>2Boxes/60 Tabs</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Paracetamol Syrup</td>
<td>100mg</td>
<td>2 Boxes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Product Name</td>
<td>Dosage</td>
<td>Quantity</td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>-------------------------------------</td>
<td>--------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Amoxicillin Sodium Powder</td>
<td>1g</td>
<td>3 Boxes/10 vials</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inter-Link Vial Access</td>
<td></td>
<td>2 Boxes/100 ea,</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Cotrimoxazole Trimoxavin Suspension</td>
<td>200mg</td>
<td>9 Bottles</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Prax Lotion Cream</td>
<td></td>
<td>1 Box</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>FACTS Plus (Preg. Tests) Test Kits</td>
<td></td>
<td>4 Boxes</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Pharmageal Syringe 10ml Control</td>
<td></td>
<td>1 Pkg.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Acetaminophen Tablets</td>
<td></td>
<td>6 Boxes</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Silavadene Cream 400mg</td>
<td></td>
<td>3 jars</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Elastic Bandages</td>
<td></td>
<td>10 sets</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Cleaners Sheets</td>
<td></td>
<td>4 Boxes</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Bengel Peroxide Solution 10%</td>
<td></td>
<td>1 Tube</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Tylenol Mapap Tablets 325mg</td>
<td></td>
<td>2 Boxes/2000</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Prometh VC Plain Suspension 473ml</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Floucinonide Cream 0.05%</td>
<td></td>
<td>1 Tube</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Lidocaine Solution 2%</td>
<td></td>
<td>4 50ml vials</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Heparin Sodium Inj. Solution 1000 units/ml</td>
<td>25x10ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Loperamide Hydrochloride Solution</td>
<td></td>
<td>Expired 05/02</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Kidney Tray</td>
<td></td>
<td>1 Tube</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Needles Syringes 21G</td>
<td></td>
<td>1 Box</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Phenoxyoxymethylpenicillin Capsule</td>
<td>250mg</td>
<td>1 Box</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>E-Z Set Infusion Set Tubing 19GA 7/8</td>
<td></td>
<td>50 Units</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>IV Solution Solution 0.9%</td>
<td></td>
<td>20 Bottles</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>IV Solution Solution 5%</td>
<td></td>
<td>36 Bottles</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>IV Solution Solution LR</td>
<td></td>
<td>12 Bottles</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Dia Beta</td>
<td></td>
<td>25mg Expired</td>
<td></td>
</tr>
</tbody>
</table>

**Communications**

Makur Dispensary has no radio. The only radio available is the municipal radio and private CB radio on the island. The radio is approximately 200 meters from the dispensary.

**Skills and Training**

Both health assistants are high school graduates and trained as health assistants for one year. Besides health assistant training, the two health providers also trained in areas of ARI and the Cold Chain for Immunization and Infectious diseases.

**Strengths**

- Accessible for the Atoll population
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
- Community Support
  The land on which the dispensary is located belongs to the municipal government through the discretion of the island chief for the purpose of providing basic primary health care services to the island community.
**Weaknesses**
Makur Dispensary has no running water or water catchment; no lighting, no toilet or sink, no communication equipment (radio). The disposing of waste (syringes, soiled materials, etc.) is through burning and burying. Therefore, there is a need to renovate the facility and to provide essential elements for improved services.

Unsanitary conditions contribute to health risk factors for the health of the population, related to nutrition and the environment

<table>
<thead>
<tr>
<th>Name of Dispensary: Onou Dispensary</th>
<th>Island: Onou Atoll</th>
</tr>
</thead>
</table>

Formerly known as Ono, Onou Island is one of five islands making up the Nomonweito group or Northwestern Outer-Islands Group of Chuuk State. Onou Dispensary is the only health facility on the atoll and about 160 miles from the nearest secondary health care facility which is Chuuk State Hospital. The actual facility of 20’ x 28’ built for dispensary services has been abandoned due to its unsatisfactory Condition. It has been closed for several years now as the building had deteriorated and was destroyed by a typhoon. The services, however, have been relocated to a separate concrete building owned by the island’s health assistant. The temporary building, as indicated, consists of two rooms with the measurement of 24’ x 30’. One room is used as an outpatient and storage area and the other for inpatients. For the time being, it is crucial that the structure (old dispensary) be renovated for dispensary services. There are two health assistants assigned to Onou Dispensary to provide basic medical and public health services to an estimated population of 200 people currently living on the atoll. The average patients seen per day at Onou Dispensary is one (1) with an estimated monthly average encounters of ten (10) patients.
Staffing

Onou Dispensary is staffed with two health care providers. One of the health care providers was absent (Erline Max) due to continuing training at Weno Hospital. These personnel are employed under Chuuk State Government Public Service System and are full time (FTE) government employees.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Titus</td>
<td>Health Assistant</td>
<td>7/14/69</td>
<td></td>
<td>High School</td>
<td>3,508</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Erline Max</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td>High School</td>
<td>3,508</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Operational Funding

Funding to support the operation of direct services for Onou Dispensary comes from Chuuk State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, however, the Municipal Government of Unou Island also provides financial support to the dispensary by using its CIP funds for structural improvements. Unou “Actual” Facility is located on municipal government land. With sufficient financial support the dispensary is to be renovated to move services from the health assistant’s house back to the dispensary.

Condition of Facility

Old Dispensary

Adjacent Room is currently used as a Classroom (Middle Photo)
Current Dispensary (Health Assistant House)
The “Actual” Onou Dispensary is a concrete building of about 14’ x 20’, built with concrete foundation, walls and possibly a tiled floor. Its present condition (at the time of assessment) is unsatisfactory and out-of-service. The entire floor, windows and doors have all been demolished. The dispensary services on Onou have been relocated to the health assistant’s house. It is also a concrete structure of about 20’ x 30’ in size. The temporary building has louvered windows of which some are broken and the security wires rusted. With no running water, the dispensary’s toilet and sink are not working. There are no fittings or furniture. The building has two rooms, and a restroom. The two rooms are used as outpatients and inpatients (observation and examination). The outpatient room is also used as a storage room. The building was not designed to have electricity. There is a need to renovate the abandoned building on municipal government land. Having a dispensary on a small atoll like Onou is crucial for the provision basic and essential medical care services to its 220 inhabitants living 150 miles from the nearest secondary health care facility. These services (basic medical and public health services) are accessible to the island community, but accessing to the island is only by ship or boat at scheduled times. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

There is no filing of patient records, as there is no filing cabinet to store such files. However, there are daily work sheets that record patients’ full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. This information is kept and reported at the end of the month (monthly reports). The dispensary health assistant reports this information to the Dispensary Supervisor at the State Department of Health Services.

**Equipment**

There is no medical equipment in either the abandoned or temporary dispensary facilities on Onou. However, there is a blood pressure cuff and stethoscope.
Drugs and Supplies

Drugs and supplies are stored on wooden shelves and in boxes under hot and humid conditions. Drugs consist of few analgesics, scabicides/ediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. There is no evidence of an inventory schedule. Neither air conditioning nor freezer or refrigerator are available.

Some drugs are already expired and many have only a year of shelf life remaining. There is no evidence of a drugs inventory. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent.

Existing Drugs (On-hands during Assessment) Onou Dispensary

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Drug Form</th>
<th>Strengthen</th>
<th>Unit/Pkg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ampicilin</td>
<td>Capsule</td>
<td>250mg</td>
<td>1 Box/100 Caps</td>
</tr>
<tr>
<td>2</td>
<td>Erythromycin</td>
<td>Solution</td>
<td>125mg/5ml</td>
<td>1 Bottle/100ml</td>
</tr>
<tr>
<td>3</td>
<td>Lidocaine</td>
<td>Solution</td>
<td>Expired</td>
<td>7 Bottles</td>
</tr>
<tr>
<td>4</td>
<td>Xylocaine</td>
<td>Solution</td>
<td>2% 20mg/ml</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>5</td>
<td>Cefalexin</td>
<td>Capsule</td>
<td>500mg</td>
<td>4 Boxes</td>
</tr>
<tr>
<td>6</td>
<td>Senna</td>
<td>Tablets</td>
<td>8.6mg</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>7</td>
<td>Amoxicillin</td>
<td>Suspension</td>
<td>250mg</td>
<td>3 Boxes</td>
</tr>
<tr>
<td>8</td>
<td>Cloxacillin Sodium</td>
<td>Powder</td>
<td>125mg/ml</td>
<td>3 Boxes</td>
</tr>
<tr>
<td>9</td>
<td>Paracetamol</td>
<td>Tablets</td>
<td>500mg</td>
<td>6 Boxes</td>
</tr>
<tr>
<td>10</td>
<td>Erythromycin</td>
<td>Tablets</td>
<td>250mg</td>
<td>1 Box/100 Tabs</td>
</tr>
<tr>
<td>11</td>
<td>Albendazole</td>
<td>Tablets</td>
<td>400mg</td>
<td>400 Tablets</td>
</tr>
<tr>
<td>12</td>
<td>Doxycycline</td>
<td>Tablets</td>
<td>100mg/Expired</td>
<td>500 Tablets</td>
</tr>
<tr>
<td>13</td>
<td>LR IV Solution</td>
<td>Solution</td>
<td></td>
<td>12 Bottles</td>
</tr>
<tr>
<td>14</td>
<td>Vitamin A</td>
<td>Capsule</td>
<td>200 i.u.</td>
<td>500 capsules</td>
</tr>
<tr>
<td>15</td>
<td>Syringes</td>
<td>Syringe</td>
<td>3cc/ml</td>
<td>1 Box</td>
</tr>
<tr>
<td>16</td>
<td>Catheter Disposable</td>
<td>Catheter</td>
<td></td>
<td>1 Pkg</td>
</tr>
<tr>
<td>17</td>
<td>ORS</td>
<td></td>
<td></td>
<td>1 Box</td>
</tr>
<tr>
<td>18</td>
<td>Gloves</td>
<td></td>
<td></td>
<td>1 Box</td>
</tr>
<tr>
<td>19</td>
<td>Face Mask</td>
<td></td>
<td></td>
<td>1 Box</td>
</tr>
<tr>
<td>20</td>
<td>Silk</td>
<td>Suture</td>
<td>4-0</td>
<td>20 Sets</td>
</tr>
<tr>
<td>21</td>
<td>Silk</td>
<td>Suture</td>
<td>2-0</td>
<td>15 Sets</td>
</tr>
<tr>
<td>22</td>
<td>IV Tubing</td>
<td>Tubes</td>
<td></td>
<td>10 Sets</td>
</tr>
</tbody>
</table>
**Communications**
The temporary dispensary (health assistant house) has no radio. The only communication system on the atoll is the community single side band radio (SSB) and a few privately owned CB radios. The community radio is about 300 meters from the current dispensary.

**Skills and Training**
Both health assistants are high school graduates and trained as health assistants for one year. Besides health assistant training, the two health providers also trained in areas of ARI and the Cold Chain for Immunization and Infectious diseases.

**Strengths**
- Accessible for the Atoll population
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
- Community Support
  The land on which the current temporary dispensary is located is private. However, the old dispensary is located on Onou Municipal Government land. Relocating the dispensary back to the government land is more appropriate and would eventually gain increased community support. A sense of community commitment in sustaining a health facility is critically needed.

**Weaknesses**
- No running water or water catchment
- No lighting
- No toilet or sink
- No communication equipment (radio)
- There is a need to renovate the old facility

Health risk factors noted on Onou Atoll pertain to nutritional and environmental health conditions.

<table>
<thead>
<tr>
<th>Name of Dispensary: Onari (Onanu) Dispensary</th>
<th>Island: Onari (Onanu) Atoll</th>
</tr>
</thead>
</table>

50
Onari (Onanu) Dispensary is located on Onari Atoll of the Nomunweito Islands Group of the Northwestern Outer-Islands Group of Chuuk State. The actual dispensary has been abandoned due to its unsatisfactory condition. However, currently, services continue to be provided at the health assistant’s home, on private land. A small room of 10’ x 14” within the health assistant’s residence has been designated as the dispensary for the provision of care for patients as well as for dispensing medications. It is the only health facility on the atoll. The nearest secondary health care facility, which is Chuuk State Hospital, is about 142 miles away.

The actual facility, a building of 14’ x 14’, built for dispensary services, has been abandoned due to its unsatisfactory condition. The roof, windows and its contents are gone. Seemingly it has been abandoned for several years due to its badly deteriorated condition. The services, however, have been relocated into a separate room in a concrete building owned by the island’s health assistant. The temporary one room dispensary is used for all care provision. It is crucial that the structure (old dispensary) be renovated for dispensary services. There are two health assistants assigned to Onari Dispensary in order to provide basic medical and public health services to an estimated population of 200 people currently living on the atoll. The average patients seen per day at Onari is 3 with estimated average monthly encounters of sixty (60).
Onari Dispensary is staffed by two health care providers. One of the health care providers was absent (Robert Raymond) due to family affairs on Piarahr Atoll (The assessment team caught up with Mr. Raymond on Piarahr). Health Assistant Raymond assisted the Team on Piarahr. These personnel are under Chuuk State Government Public Service System as full time employees.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juliana Tom</td>
<td>Health Assistant</td>
<td>11/13/69</td>
<td>5</td>
<td>High School</td>
<td>3,508</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Robert Raymond</td>
<td>Health Assistant</td>
<td>8/855</td>
<td>24</td>
<td>High School</td>
<td>5,081</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Operational Funding**
Funding to provide direct services for Onari Dispensary comes from Chuuk State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, the Municipal Government of Onari Island is also willing to provide financial support to the dispensary by using its CIP funds for structural improvements and other provisions. However, this is not the case at the present time due to budgetary cutbacks and other priorities. Onari Facility is located on municipal government land. With sufficient financial support the dispensary is to be renovated to move services from the health assistant’s house back to the dispensary.

**Condition of Facility**

**Old Dispensary on Government Land**

**Current Dispensary on Private Land**
The Onari “Actual” Dispensary is a concrete building of about 14’ x 14’, built with concrete foundations and walls. Its present status (at the time of assessment) is unsatisfactory. It has
stood against time and harsh climatic conditions (rain, sun, humidity). By observing its present skeletal framework, the building is a one room structure providing all direct services. The building was not designed to have electricity as there was no power source and fuel was scarce or hard to come by. However, with the availability of solar panels on the island, the current dispensary (health assistant’s house) has access to solar power, but no running water or sink inside the room. The SSB Radio located in the health assistant’s house is run by solar power. Although temporarily abandoned, the is a need to have a dispensary on a small atoll like Onari in order to provide basic essential medical care services to its approximately 200 inhabitants, living 142 miles from the nearest secondary health care facility. The basic medical and public health services are accessible to the island community, but access to the island is only by ship or boat at scheduled times. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent.

**Services (Types and Scope of Services Offered)**
See standard list

Patient and HA, Lucas London taking vital signs.

![Images of medical services]

**Patient Recording System**
There is no filing of patient records, as there is no filing cabinet to store such files. However, there are daily work sheets that record patient’s full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. This information is kept and reported at the end of the month (monthly reports). The dispensary health assistant reports this information to the dispensary supervisor at the state department of health services for data input and storage with the medical record unit for health planning purposes.

**Equipment**
There is no equipment in the derelict dispensary. Equipment found at the health assistant’s house includes blood pressure cuff, stethoscope and a radio. No other major medical equipment was found.
Drugs and Supplies

Drugs and supplies are stored on wooden shelves and in boxes. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is on wooden shelves and boxes under hot and humid conditions. Neither air condition nor freezer or refrigerators are available.

Some drugs are already expired and many have a year of shelf life remaining. There is little evidence of a drugs inventory. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent, but rarely receives essential drugs on time.

Existing Drugs (On-hands during Assessment) Onari Dispensary

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Drug Form</th>
<th>Strength</th>
<th>Unit/Pkg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mortrin</td>
<td>Tablets</td>
<td>400mg</td>
<td>20 Tablets</td>
</tr>
<tr>
<td>2</td>
<td>Kwell Lotion</td>
<td>Cream</td>
<td>1</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>3</td>
<td>Inderal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Nicardipine</td>
<td>Tablets</td>
<td>30mg</td>
<td>500 Tablets</td>
</tr>
<tr>
<td>5</td>
<td>Penicillin V Potassium</td>
<td>Tablets</td>
<td></td>
<td>100 Tablets</td>
</tr>
<tr>
<td>6</td>
<td>Teaqopen</td>
<td>Tablets</td>
<td>250mg</td>
<td>50 Tablets</td>
</tr>
<tr>
<td>7</td>
<td>Erythromycin</td>
<td>Tablets</td>
<td>250mg</td>
<td>30 Tablets</td>
</tr>
<tr>
<td>8</td>
<td>Albuterol</td>
<td>Tablets</td>
<td>4mg</td>
<td>40 Tablets</td>
</tr>
<tr>
<td>9</td>
<td>Hydrochloride</td>
<td>Tablets</td>
<td></td>
<td>50 Tablets</td>
</tr>
<tr>
<td>10</td>
<td>Docusate Solution</td>
<td>Sodium</td>
<td></td>
<td>100 Tablets</td>
</tr>
<tr>
<td>11</td>
<td>Children Chewable Vitamin</td>
<td>Tablets</td>
<td></td>
<td>10 Bottles</td>
</tr>
<tr>
<td>12</td>
<td>5lt IV Solution</td>
<td>Solution</td>
<td>5%</td>
<td>6 Bottles</td>
</tr>
<tr>
<td>13</td>
<td>LR IV Solution</td>
<td>Solution</td>
<td></td>
<td>10 Bottles</td>
</tr>
<tr>
<td>14</td>
<td>Sodium Chloride IV Sol.</td>
<td>Solution</td>
<td></td>
<td>10 Bottles</td>
</tr>
<tr>
<td>15</td>
<td>Suture set</td>
<td>Suture</td>
<td>Minor</td>
<td>1 Set</td>
</tr>
<tr>
<td>16</td>
<td>Chromic Suture</td>
<td>Suture</td>
<td>3-0</td>
<td>10 Sets</td>
</tr>
<tr>
<td>17</td>
<td>Chromic Suture</td>
<td>Suture</td>
<td>2-0</td>
<td>10 Sets</td>
</tr>
<tr>
<td>18</td>
<td>Chromic Suture</td>
<td>Suture</td>
<td>00</td>
<td>15 Sets</td>
</tr>
<tr>
<td>19</td>
<td>Silk</td>
<td>Suture</td>
<td>3-0</td>
<td>20 sets</td>
</tr>
<tr>
<td>20</td>
<td>Silk</td>
<td>Suture</td>
<td>4-0</td>
<td>20 Sets</td>
</tr>
<tr>
<td>21</td>
<td>Silk</td>
<td>Suture</td>
<td>2-0</td>
<td>15 Sets</td>
</tr>
<tr>
<td>22</td>
<td>IV Tubing</td>
<td>Tubes</td>
<td></td>
<td>30 Sets</td>
</tr>
</tbody>
</table>
Communications
The temporary dispensary (health assistant house) has a radio. It is the only communication for the whole island including the dispensary services. The radio is about 200 meters from the actual dispensary.

Skills and Training
Both health assistants are high school graduates and trained as health assistants for one year. Besides health assistant training, the two health providers are also trained in areas of ARI and Cold Chain for Immunization and Infectious diseases.

Strengths
- Accessible for the Atoll population
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
- Community Support
  The location of the current dispensary on Onari is on private land. The old, derelict dispensary is on municipal government land. Relocating the dispensary back to its former location (municipal government land) would indicate community commitment in sustaining a health care facility for the island’s people.

Weaknesses
- No running water or water catchment
- No lighting
- No toilet or sink
- There is a need to replace or renovate the old facility

Onari is no different from other atolls within the region with health risk factors contributing to ill-health being nutritional and environmental health conditions.

| Name of Dispensary: Piarahr Dispensary | Island: Piarahr Atoll |

Piarahr (Piisarach) Dispensary is located on Piarahr Atoll of the Nomonweito Group or Northwestern Outer-Islands Group of Chuuk State. The atoll is about 134 miles from the
nearest secondary health care facility or the state center of Weno where the hospital is located. It is the only health facility on the atoll. The dispensary is situated within a multi-purpose building serving the whole atoll. A small room of 20’ x 20” has been designated as the dispensary in looking after patients as well as dispensing medications. Its overall condition is fair. However, it certainly needs some renovation and rearranging. The dispensary room is split into two equal rooms for storage and direct patient services. There are two health assistants assigned to Piarahr Dispensary to provide basic medical and public health services to an estimated population of 288 people currently living on the atoll. The average patient seen per day at Piarahr is 3 with estimated average monthly encounters at eighty (80).

[Images of Dispensary Room and Multi-purpose Building that housed the Dispensary room]

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sabinus Jose</td>
<td>Health Assistant</td>
<td>12/30/61</td>
<td>14 yrs</td>
<td>High School</td>
<td>4,091</td>
<td>3</td>
<td>80</td>
</tr>
<tr>
<td>Linda Erlet</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Piarahr Dispensary is staffed with two (2) health care providers. These personnel are full time employees under Chuuk State Government Public Service System.
**Operational Funding**

Funding to provide direct services for Piarahr Dispensary comes from Chuuk State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, however, the Municipal Government of Piarahr Island also provides financial support to the dispensary by using its CIP funds for structural improvements. Unoun Facility is located on municipal government land. With additional financial support the dispensary is to be renovated to bring it up to an appropriate standard necessary to provide the required services.

**Condition of Facility**

![Piarahr Dispensary](image)

Piarahr Dispensary is a concrete room of about 20’ x 20’ within a 40’ x 82’ building, built with concrete foundations, walls and columns. Its present status (at the time of assessment) is good. It has screened and louvered windows, of which some are broken and the security wires rusted. There is no running water, toilet and sink in the dispensary. No fittings and furniture were found. The building has only one room and that is the dispensary. The rest of the building is an open-space used for classrooms, community meetings, etc. There is no room for in-patients or examination. However, there is a need to have a dispensary on a small atoll like Piarahr in order to provide basic essential medical care services to its approximately 500 inhabitants living 160 miles from the nearest secondary health care facility. With this small room, the basic medical and public health services are accessible to the island community. Accessing to the island is only by ship or boat at scheduled times. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent.

**Services (Types and Scope of Services Offered)**

- See standard list

**Patient Recording System**

There is no filing of patient records, as there is no filing cabinet to store such files. However, there are daily work sheets that record patient information (i.e., full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments). Gathered information through daily encounters are kept and reported at the end of the month (monthly reports). Other types of information gathered are births, morbidities and mortalities. The health assistant reports information to the Dispensary Supervisor at the State Department of
Health Services, then to the State director of health services and onto medical record unit for data input and storage.

**Equipment**
There is no major medical equipment in Piarahr Dispensary. Only equipment found are blood pressure cuff and a set of stethoscope. There is no radio in the dispensary. The only radio available on the island is the Piarahr Municipal Government Radio.

**Drugs and Supplies**

![Drugs and Supplies](image)

Very few drugs and limited supplies available on Piarahr. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is on wooden shelves and boxes under hot and humid conditions. Neither air conditioner nor freezer or refrigerators are available.

Some drugs are already expired and many have a year of shelf-life remaining. There is little evidence of a drugs inventory. The dispensary’s drug and supplies needs are made known by radio to the state center, and may be provided from a neighboring dispensary which has sufficient stock if the next delivery by a field trip ship is not imminent, but rarely receives essential drugs on time.

**Existing Drugs (On-hands during Assessment) Piarahr Dispensary**

<table>
<thead>
<tr>
<th>No.</th>
<th>Item Description</th>
<th>Drug Form</th>
<th>Strengthen</th>
<th>Unit/Pkg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Latex Glove</td>
<td></td>
<td></td>
<td>2 Boxes</td>
</tr>
<tr>
<td>2</td>
<td>Cloxacillin</td>
<td>Suspension</td>
<td>125mg/5ml</td>
<td>11 Boxes</td>
</tr>
<tr>
<td>3</td>
<td>Cefalexin</td>
<td>Suspension</td>
<td>12mg/5ml 60ml</td>
<td>11 Boxes</td>
</tr>
<tr>
<td>4</td>
<td>Amoxicillin</td>
<td>Tablets</td>
<td>250mg</td>
<td>8 Boxes</td>
</tr>
<tr>
<td>5</td>
<td>Nifedipine</td>
<td>Capsule</td>
<td>10mg</td>
<td>6 Boxes</td>
</tr>
<tr>
<td>6</td>
<td>Ampicillin</td>
<td>Capsule</td>
<td>250mg</td>
<td>10 Tablets</td>
</tr>
<tr>
<td>7</td>
<td>Paracetamol</td>
<td>Tablets</td>
<td>500mg</td>
<td>10 Tablets</td>
</tr>
<tr>
<td></td>
<td>Medicine</td>
<td>Formulation</td>
<td>Strength</td>
<td>Units</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------</td>
<td>-------------------</td>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>8</td>
<td>Ibuprofen</td>
<td>Tablets</td>
<td>450mg</td>
<td>2 cases</td>
</tr>
<tr>
<td>9</td>
<td>Tylenol Mapap 1000</td>
<td>Tablets</td>
<td>350mg</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>10</td>
<td>Silivadine</td>
<td>Cream</td>
<td>1%</td>
<td>1 Bottle</td>
</tr>
<tr>
<td>11</td>
<td>Cotrimoxazole</td>
<td>Tablets</td>
<td>800mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>12</td>
<td>Paracetamol Syrup</td>
<td>Solution</td>
<td>100mg/ml</td>
<td>10 Boxes</td>
</tr>
<tr>
<td>13</td>
<td>Cloxacillin</td>
<td>Capsule</td>
<td>250mg</td>
<td>1 Box</td>
</tr>
<tr>
<td>14</td>
<td>Salbutamol</td>
<td>Tablets</td>
<td>4mg</td>
<td>1 Box/100</td>
</tr>
<tr>
<td>15</td>
<td>Tetracycline Hydrochloride</td>
<td>Capsule</td>
<td>250mg</td>
<td>6 Boxes/100 ea.</td>
</tr>
<tr>
<td>16</td>
<td>Erythromycin</td>
<td>Capsule</td>
<td>250mg</td>
<td>6 Boxes</td>
</tr>
<tr>
<td>17</td>
<td>ORS</td>
<td>Powder</td>
<td>Expired 10/03</td>
<td>1 Box</td>
</tr>
<tr>
<td>18</td>
<td>Luer Lock IV Line</td>
<td>Granular</td>
<td>15 drops</td>
<td>1 Box</td>
</tr>
<tr>
<td>19</td>
<td>Phenoxy methylpenicillin</td>
<td>Capsule</td>
<td>250mg</td>
<td>3 Boxes</td>
</tr>
<tr>
<td>20</td>
<td>Amoxicillin</td>
<td>Suspension</td>
<td>125mg</td>
<td>8 Boxes</td>
</tr>
<tr>
<td>21</td>
<td>Motrin</td>
<td>Tablets</td>
<td>400mg</td>
<td>10 Boxes</td>
</tr>
<tr>
<td>22</td>
<td>Motrin</td>
<td>Tablets</td>
<td>800mg</td>
<td>10 Boxes</td>
</tr>
<tr>
<td>23</td>
<td>Dia Beta</td>
<td>Tablets/Expired</td>
<td>2.5mg</td>
<td>10 Boxes</td>
</tr>
<tr>
<td>24</td>
<td>Syringes</td>
<td>1cc</td>
<td></td>
<td>1 Box/100</td>
</tr>
<tr>
<td>25</td>
<td>Vial Access Connector</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Communications**

There is no radio for communication services at Piarahr Dispensary. However, there is an island-wide radio (SSB Radio) belonging to the municipal government that is being used by the health assistant in times of need. It is the only communication for the whole island including the dispensary services. The radio is about 300 meters from the dispensary site.

**Skills and Training**

The health assistant is a high school graduate trained as a health assistant for one year. Besides health assistant training, the health care provider is also trained in areas of ARI and Cold Chain for Immunization and Infectious diseases.

**Strengths**

- Accessible for the Atoll population
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
- Community Support
  The land on which the dispensary is located belongs to Piarahr Municipal Government. There is no plan to relocate the dispensary to another place or building. The community is satisfied with the current location.

**Weaknesses**

- No running water or water catchment
- No lighting
- No toilet or sink
- No communication equipment (radio)
Health risk factors on Piaraehr relate to environmental and nutritional conditions. Diabetes, hypertension and other cardio-vascular diseases are noted among the population. Communicable diseases are also prevalent on this tiny atoll.
Nama dispensary is forty five nautical miles east of Weno, the center of Chuuk State. Nama Island is in the Upper Mortlocks with a population of over nine hundred. The average patient per day is six (6) people. Nema Dispensary is on private land although there is no legal agreement between the municipal or state government and the land owner. It is approximately 40 ft by 35 ft with five separate rooms for the provision of services. Transportation between the central hospital and the dispensary is by small boat or by the government owned field ship (Chief Mailo).

Staffing  There are two health assistants at Nema Dispensary.

Condition of Facility
Nama Dispensary is a wooden and concrete structure in fair condition. It is in need of routine maintenance. It has sufficient space for direct services.

Operational Funding
Dispensaries are not given direct funding for their operation but are provided with equipment, medication and supplies through the state Department of Health Services. No other funding is provided to this dispensary other than that provided by the Department of Health Services. Patients on this island are charged ten to twenty five cents for every visits or for medications.

Services  (Types and Scope of Services Offered)
See standard list
Patient Recording System
Monthly report used as tally of patient encounters and medical history. These records mainly focus on reasons for visits.

Equipment
none

Drugs and Supplies
information not available

Communications
The dispensary has no radio. There are a number of privately owned radios on the island which the health assistants use to communicate with the state center or other nearby islands.

Strengths
• There is water available to the dispensary
• Two Health Assistants
• There is good support form the community

Weaknesses:
• Not enough medical supplies
• No government owned radio communication system
• No government land

Name of Dispensary: Losap Dispensary
Losap Dispensary located on Losap Island is approximately sixty nautical miles south east of the Chuuk lagoon. Losap Island is situated on the same reef as Pisemwar Island which is 10 miles away. There are over five hundred people on the islands and the average patients is approximately four patients per day. The dispensary is in a private house 18 by 12 ft in size on private land. Construction of a new dispensary building has just started on municipal land.

Staffing
There are two health assistants, one male and one female. Both have been trained at the state hospital.

Condition of Facility
The present private building, made of wood and concrete, which is being in used as a temporary dispensary is in fair condition although it requires some maintenance and renovation work to be done. It has sufficient space for direct services.

Operational Funding
Dispensaries are not given direct funding for their operation but are provided with equipment, medication and supplies through the state Department of Health Services. No
other funding is provided to this dispensary other than that provided by the Department of Health Services.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

Patients records are kept in log books. The health assistant travels to the state center five times a year to take the monthly reports and to get medicines for the dispensary.

**Equipment**

none

**Drugs and Supplies**

information not available

**Communications**

There is no radio at the dispensary. One of the health assistants has a private SSB radio which is used to communicate with the state health center.

**Strengths**

- There is community support
- There are two health assistants
- There is place for service provisions

Weaknesses:

- No public building yet
- Medical supplies shortage
- No safe water system

### Dispensary Name: Piise-Mwar Dispensary    Island: Piise-Mwar (Upper-Mortlock)

Piise-Mwar Dispensary is located on Piise-Mwar Island some sixty miles southeast of the state center. Piise-Mwar dispensary is operated out of one of the rooms of the Pisemwar
Elementary School. This school is housed in a two story prefabricated building which was erected in 1999. This dispensary provides services to over six hundred people with an average number of patients per day being approximately fifteen. Ownership of the land on which this building is located is unclear. The land was created through a process of land fill and both the government and some private people are claiming ownership. There appears to be no documentary evidence to support ownership by any party.

**Staffing**
There are two Health Assistants at the dispensary.

**Operational Funding**
Dispensaries are not given direct funding for their operation but are provided with equipment, medication and supplies through the state Department of Health Services. The municipal government support the dispensary by providing the building.

**Condition of Facility**
The dispensary, being housed in a lovely new two story building is in excellent condition. There is adequate room to provide direct services.

**Services (Types and Scope of Services Offered)**
See standard list

**Patient Recording System**
Patients records are taken and kept by the Health Assistants. Each quarter a Health Assistant travels to the state centre to deliver the monthly reports and to collect drugs and supplies.

**Equipment**
none

**Drugs and Supplies**
no data provided

**Communications**
The dispensary does not have a radio, but has access to the municipal government radio. At the time of the survey, there was no battery so the radio was not functional.

**Strengths**
- Basic infrastructure in place
- Employees available
- New, good building
- Accessible

**Weaknesses**
- Land ownership not clear
- Medical supplies not enough
Moch Island is located at the central part of mid and lower Mortlock Islands and is at the entrance to the northern part of the Satowan lagoon (or also known as “Nomoisom”) in the Moch channel. Moch is one of four municipalities in the Mid- Mortlocks. The other three are Namoluk, Ettal and Kuttu. The population of Moch is approximately 800 people.

Moch Dispensary is located near the Moch Municipal Government buildings within walking distant of Moch Elementary and Junior High School and the Catholic Church. Its location is very accessible to the students and all the people of Moch Island. The layout of the dispensary and space for service provision is adequate but the dispensary has no lights and no clean water supply for washing hands.

The health assistants carry out environmental inspections and, with the assistance of the municipal government, enforce improvements where appropriate.
The Moch Dispensary is operated and managed by two Health Assistants, Mr. Partol Mwarike and Ms. Felisa Raymond. Both are high school graduates and completed the one year HA training program at the Central Hospital in Chuuk State, DOH. They serve approximately ten patients each day.

**Condition of facility**
The condition of Moch Dispensary is poor and it needs major renovation. The condition of the dispensary is so bad that drugs and supplies are stored at the health assistants house. Additional space is needed. Water and waste disposal systems, including a toilet facility need to be provided.

**Operational Funding**
Estimated annual operational funding for this dispensary is $15,000 for salary, medical supplies, basic equipment, equipment such as radio and maintenance costs. Due to the deterioration of the building it is estimated that approximately $25,000 will be needed to renovate it.

**Services (Types and Scope of Services Offered)**
See standard list

**Patient Recording System**
The patient’s records are not kept up to date, mainly due to a lack of supplies such as paper, forms and folders. The patient recording system consists of a daily worksheet, a monthly report form and a summary of live births. The patient information records include name, age, sex, symptoms, diagnosis and treatment.

**Drugs and Supplies**
Very few drugs were in stock and there is no adequate storage such as cupboards or even shelves. Only Tylenol, Keflex and some needles were available.

**Equipment**
The filing cabinet, tables and a weighing scale, all in very poor condition and in need of replacement. There is also a new ice box for vaccine storage which had been donated by JICA. The ICE Box is not kept in the dispensary due to the poor condition of the building and because there is no electricity.

**Communications**
The dispensary has no radio and the municipal radio is currently unserviceable. The only means of communication is to use a private SSB radio if it is available and permission is given to use it.

**Skills and Training**
The male health assistant attended a health assistant training course in Chuuk state hospital and the midwife trained as a practical nurse in 2002.

**Strengths**
- The dispensary is located on municipal lands surrounded by the school and church.
- The location of the dispensary allows easy access.
- It is close to the shore giving easy access for referrals.

**Weaknesses**
- Poor supply of medications
- The health assistants need training and guidance in management.
- The building needs major refurbishment for safety reasons alone.
- Neither the community nor the municipal government maintain the dispensary
- Need for continuing training of staff
- Access to safe water is not available
- No dispensary boat to transfer referral patients
- No accessible communication system
- Poor infection control
- Poor lightning and ventilation
- Lack of supplies and drugs
- No health team visit from the Department of Health
Ettal Island is part of an atoll with its own lagoon known as Namosepi. Ettal Dispensary is located in the middle of Ettal Island. It is situated near the Elementary School and the Municipal Office. Ettal Dispensary is on land purchased by former municipal officials and school teachers in the late 1960s. However, documentation of this purchase is not available and this may lead to future land ownership problems.

### Staffing

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Emply</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Patients /Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jacky Aniol</td>
<td>Health Assistant</td>
<td>05/10/80</td>
<td>1</td>
<td>High School</td>
<td>$3,540</td>
<td>2</td>
<td>300</td>
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<tr>
<td>Rista Salle</td>
<td>Traditional Birth Attendant</td>
<td>01/13/69</td>
<td>14</td>
<td>High School</td>
<td>$3,250</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The male health assistant has recently passed away and a young male has been selected and is undergoing health assistants training at Chuuk Hospital. There is also a female health assistant who was on maternity leave on Weno with her baby. At the time of the assessment, information was provided by the acting Mayor.

### Condition of Facility

Ettal Dispensary is a concrete structure that has been totally damaged or vandalized. Medical supplies for the islands are stored in the mayor’s office and also at the health workers’ home.

### Operational Funding

The estimated cost of renovating this facility and fully equipping it with an appropriate level of supplies is $25,000.

### Services (Types and Scope of Services Offered)

The only services provided are basic and essential services like first aid.
**Patient Recording System**
In general, the Patient Recording System is very poor..

**Drugs and Supplies**
There are only a few drugs and supplies such as Tylenol, Aspirin, and cough medicine.

**Equipment**
Not reported

**Communications**
The dispensary has no radio. The only means of communication is to use a private SSB radio if it is available and permission is given to use it.

**Skills and Training**
The new health assistant was still undertaking training as a health assistant.

**Strengths**
Not reported

**Weaknesses**
- Poor condition of facility
- Poor water system
- Lack of maintenance from local government and the community
- Lack of training

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**Namoluk Island, Mortlock Islands (middle section)**

Namoluk Island is an isolated island apart from the remainder of the Mortlock Islands. The closest island to Namoluk is Ettal Island which is 35 miles away. Namoluk Island is between lower and upper Mortlocks but is grouped within the Mid-Mortlocks comprising Namoluk,
Ettal, Moch and Kuttu. Namoluk Island is like Ettal Island on its own atoll. Namoluk lagoon is known as “Namoilam”.

At the time of the assessment, the dispensary is not functioning as the building is too badly damaged to be used. completely damaged—not functional. The health assistant claims to be working out of his home and seeing about five patients a day. There are approximately 300 people on this island.

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Patients /Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Curley</td>
<td>Health Assistant</td>
<td>4/23/65</td>
<td>15</td>
<td></td>
<td>$3,514</td>
<td>5</td>
<td>100</td>
</tr>
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</table>

**Condition of facility**
The facility has been completely demolished and is not functional.

**Operational Funding**
It is estimated that approximately $40,000 will be needed to renovate this facility to an acceptable standard with all the necessary basic supplies and equipment.

**Services (Types and Scope of Services Offered)**
The only services provided are basic and essential services like first aid, with some health education, nutrition support and nutrition education.

**Patient Recording System**
Monthly report used as tally of patient encounters and medical history. These records mainly focus on reasons for visits.

**Drugs and Supplies**
There are a few antibiotics but mostly they were time expired. The drugs were stored in an poorly and were not secure. There is no inventory and restocking system for drugs and supplies.

**Equipment**
Not reported

**Communications**
The dispensary has no radio. The only means of communication is to use a private SSB radio if it is available and permission is given to use it.

**Skills and Training**
The health assistant possessed skills in first aid, assessing patients, and treatment of simple diseases and conditions

**Strengths**
Not reported
Weaknesses
- No dispensary
- Dispensary on private land
- Dispensary too small
- Distant from the airfield in Ta Island
- No communication system
- No out reach visit from Department of Health
- Lack of training
- Lack of maintenance from municipality and the community
- Lack of funding for referrals

Name of Dispensary: Kuttu Dispensary  
Island: Kuttu

Description
Kuttu Island is another island situated on the Satowan atoll adjacent to Moch approximately 5 miles from Moch Island. It is one of the four island municipalities within the mid-Mortlocks section (Namoluk, Ettal, Moch and Kuttu). The population is approximately 1000 people, with about 40% who live in the main center (Weno).

This facility has 3 examination and inpatient rooms. In addition to the 3 rooms, it has a waiting area and storage space. The ceilings is high with good ventilation. Lighting is powered by a solar system. A UNICEF donated refrigerator is working and in good condition for immunization supplies. The Kuttu Dispensary is made of concrete, it has enough space to provide inpatient and outpatient services. This dispensary requires tables,
The municipality is currently negotiating the purchase of the land on which the dispensary is located. Funds for the purchase are being sought.

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Patients /Month</th>
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<tr>
<td>Jackson Ramsis</td>
<td>HA</td>
<td>7/24/60</td>
<td>1985</td>
<td>High School</td>
<td>$ 4,472</td>
<td>6</td>
<td>150</td>
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<tr>
<td>Rael Darech</td>
<td>HA</td>
<td>3/13/72</td>
<td>2001</td>
<td>High School</td>
<td>$ 3,250</td>
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<td></td>
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</table>

Kuttu Dispensary is staffed by two Has, Mr. Jackson Ramsis and Ms. Rael Darsch who are both certified having completed the one year health assistants training at the Department of Health Services, Chuuk State.

**Facility Condition**

The condition is good. Minor repairs are needed on the windows (security wires) and painting, and bookshelves and counters are needed. The lay out of the dispensary and space inside the dispensary are adequate.

**Operational Funding**

It is estimated that $15,000 will be needed to renovate this dispensary. Included in this is approximately $8,000 to obtain necessary medical supplies, drugs and basic equipment.

**Services  (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

Monthly report used as tally of patient encounters and medical history. These records mainly focus on reasons for visits.

**Drugs and Supplies**

There are only a few drugs like Tylenol, Aspirin, and first aid supplies including some needles.

**Equipment**

No equipment other than the UNICEF donated refrigerator to store vaccine and a bed in the examination room.

**Communications**

Kuttu Dispensary has its own SSB radio.

**Skills and Training**
The health assistants possessed skills in first aid, assessing patients, and treatment of simple diseases and conditions. Both health assistants attended training at the Chuuk State Hospital five years ago.

**Strengths**
- The facility is concrete with large rooms
- The facility is accessible to the community and the school and church.
- The two health assistant designate several days for patient visit or follow up
- It has its own communication system (SSB).

**Weaknesses**
- Dispensary located on private land
- Lack of drugs and supplies
- Lack of training
- No out reach visits
- Lack of equipment
- Poor infection control
- Lack of inspection
(c) Lower Mortlocks

| Name of Dispensary: Lekinioch Dispensary | Island: Lekinioch |

Description
Lekinioch Island is one of two islands in the atoll known as “Nomonemu” within the lower section of the Mortlocks. This dispensary serves the population of Lekinioch which is approximately 1000 people.

Staffing

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patients/Day</th>
<th>Patients/Month</th>
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<tbody>
<tr>
<td>William Sana</td>
<td>HA</td>
<td>11/12/74</td>
<td>5</td>
<td>College</td>
<td>3,000</td>
<td>15</td>
<td>548</td>
</tr>
<tr>
<td>Rebeca Julio</td>
<td>HA</td>
<td></td>
<td></td>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lekinioch Dispensary is operated and staffed by two health assistants, Mr. William Sana and Ms. Rebeca Julio. William Sana graduated from the University of Oregon majoring in health education. Mr. Sana also attended TTPI Nursing School for two years in Saipan, prior to his studies at the University of Oregon. Ms. Rebeca Julio graduated from High School and had a year of practical nursing and health assistant training at the Chuuk Hospital.

Operational funding
Estimated annual operational funding for this dispensary is $14,5000 for salary, medical supplies, basic equipment, equipment such as radio and maintenance costs.

Condition of facility
This dispensary is situated at the centre of the island and is located in the municipality complex building. The land on which the municipality complex stands is owned by the municipal government. It is near the elementary school and church and is accessible to most of the community. The facility is concrete and is generally in good condition, but needs some minor repairs to windows, shelves and the walls. There are no shelves for drugs and other medical supplies and need to be constructed.
Lekinioch dispensary has two rooms and an outpatient waiting area. One room is reserved for examinations and as a delivery room, while the second room is used for office space, storage of medical and pharmaceutical supplies and filing patients’ records. Patients’ records are stored in a rusted filing cabinet and on an old table. There is no water supply, sink, or place for washing hands. It is very important that a reliable and clean water supply is available for the health assistants to use. The waiting area is a large and wide space for patients waiting to be seen but there are no chairs or benches.

The facility has adequate working space. The ceiling is high enough for natural light and proper ventilation.

**Services (Types and Scope of Services Offered)**

- See standard list

**Patient Recording System**

Recording system is poor.

**Drugs and Supplies**

There are only a few antibiotics, analgesics, and IV solution, some of which were out of date. Most were donations from outside Chuuk. There was no system for an inventory.

**Equipment**

There is a filing cabinet, bed in the delivery room, weighing scale tables and furniture. However all are old and in need of replacing.

**Communications**

Lekinioch Dispensary has no radio but uses the municipal government SSB on the floor above the dispensary.

**Skills and Training**

Both providers completed the one-year health assistants training program at Chuuk State Hospital. They have not received a formal retraining or continuing education program in the last two years.

**Strengths**

- The location affords good patient access
- The amount of space and layout of the facility is very good
- It is close to the school and church
- It is close to the shore for easy access to water transportation in case of referral
- The patient recording system is very good

**Weaknesses**

- Poor Lightning
- Poor infection control
- Poor water system
- Poor availability of clean water
• Lack of frequent inspection and maintenance
• Lack of visits from the Department of Health
• Unreliable communication system

Oneop Island, Mortlock Islands (lower Section)

Oneop Island is one of two islands in the atoll known as “Nomonemu” within the lower section of the Mortlocks. This dispensary serves the population of Oneop which is approximately 400 people. Oneop Dispensary is owned by the municipality and located on Municipal land.

**Staffing**

<table>
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<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Patients /Month</th>
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<tbody>
<tr>
<td>Lukas Limam</td>
<td>HA</td>
<td>11/26/76</td>
<td>12</td>
<td>College</td>
<td>3,600</td>
<td>4</td>
<td>120</td>
</tr>
<tr>
<td>Alreda Fred</td>
<td>HA</td>
<td></td>
<td></td>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are two health assistants assigned to Oneop Dispensary; Mr. Lukas Liemam and Ms. Alreda Fred. Mr. Liemam has worked at Oneop dispensary for 12 years. He had spent two years in college before become becoming the health assistant at Oneop dispensary.
**Condition of facility**

Oneop Dispensary is located on land owned by the Municipal government of Oneop and is in very poor condition. It is partly concrete with a tin roof and walls which are rusted and is, essentially falling apart. It needs major structural reconstruction. The working environment is poor with no water sources for washing or for cleaning. There is little in the way of equipment and what is there is in need of replacement. The available space is adequate for service provision but ventilation and lighting is inadequate. There are no lights for carrying out examinations at night.

**Operational Funding**

Estimated annual operational funding for this dispensary is $14,500 for salary, medical supplies, basic equipment, equipment such as radio and maintenance costs. Due to the deterioration of the building it is estimated that approximately $30,000 will be needed to renovate it.

**Services (Types and Scope of Services Offered)**

The health services provided include, basic essential services such as First Aid, and other primary care services like health education, prevention and counseling.

**Patient Recording System**

The patient records were not up to date and were poorly organized due to lack of supplies. There is one old filing cabinet which needs to be replaced. The health assistants transmit a monthly report to the main centre.

**Drugs and Supplies**

There are only a few drugs on the shelves and most are out of date. There is no inventory system for medical supplies.

**Equipment**

There is an icebox for storage of vaccine, an old filing cabinet, bed, and weighing scale however, they all need to be replaced.

**Communications**

The dispensary does not have a radio. It uses the municipal SSB radio located approximately ten yards away from the dispensary.

**Skills and Training**

The health assistants underwent their last training in 2000. The main focus of the training was basic and essential services and primary care services.

**Strengths**

- The location of the dispensary is accessible to the community and the school.
- It is close to the shore giving easy access to water transport for referral
- The health assistants designate several days each month for patient follow up and counseling
• Where a patient has difficulty in attending the dispensary the health assistants carry out home visits.
• The layout of the facility is good.

Weaknesses
• Poor supply of medications
• The health assistants need training and guidance in management.
• The building needs major refurbishment for safety reasons alone.
• Neither the community nor the municipal government maintain the dispensary
• Need for continuing training of staff
• Poor accessibility to water
• No dispensary boat to transfer referral patients
• Poor access to a communication system
• Poor infection control

Satowan Island is the State sub-center for the Mortlock Islands. Satowan Island was also the Caroline Islands center for the Japanese during WWII. It is located next to Ta Island with very easy access from other Mortlock islands outside the Nomoisom lagoon using the northern pass or using Moch channel from Namoluk and Ettal. It is also provides good access from Oneop and Lekinioch during stormy weather that usually comes from the west. Across the Nomoisom is the Aliar channel that boats and ships can also access into the atoll to call at the beautiful island of Satowan.

Satowan Dispensary was built in the mid 80s. It was originally planned as a sub-hospital or Super Dispensary for the mid and lower Mortlock Islands. It was also planned to focus on primary health care services and to be the primary referral facility to serve all medical referrals within the Mortlock Islands.

This super-dispensary has 20 beds with supportive services including Laboratory, X-ray, Labor and Delivery, Pharmacy, and outpatient services clinics. However, only the out patient services are currently operational ie it operates in the same way as most dispensaries. There originally was a good water system, sinks, sewage system, electricity system, and more, but, as it has not been in use as a Super Dispensary or Hospital for over 10 years, the buildings and the systems have deteriorated badly.
Satowan is situated adjacent to Ta Island on the same reef. Ta Island has the only airfield for the Mortlock Islands. For reasons of accessibility, the former leaders from these two islands had proposed to connect the two islands by constructing a road from Satowan to Ta. The rationale was to allow patients to visit Satowan quickly and vice versa for referring patients quickly from Ta Island to Chuuk Hospital for emergency care. The plan is still in existence but funding has not been allocated.

Currently the Super-Dispensary is staffed with 4 Health Assistants, 2 Security Guards, 1 Maintenance Person and 1 Janitor. Seven (7) of these staff are funded by Chuuk State Health Services. The Janitor is paid by Satowan Municipal Government.

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Patients /Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haris Ylizah</td>
<td>Clinical Supervisor</td>
<td>12/03/48</td>
<td>31</td>
<td>College</td>
<td>9,984</td>
<td>15</td>
<td>450</td>
</tr>
<tr>
<td>Owen Leimam</td>
<td>HA</td>
<td>07/22/59</td>
<td>7</td>
<td>High School Graduate</td>
<td>3,558</td>
<td>15</td>
<td>450</td>
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<tr>
<td>Atao Ansin</td>
<td>Others</td>
<td>09/24/61</td>
<td>25</td>
<td>High School Graduate</td>
<td>2,964</td>
<td>15</td>
<td>450</td>
</tr>
<tr>
<td>David Narun</td>
<td>Others</td>
<td>03/08/46</td>
<td>11</td>
<td>Elementary</td>
<td>2,652</td>
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<td>450</td>
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<tr>
<td>Otil Sandy</td>
<td>Others</td>
<td>12/03/56</td>
<td>3</td>
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<td>4160</td>
<td>15</td>
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</table>

During the assessment two of the Health Assistants were off island.

**Condition of facility**

This facility was designed for 20 beds with the required supporting and ancillary services such as laboratory, x-ray, labor and delivery, pharmacy, and outpatient services clinics. With the exception of the out-patient department, now used as a dispensary, all of these departments have closed.

Satowan Super-Dispensary facility has deteriorated and is in need of major renovation. What was designed as a model of an island community medical center is now a partly derelict building with a rusted tin roof, falling ceilings, broken windows and doors, no electricity, no water, no laboratory facility and no ancillary services. There is no inpatient care. There is no preventive maintenance.

This facility is functioning as a dispensary with a very limited supply of drugs for, mostly, adult illnesses.

**Operational Funding**

The estimated annual recurrent costs for operation for this facility is $23,318 for 5 FTE staff members, but to bring this facility to standard of a community health center it will take a great deal of investment. This is particularly true when the cost of contractors and shipment of supplies that are not available on this small island are factored in.
Aside from the actual renovation, engineering contracts, it is estimated that $550,000 will be needed to bring back the basic medical equipment, office supplies, communication equipment and medicines necessary to provide services to the entire population of this region.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

The record keeping is poor.

**Drugs and Supplies**

Drugs and supplies are no longer kept in the dispensary due to its poor condition. There are only few drugs and supplies. The storage of the medicines is not organized nor secure. Medicines are kept in boxes labeled with Korean and Chinese characters. These medicines are all out of date by a long time.

**Equipment**

Most of the equipment is worn-out, unusable and unable to be repaired as a result of the condition of the facility. The dispensary needs replacement for most of the equipment.

**Communications**

The dispensary has no radio. The only means of communication is to use a private SSB radio if it is available and permission is given to use it.

**Skills and Training**

Most of the staff had received their training more than 7 to 10 years ago.

**Strengths**

The layout of this facility is sound and the location is accessible to the community, schools like the Junior high school and the elementary school. The size of the building is adequate to provide the necessary services. The distance of the dispensary is a few miles away from the airfield located on Ta and this can ease the physical burden of referring patients to Chuuk State Hospital by using the small plane.
**Weaknesses**

- Poor condition of the facility
- Poor condition of equipment
- Poor condition of lighting
- No field trip from Department of Health
- Lack of drugs and supplies
- Dispensary situated on private land
- No funding for referrals
- Lack of training of staff
- Lack of maintenance and inspection
- Poor access to clean water
- Poor infection control
- Poor hand washing facilities

| Name of Dispensary: Ta Dispensary | Island: Ta |

Description

Ta Island, where an airstrip is located, is only 10 minutes boat ride from Satowan where the Super Dispensary is located. On a calm day, it is about 30 minutes boat ride from the other two islands (Moch and Kuttu) that share the same lagoon. From Lekinioch and Oneop, it is
about 2 hours on a calm day. From Namoluk, it’s about 5 hours on a calm day. Ta Dispensary is located on private land and adjacent to the Elementary School. It is also located next to the Caroline Island Air (CIA) terminal. The island is served by a small aircraft.

Ta is the port of entry for the Mortlocks and has an air link to the main centre. Ta dispensary could be expanded and constructed in such a way as to meet the needs of the people from across the Mortlocks. This dispensary could be an emergency facility providing services for medical referrals from various islands in the Satowan lagoon (Kutut, Moch, Satowan and Ta) and outside the lagoon (Namoluk, Ettal, Lekiniho and Oneop). From the Upper Mortlocks (Nama, Piis Panew and Losap), people do not normally travel to Ta to use the aircraft. As more and more people travel to and from Ta, due to the presence of the airstrip there, there will be a greater need for emergency service provision such as an Emergency ICU.

### Staffing

<table>
<thead>
<tr>
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<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Patients /Month</th>
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<tbody>
<tr>
<td>Lepios Sammy</td>
<td>HA</td>
<td>4/29/68</td>
<td>1993</td>
<td>High School</td>
<td>$3,354</td>
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<td>100</td>
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<tr>
<td>Chaipi Ameraich</td>
<td>HA</td>
<td>10/30/49</td>
<td>2001</td>
<td>High School</td>
<td>$4,792</td>
<td></td>
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</tr>
</tbody>
</table>

The Dispensary is staffed by two health assistants, Mr. Lepios Sammy and Ms. Chaipi Ameraich who was not available at the time of the assessment.

### Facility Condition

The Dispensary facility is small. It is currently being renovated by the Municipal government. Whilst the renovations are underway, the Health Assistant keeps the pharmaceutical and medical supplies at his house. The municipality and the community are supportive. The landowner where the dispensary is located has not received any rent for the land from the government. Negotiations to buy the land are under way.

### Operational Funding

About $50,000 will be needed to complete the current renovation and to ensure that it has an emergency facility. The recurrent cost of salary is not included in this figure but the cost of obtaining basic medical supplies and equipment is.

### Services (Types and Scope of Services Offered)

- See standard list

### Patient Recording System

The patient recording system is based on daily and monthly report of encounters for each patient. The record book contains information including name, age, sex, symptoms, treatment follow-up. All of these records are kept in an old filing cabinet.

### Drugs and Supplies
There are only a few antibiotics which were mostly out of date. There is no suitable storage for drugs. There is no system for a drugs inventory or restocking system.

**Equipment**
Not reported

**Communications**
The dispensary has no radio. The only means of communication is to use a private SSB radio if it is available and permission is given to use it.

**Skills and Training**
The health assistants possess skills in first aid, assessing patients, and treatment of simple diseases and conditions

**Strengths**
- Easy access to the airport for referral
- Dispensary located near school compound
- Strong support from the community and the municipality

**Weaknesses**
- Under renovation
- Too small to support medical evacuation.
- Lack of supplies
- Dispensary situated on private land
- Need to improve facility
- Lack of training
5 Lagoon Islands

(a) Northern Nomoneas

Name of Dispensary: Piispaneu Dispensary
Island: Piispaneu

(Above) Side view of existing dispensary
(Below) Inside view of dispensary

(Below) supply
Description
Piis Paneu Dispensary is approximately fifteen (15) miles northwest of the state center. It takes between one and one and a half hours to reach it by motor boat and in rough seas, even longer. It has a population of five hundred (500) with average patients per month being ninety (90). The facility is a public building which sits on public land purchased by the municipal government of Piis Municipality. The building itself is quite small and the municipality hope to build a larger building as the land area can accommodate a bigger building.

Staffing
There are two (2) health assistants at this dispensary.

Operational Funding
No funding is provided directly but medicines and other needs are provided through the division of dispensary.

Condition of Facility
The facility, although small, is generally in good condition with separate rooms for receiving and examining patients. It has storage for drugs and is secure.

Services (Types and Scope of Services Offered)
See standard list

Patient Recording System
Information is recorded on a daily worksheet and then transferred to a monthly report form and submitted to the division of dispensary, department of health services

Equipment
One examination table and a UNICEF donated refrigerator

Drugs and Supplies
Antibiotics, vermox, ampicillin, amoxicillin, cyvelexcin, cloxicillin, Tylenol, flagyl, tempra, vitamin A, IV solution and ORS

Communications
No communication equipment available

Skills and Training
Health Assistant Training, Primary Health Care, Red Cross, Disaster Preparedness.

Strengths
- Accessible
- Safe
- Government land
- Government building
**Weaknesses**

- Building too small
- Needs supplies and equipment

<table>
<thead>
<tr>
<th>Name of Dispensary: Fonoton Dispensary</th>
<th>Island: Fonoton</th>
</tr>
</thead>
</table>

In the early 1990s Fonoton dispensary was regarded one of the best dispensaries in Chuuk State. The municipal government allocated a section of the municipal building constructed out of their own CIP funds as the dispensary. Today, the building is still there but there are no supplies or medicines. The building is run down and in need of major renovation.

Currently, there is no health assistant, as the health assistant who had been working there left Chuuk.

The people on this island to travel to Weno to access medical care at the Chuuk State Hospital. On a calm day, it is only a ten minute boat-ride to Weno and less than another ten minute car-ride to the Chuuk State Hospital.
(b) Southern Nomoneas

<table>
<thead>
<tr>
<th>Name of Dispensary: Elin Dispensary</th>
<th>Island: Tonoas</th>
</tr>
</thead>
</table>

**Description**

Elin Dispensary is a leased room in a private home located on private land. It is run by a female health assistant who graduated from high school and attended the health assistant training at the Chuuk State Hospital. The house is situated on a hillside, which makes it difficult for sick people to access. This village has a population of approximately 400 people. The house is at the far end of the village where not many people live. One room of the house is used to store medicines and for sleeping as well. According to the health assistant, she uses her living room to see patients except for those who need physical checkups. This is carried out in the room where she stores her medical supplies.

There is no hand-washing system or toilet facility at the building. Waste from the dispensary is disposed of by burning. Rainwater is used by the facility and by patients.

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patients/Day</th>
<th>Average Patients/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Soram</td>
<td>Health Assistant</td>
<td>12/25/67</td>
<td>12</td>
<td>High School</td>
<td>3580</td>
<td>6</td>
<td>26</td>
</tr>
</tbody>
</table>

**Operational Funding**

Not available

**Condition of Facility**

The condition of the facility is poor and inaccessible to sick people because of its isolation and location on a hilltop.

The only services provided are basic and essential services like first aid.

**Patient Recording System**

Patients record are kept in a notebook and at end of each months she compiles them and reports them to the main dispensary office.

**Equipment**

None

**Drugs and Supplies**

Erythromicine tablets, flagyl, abendezole, sulfate syrup, ferrous sulfate, albentezole, modrin, paracetemol syrup, Indocine.

**Communications**

None
**Skills and Training**

The health assistant appears comfortable to treat and handle minor complaints only. He completed the health assistant training at the hospital and has since participated in some workshops on acute respiratory infection for children, family planning, immunization, and HIV/AIDS in the last two years.

**Strengths**

- There is a health assistant.
- There is community support.
- Infrastructure is in place

**Weaknesses**

- Not located on public land
- Not in public building
- Not accessible
- Not save
- Poor physical condition
- No water and no toilet facility

<table>
<thead>
<tr>
<th>Name of Dispensary: Nukuno Dispensary</th>
<th>Island: Tonoas</th>
</tr>
</thead>
</table>

Nukuno Dispensary does not exist as a dispensary. There is no building. People refer to this as a “back-pack” dispensary because the health assistant from Eden, who also lives on Eden, travels to the Nukuno village with a back-pack containing medications to provide care to the people.

It is difficult to ascertain exactly what range and level of services the health assistant provides when he visits Nukuno village. However, there is only an infrequent outreach service to Nukuno.

<table>
<thead>
<tr>
<th>Name of Dispensary: Roro Dispensary</th>
<th>Island: Tonoas</th>
</tr>
</thead>
</table>

**Description**

There is no dispensary now since the previous health assistant retired in 2004. Previously this dispensary also served the nearby villages of Malon and Sapolong. Since her retirement in November 2004, no services have been provided by this facility at all. A replacement is under training.
Name of Dispensary: Nechap Dispensary    Island: Tonoas

Description
Standing at roughly 60 ft x 40 ft in size, this recently completed dispensary was funded by FEMA as replacement of the old one destroyed by typhoon Chataan. It has seven (7) rooms and a large reception or patient waiting area. The rooms are large enough for patient examination and general storage. The building is owned by government but the land is private. The landowners are willing to sell the land.

The health assistant has retired and the dispensary has not been used since it was built in 2004.

Name of Dispensary: Kuchua Dispensary    Island: Tonoas

View of entrance  View of inside
Description
Kuchua Dispensary is approximately seven (7) miles south of the state center. It serves approximately one thousand (1,000) people with the average patients per day being fifty (50). The dispensary is situated on land that belongs to the church. The church is willing to accommodate the dispensary at no cost.

Staffing

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year of Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Average Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marinta Naneto</td>
<td>Health Assistant</td>
<td></td>
<td>15</td>
<td></td>
<td>$ 3,918</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Operational Funding
No direct funding however, needs are provided by the dispensary office.

Services (Types and Scope of Services Offered)
See standard list

Condition of Facility
Kuchua Dispensary is one of the newest dispensary in Chuuk. It is new and in good condition.

Equipment
Two (2) beds and three (3) chairs, stethoscope, sphygmamometer, otoscope, thermometer

Drugs and Supplies
none

Skills and Training
The health assistant completed a one-year health assistant training program at the hospital but has not attended any ongoing training program since.
**Patient Recording System**
Patient information are recorded and sent to the dispensary office.

**Communications**
None

**Strengths**
- Accessible
- Infrastructure in place
- Health Assistant available
- Community support

**Weaknesses**
- No restroom
- No ventilation
- No medicines and supplies

---

**Name of Dispensary: Sapuun Dispensary**

Island: Tonoas

**Description**
Sapuun Dispensary is located in a private home on private land. It serves a population of five hundred (500) people. The average patients per month is sixty (60). The building being used is not rented or on lease.

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Average Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modesto Walter</td>
<td>Health Assistant</td>
<td></td>
<td>14</td>
<td></td>
<td>$3,596</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Operational Funding**
No funding is given directly to the dispensary.

**Services (Types and Scope of Services Offered)**
- See standard list

**Condition of Facility**
The facility is a wooden building and the condition is fair.

**Equipments**
- stethoscope, sphygmamometer, ophthalmoscope, otoscope

**Drugs and Supplies**
- Keflex, Tetracycline, Tylenol, amoxicillin, Ibubrofin, and Procardia
**Skills and Training**
The health assistant attended a one-year health assistant training course at Chuuk State Hospital.

**Patient Recording Systems**
Information is recorded in daily worksheets or a log book and monthly report is extracted from the log book and submitted to the main office.

**Communications**
None

**Strengths**
- New facility
- Health Assistant is available

**Weaknesses**
- No public land
- No public facility
- Too small (facility)
- No communication system

---

<table>
<thead>
<tr>
<th>Name of Dispensary: Etten Dispensary</th>
<th>Island: Tonoas</th>
</tr>
</thead>
</table>

**Description**
Etten Dispensary is less than a mile from the southern coast of Tonoas Island with a population of seven hundred (700) people. The average patients per month is one hundred twenty (120). The health assistant has been there for twenty one (21) years and the salary is $4,680.00 per annum.

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Average Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Assistant</td>
<td>21</td>
<td></td>
<td></td>
<td>$4,680</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Operational Funding**
Funding is not directly given but supplies and medical needs are provided by the dispensary office at the department of health services.

**Services (Types and Scope of Services Offered)**
See standard list

**Condition of Facility**
Fair
**Equipment**
Freezer, Filing Cabinet (old)

**Drugs and Supplies**
IV solution 5%, antibiotic, analgesic

**Skills and Training**
Health Assistant Training and Immunization Training

**Patient Recording System**
Information is recorded in a daily worksheet and then transferred to a monthly report form and submitted to the dispensary office at the department of health services.

**Communications**
None

**Strengths**
None cited

**Weaknesses**
None cited

<table>
<thead>
<tr>
<th>Name of Dispensary: Pwene Dispensary</th>
<th>Island: Fefan</th>
</tr>
</thead>
</table>

View of the main entrance and inside of the dispensary

**Description**
Located on the northern side of Fefan Island, this facility is intended to serve three sections of the village with approximately 800 residents. It has a full-time female health assistant whose highest level of education is elementary. The dispensary and the building are privately owned and leased by the health assistant’s family.

There were no shelves for medicines and the medicines were kept in the drawer of the health assistant’s desk. The only things provided to this dispensary are one old desk, one old filing
Problems stated by the health assistant include, but are not limited to the followings; a) shortage of medical supplies, b) transportation, and c) communication. The shortage of medical supplies is attributed to the problem of transportation. When asked how she refers patients, the health assistant said she informs the family members of the patient that they are responsible for transporting the patient to the state health center because of the lack of transportation and communication.

### Staffing

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patients/Day</th>
<th>Average Patients/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fibiana Willaim</td>
<td>Health Assistant</td>
<td>12/2/63</td>
<td>10</td>
<td>Elementary</td>
<td></td>
<td>9</td>
<td>34</td>
</tr>
</tbody>
</table>

### Operational Funding

Not available

### Condition of Facility

Poor

### Services (Types and Scope of Services Offered)

The only services provided are basic and essential services like first aid.

### Patient Recording System

Patients record are kept in a notebook and at end of each months the HA compiles them into a monthly report which she sends to the main dispensary office.

### Equipment

One old desk, one old filing cabinet, one weighing scale and an examining table.

### Drugs and Supplies

Not noted

### Communications

None

### Skills and Training

Not noted

### Strengths

- A building in place
- Health Assistant available

### Weaknesses

- No public land
- Inadequate service
- No public building
• No clean water system
• No toilet facility
• shortage of medical supplies
• lack of transportation
• no means of communication.

Name of Dispensary: Messa Dispensary    Island: Fefan

The dispensary is located in a vacant tin house. There is no health assistant but a new health assistant is under training at the state hospital. The building is private on private land.

The building was empty except for one old filing cabinet. There was no sign of a safe water system in the building nor was there any toilet facility. The building will need to be renovated and maintained. The condition of the facility is poor and it needs major renovation.

Name of Dispensary: Inaka Dispensary    Island: Fefan

Description
Inaka Dispensary is in a private home located on private land that belongs to the health assistant, who completed high school and also completed the health assistant training at the state hospital. The health assistant uses the living room of her house as the dispensary and her medical supplies are stacked on a table in her living room. There were no shelves or cabinets to store her medicines. There are approximately 400 residents served by this facility.

Staffing

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patients/Day</th>
<th>Average Patients/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hersina Johnny</td>
<td>Health Assistant</td>
<td>4/15/55</td>
<td>13</td>
<td>High School</td>
<td>3,406</td>
<td>4</td>
<td>16</td>
</tr>
</tbody>
</table>
Operational Funding
Not available

Condition of Facility
There is no safe hand washing system at this dispensary and the water supply for patients is the same as that for the family. The water runs through PVC pipes to most homes in the area. According to the health assistant this water comes from the mountain and it is the main source of water for the people there. The main method of disposing of dispensary waste is burning and burial.

Services  (Types and Scope of Services Offered)
The only services provided are basic and essential services like first aid.

Patient Recording System
None

Equipment
None

Drugs and Supplies
The following drugs were in stock at the time of the survey:
  Tetracycline
  Amoxicillin
  Paracetamol
  Aspirin
  Septra
  Antibiotic suspension
  Tempra
  Betadine solution
  Hydrogen peroxide
There was no inventory and restocking system.

Communications
None

Skills and Training
The health assistant completed the 9-months training at the main hospital. Since then she has attended some workshops sponsored by the Division of Public Health and about once a year the out-reach team visit her at her dispensary for immunization and other public health screening activities.

Strengths
• This facility is secure and accessible.

Weaknesses
• There is no community support
The Onongoch Dispensary is in fair condition with four (4) rooms that are used for medicine storage, out-patient treatment, storage and office. The building does not have any water system, sink, toilet facility or electricity. There is a freezer that was provided by the Immunization Program but it has not been used due to lack of propane gas. The dispensary is located on a private land with a land agreement between the landowner and the State government for the dispensary to be located on his land at no cost to the government.

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patients/Day</th>
<th>Average Patients/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erimas Antonio</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
<td>300</td>
</tr>
</tbody>
</table>

**Operational Funding**

Not available

**Condition of Facility**

The building has four rooms that are used for medicine storage, out-patient treatment, storage and office. The building does not have any water system, sink, toilet facility or electricity. The main method of disposing of dispensary waste is burning and burial.

**Services (Types and Scope of Services Offered)**

The only services provided are basic and essential services like first aid, with some health education, nutrition support and nutrition education.

**Patient Recording System**

Records are kept in a log and forwarded to the State Record room for filing.

**Equipment**

None

**Drugs and Supplies**

There were only twelve bottles of medicine on the table and one bottle of Tylenol on the shelf at the time of the survey.

**Communications**

None

**Skills and Training**

No detail
**Strengths**
- The dispensary is located by the main road which makes it accessible to the people in the village.

**Weaknesses**
- There is no community support
- No water supply
- The dispensary lacks basic office equipment and medical supplies

**Name of Dispensary: Fanip Dispensary**
**Island: Fefan**

The dispensary is in poor condition and is no longer in use. It appears to have been used for other purposes. The dispensary is located on municipal land, however, due to the poor condition of the building, the health assistant is using one of the rooms in her house as a dispensary.

**Staffing**
One health assistant

**Operational Funding**
Not available

**Condition of Facility**
Not operational. The health assistant uses a room in her house as the dispensary.

**Services (Types and Scope of Services Offered)**
The only services provided are basic and essential services like first aid, with some health education, nutrition support and nutrition education.

**Patient Recording System**
Records are kept in a log and forwarded to the State Record room for filing.

**Equipment**
None

**Drugs and Supplies**
No details, but supplies are limited and are collected every two weeks by visiting the state hospital.

**Communications**
None

**Skills and Training**
No detail
Strengths

- There is a health assistant

Weaknesses

- There is no community support
- no water supply
- the dispensary lacks basic office equipment and medical supplies

<table>
<thead>
<tr>
<th>Name of Dispensary: Sapore Dispensary</th>
<th>Island: Fefan</th>
</tr>
</thead>
</table>

Health Assistant’s House used as Dispensary

The dispensary was destroyed when Sapota High School was constructed and no new dispensary has been built. The health assistant currently works out of his own house. Though a room in a private home located on a private property, this facility is meant to serve three villages, Sapota, Sapotiw and Sopo with a total of approximately 600 people.

Staffing

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patients/Day</th>
<th>Average Patients/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Iwo</td>
<td>Health Assistant</td>
<td>12/15/38</td>
<td>20</td>
<td>High School</td>
<td></td>
<td>3</td>
<td>12</td>
</tr>
</tbody>
</table>

Operational Funding

Not available

Condition of Facility

The use of the health assistant’s house is not conducive to the provision of even the basic health care required by the community. There is no privacy.

The only services provided are basic and essential services like first aid.

Patient Recording System

None
**Equipment**
None

**Drugs and Supplies**
None

**Communications**
A private CB (citizen band) radio.

**Skills and Training**
As a high school graduate, the health assistant has limited education and training. His training included a 9-months clinical attachment with both theoretical and hands-on training at the hospital and other on-going public health workshops on immunization and adult reproductive health services.

**Strengths**
- Health assistant is willing to perform the work if basic medical supplies are available and if there is practical and moral support from the main office.

**Weaknesses**
- There is no evidence of community support for the facility or for the health assistant

---

**Name of Dispensary: Siis (Nopwos) Dispensary**  
**Island: Siis**

This is a newly constructed prefabricated building made of wooden and semi-concrete materials. Funding for constructing this new building was provided by the Chuuk State government Department of Health. The facility is situated on private land. The facility is currently empty and unused.

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patients/Day</th>
<th>Average Patients/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victus, Maximus</td>
<td>Health Assistant</td>
<td>8 High School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sam, Taseshy</td>
<td>Municipal Junde</td>
<td>6/12/46</td>
<td>23 Elementary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Condition of Facility**
The facility is in relatively good condition. The main source of water for the facility is a water tank. There is no toilet or hand-washing facility.

**Operational Funding**
Data not available.
**Services (Types and Scope of Services Offered)**

Services have been discontinued while the health assistant is on medical leave to accompany his wife who is receiving medical treatment in Honolulu.

**Patient Recording System**

None

**Equipment**

The only equipment is an icebox which is in good condition. It was not working when the survey took place due to a lack of butane gas.

**Drugs and Supplies**

None

**Communications**

None

**Skills and Training**

The health assistant claimed he had attended a university but was not clear if he completed a formal degree program. The midwife only has elementary education.

**Strengths**

The facility is new and more than adequate to provide basic health care to the population.

**Weaknesses**

There are no office supplies and medical supplies available. A facility of this type should be expected to be able to accommodate more patients, and staff should be able to provide basic preventive health services.

---

**Name of Dispensary: Parem Dispensary**  
Parem Municipality

**Description**

Parem Dispensary is located on the North Western side of Fefan Island in the Southern Namoneas Region. This dispensary serves a population of three hundred (300) people. Ownership of the land on which the dispensary is built id not clear but it is understood that a new dispensary will be built on public land at a later date.

**Staffing**

One health assistant who has been there for 24 years.

**Operational Funding**

No direct funding is provided to the dispensary. Medicines and other medical needs are provided by the dispensary office.
Services (Types and Scope of Services Offered)

See standard list

Condition of Facility

Fair

Equipment

scale, sphygmamometer, glucometer, stethoscope, thermometer and ophthalmoscope

Drugs and Supplies

Tylenol, ASA, motrin, Indocin, amoxicillin, tetracycline, erythromycin, flagyl, antibiotic ointment, theophillin, ORS

Skills and Training

Not provided

Patient Recording System

Patients’ information is recorded on daily worksheets and transferred to a monthly report and sent to the main office.

Communications

none

Strengths

no information

Weaknesses

no information

Name of Dispensary: Mwanukun Dispensary    Island: Uman

Description

At the time of the survey, no dispensary was operational as the health assistant had passed away a year before. She had been working out of her own home. Now that she has passed away, the people from Mwanukun village are either treated at other dispensaries on the island or at the hospital on Weno.

Name of Dispensary: Nukanap Dispensary    Island: Uman

Description

The dispensary is a room in the home of the health assistant and serves the estimated 700 residents. The family need to use the room for domestic purposes but are unable to do so due to a lack of a dispensary building.
**Staffing**
There are two full-time employees assigned to this dispensary; one health assistant and a midwife. The midwife has been there for 23 years and the health assistant has been there for only 8 years, after taking over the role from his father when he passed away.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patients /Day</th>
<th>Average Patients /Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Francisco, Philing</td>
<td>Health Assistant</td>
<td>4/9/61</td>
<td>8</td>
<td>University</td>
<td>3,600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sakiko Sony</td>
<td>Midwife</td>
<td>3/19/39</td>
<td>23</td>
<td>Elementary</td>
<td>6,760</td>
<td>1</td>
<td>30</td>
</tr>
</tbody>
</table>

**Operational Funding**
Data not available.

**Condition of Facility**
The general condition of the facility (home) is poor. There is no running water, no safe hand washing and toilet facility. The main source of water is a pipe from the mountaintop.

**Services (Types and Scope of Services Offered)**
The only services provided are basic and essential services like first aid, with some health education, nutrition support and nutrition education.

**Patient Recording System**
None

**Equipment**
None

**Drugs and Supplies**
None

**Communications**
None

**Skills and Training**
The health assistant claimed he has attended a university but was not clear if he actually completed a formal degree program. The midwife only has elementary education.

**Strengths**
- The staff show enthusiasm and energy to do their job if supplies and support were to be provided.

**Weaknesses**
- The basic infrastructure is not available
- There is no dispensary
• No communication system
• No supplies are delivered from the hospital

<table>
<thead>
<tr>
<th>Name of Dispensary: Innuk Dispensary</th>
<th>Island: Udot</th>
</tr>
</thead>
</table>

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Russel Russell</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>60</td>
<td></td>
</tr>
</tbody>
</table>

**Condition of Facility**

The Innuk Dispensary is situated on private land that belongs to the Health Assistant’s family. The building is government property. It was reported that the government was to purchase the land for $150,000 but no payment has been made to this date.

The condition of the facility is adequate. There is an extra room and bed for a patient to be admitted. Water is sufficient. UNICEF has donated a 300 gallon concrete water tank that is working and it is a great resource for the Innuk Dispensary. The lighting in the Dispensary is poor. There is a generator but fuel is not always available. The HA claims to pay for the generator fuel and for transportation of referral patients to the state hospital. There is no schedule for the main hospital to visit the Dispensaries in the lagoon. The only evaluation the Health Assistant had was done and conducted by the UNICEF staff in 2003.

Daily visits range from 3 to 15 patients, depending on circumstances. Monthly visits range between 30 and 40 patients.

<table>
<thead>
<tr>
<th>Name of Dispensary: Sannuk Dispensary</th>
<th>Island: Uman</th>
</tr>
</thead>
</table>

**Description**

Uman Sannuk Dispensary was visited by the assessment team and there was no health assistant present during the visit. The building was locked and there was no one to give information or open the building.
(c) Inner Faichuk

<table>
<thead>
<tr>
<th>Name of Dispensary:  Tunnuk Dispensary</th>
<th>Island:  Udot</th>
</tr>
</thead>
<tbody>
<tr>
<td>The dispensary building is in poor condition. The building was unable to be inspected as the Health Assistant for the dispensary was off-island at the time of the visit. Information was gained from villagers. The dispensary is located on private land but has not been in use since the former mayor of the island left office. The services formerly provided by the dispensary in Tunnuk are now provided by a nearby dispensary.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Dispensary:  Fanomo Dispensary</th>
<th>Island:  Udot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fanomo Dispensary is located in Fanomo Municipality on Udot Island. The dispensary is within walking distance and accessible by the majority of the people. Approximately 50 people reside far from the dispensary and sometimes come by boat. There is no electricity on this island. People either use generators, butane or lanterns. The dispensary uses a lantern. There is no generator. Rain water is the main water source. During periods of low rainfall water supply is a serious problem. The dispensary was constructed by government funds during the TT time and the property was purchased for approximately $500 at that time.</td>
<td></td>
</tr>
</tbody>
</table>

**Structure**  
This is a concrete building with tin roofing. There are holes in the roof that leak when it rains. The windows have no louvers. The overall condition of the facility is poor and it badly needs repair.

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patients/Day</th>
<th>Average Patients/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adelina Rayphand</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4</td>
<td>50</td>
</tr>
</tbody>
</table>
**Operational Funding**
Data not available.

**Services  (Types and Scope of Services Offered)**
The only services provided are basic and essential services like first aid, with some health education, nutrition support and nutrition education.

**Patient Recording System**
None

**Equipment**
The facility currently has no equipment, except a dual propane and kerosene refrigerator donated by UNICEF as a pilot project. The refrigerator is in good condition and is only turned on when the immunization out-reach team visits the island.

**Drugs and Supplies**
A few basic drugs for common ailments, including basic antibiotics, were available on the shelves.

**Communications**
None

**Skills and Training**
No data

**Strengths**
None noted

**Weaknesses**
- No office supplies
- No medical supplies
**Description**
Penia/Mwanitiw Dispensary is located on the northwestern side of Udot Island in the Faichuk Region. It has a population of over one thousand (1,000) people. The average number of patients per month is sixty (60). The health assistant has been working there for ten (10) years and the present salary is $3,224.00 per annum.

**Staffing**
There is one health assistant

**Operational Funding**
No money is provided to the dispensary however, needs and medicines are provided by the division of dispensary at the department of health services.

**Condition of Facility**
The condition of this facility is poor and it is need of major renovation. There is no toilet facility and no water system.

**Services (Types and Scope of Services Offered)**
The only services provided are basic and essential services like first aid, with some health education, nutrition support and nutrition education.

**Equipment**
None

**Drugs and Supplies**
No information provided

**Skills and Training**
Health Assistant Training

**Patient Recording System**
No information provided

**Communications**
None

**Strengths**
No data

**Weaknesses**
- Poor condition
- unreliable services
- no training
- lack of supplies.
Name of Dispensary: Faninen Dispensary
Island: Udot

**Description**
This dispensary is a small house (private home) on a hill located on the southern side of Udot Island in the Faichuk region. Because of its location on a hillside, it is not accessible. The land is private and the small house is not suitable as a health facility.

**Staffing**
One female Health Assistant.

**Operational Funding**
No money is provided but supplies and needs are provided by the division of dispensary, Department of Health Services.

**Condition of Facility**
Very Poor

**Services (Types and Scope of Services Offered)**
The only services provided are basic and essential services like first aid.

**Patient Recording System**
Not Available

**Equipment**
Not Available

**Drugs and Supplies**
Not Available

**Skills and Training**
Not Available

**Strengths**
- There is one Health Assistant

**Weaknesses**
- The Basic Infrastructure is not there
- No government land
- So safe water system
- Not accessible and not secure

Name of Dispensary: Eot Dispensary
Island: Eot

The dispensary is in poor condition. The dispensary has been closed since the previous health assistant retired in 2004. The new health assistant is currently being trained. It was not possible to access the dispensary. Ownership of the land and building was not able to be ascertained.
**Name of Dispensary:** Romalum Dispensary  
**Island:** Romalum

**Description**
Romalum Dispensary is located in the Faichuk region. This dispensary is a private building on private land. The Health Assistant was not available during the visit and so little information is available except from observations collected is based on observations.

**Staffing**
One health Assistant

**Operational Funding**
No direct funding

**Condition of Facility**
The condition is fair but it needs some renovation and painting. It is a concrete building with a tin roof. It has adequate space for service provision however it lacks furniture and fittings.

**Strengths**
- Basic infrastructure in place
- There is a health assistant
- Accessible for the community

**Weaknesses**
- Not public land
- Not public building

**Name of Dispensary:** Fanapanges Dispensary  
**Island:** Fanapanges

**Description**
Romalum Dispensary is located in the Faichuk region. This dispensary is a private building on private land. The Health Assistant was not available during the visit and information collected is based on observations.

**Staffing**
There is one health assistant whose level of education is high school. This person completed the one year health assistant training at the Chuuk State Hospital.

**Operational Funding**
There was no direct funding for this dispensary.

**Condition of Facility**
The condition is fair but it needs some renovation and painting. It is a concrete building with a tin roof. It has adequate space for service provision however it lacks furniture and fittings.
Strengths
• Basic infrastructure in place
• There is one health assistant
• Accessible for the community

Weaknesses
• Not public land
• Not public building
(d) Outer Faichuk

Name of Dispensary:  Chukienu Dispensary   Island:  Tolonsom

Staffing

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patients/Day</th>
<th>Average Patients/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Akiwina Willy</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Condition of Facility

The dispensary is located in a house belonging to the Health Assistant. The room used as dispensary is very small and contains a bed for the patients for screening and shelves for medicines. The room does not have a water system, restroom, and other essential items needed to treat patients. The house is located in an area that is not accessible to the people in the community.

Services (Types and Scope of Services Offered)

The only services provided are basic and essential services like first aid.

Drugs and Supplies

Seven different kinds of medicines such as amoxicillin, erythromycins, Tylenol, theiofiline, vitamins, and septra were observed.

There is a lack of transport to take patients to the state hospital, to pick up medical supplies and to take care of urgent needs of the dispensary. There is no means of communicating with the central office.

Name of Dispensary:  Faro Dispensary    Island:  Tolonsom

The people of Faro access the dispensary by foot. The health assistant makes home visits to those patients too sick to travel to the dispensary. Referrals or emergency evacuation to the main hospital in Weno are carried out by boats and outboard motors. Private boats are usually used during emergencies, only when gasoline is available by donation from the HA or paid by the patient. Lack of gasoline, a boat or an engine are frequent problems.

Staffing

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Hernina Herbert</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>30</td>
</tr>
</tbody>
</table>

Condition of Facility

The condition of the facility is good and efficient. The water supply is good. The dispensary has two large water tanks that are privately owned by the Health Assistant and family. The Dispensary building was funded by the FSM Government, through the late Senator Kalisto.
Refalope. The Dispensary is located on private land owned by the current Health Assistant and her family. Should the current health assistant cease to work in that capacity, ownership of the building, being on private land, will, by default, become the property of the land owner. There is no means of communication to the main center or hospital.

**Community involvement**
In the past the community were involved in the selection of the health assistant or dispensary staff but this is no longer the practice.

**Drugs and Supplies**
There were very few drugs on the medicine shelves. The Health Assistant, collects a new supply of drugs when she visits the main centre but transportation is always a problem.

---

**Name of Dispensary: Amwachang Dispensary**

**Tolensom Island**

**Description**
To the West of Chuuk Lagoon lies the island of Tolensom where Amwachang Dispensary is located. Amwachang Dispensary serves approximately 400 people. The Health Assistant has just completed the Basic Health Assistant Training at Chuuk State Hospital and has been working for only two weeks. The dispensary is a wooden and concrete building with dimensions of 24 x 20 ft. It was built in 1987. This building is situated on private land. Erected on a piece of private land is a 24 X 20 ft wooden and concrete building. The condition is poor. The building needs renovation and maintenance however the roofing is intact. The place is safe and accessible to the community.

**Staffing**
One health assistant

**Operational Funding**
No direct funding is provided to the dispensary.

**Condition of Facility**
The dispensary is a wooden and concrete building with dimensions of 24 x 20 ft. It was built in 1987. The condition is poor. The building needs renovation and maintenance however the roofing is intact. The place is safe and accessible to the community.

**Services (Types and Scope of Services Offered)**
The only services provided are basic and essential services like first aid.

**Patient Recording System**
Patient information is recorded on a daily worksheet.

**Equipment**
none
Drugs and Supplies
Not noted.

Communications
There is no radio at the dispensary but the health assistant can use a private radio to communicate with the main hospital.

Skills and training
The health assistant is newly trained.

Strengths
- There is a health assistant
- Infrastructure is in place
- Accessible to the community

Weaknesses
- No public land
- No communication system

| Name of Dispensary: Munien Dispensary | Tolensom Island |

Description
Munien Dispensary is located on private land. There is a lease agreement for the land for $1,000 a year. The building is 28 X 26 ft with only one room. There is a water supply. There is one Health Assistant at the dispensary who serves a population of approximately 450. The average patients per day is approximately 8.

Staffing
One health assistant

Operational Funding
No direct funding is provided to the dispensary. Patients pay for medicines. The amount depends on the cost of the medicine and how much money the patient can afford.

Condition of Facility
The condition of the dispensary is fair but it needs some renovation and maintenance work. The screens and louvers need to be replaced.

Services (Types and Scope of Services Offered)
The only services provided are basic and essential services like first aid.

Patient Recording System
Patient information is recorded on a daily worksheet and transferred to a monthly report form at the end of each month. At the end of the month, they are sent to the dispensary office at the state hospital.
**Equipment**
none

**Drugs and Supplies**
Not noted. The Health Assistant travels to the state center often to collect medical supplies.

**Communications**
There is no radio at the dispensary but the health assistant can use a private radio to communicate with the main hospital.

**Skills and training**
Information not provided

**Strengths**
- There is a health assistant
- Infrastructure is in place
- Accessible to the community

**Weaknesses**
- No public land
- No communication system
- No transportation system

---

**Name of Dispensary: East Wonip**

Tolensom Island

Other things like safe water system, water tanks and rest rooms are also needed.

**Description**
East Wonip Dispensary is on Tolensom island in the Faichuk Region. There is no dispensary building, however one of the health assistants uses a room in her private house as a make-shift dispensary. There are two Health Assistants attached to the dispensary providing services to approximately 500 people. The average number of patients per day is 7.

**Staffing**
Two health assistants

**Operational Funding**
No direct funding is provided to the dispensary. Patients pay for medicines. The amount depends on the cost of the medicine and how much money the patient can afford.

**Condition of Facility**
The condition of the dispensary is fair but it needs some renovation and maintenance work. It is a concrete structure which was built in 1983. The building is 30 X 24 feet, but only one room in the house is used for the provision of services.
Services  (Types and Scope of Services Offered)
The only services provided are basic and essential services like first aid.

Patient Recording System
Patient information is recorded on a daily worksheet and transferred to a monthly report form at the end of each month. At the end of the month, they are sent to the dispensary office at the state hospital.

Equipment
none

Drugs and Supplies
Not noted. The Health Assistant travels to the state center to collect medical supplies.

Communications
There is no official radio at the dispensary but the health assistant has a private CB radio that she uses for work related purposes.

Skills and training
Information not provided

Strengths
- There are two health assistants
- Infrastructure is in place
- Accessible to the community

 Weaknesses
- No dispensary, the health assistant’s house is used
- No public land
- No communication system

Name of Dispensary:  Central Wonip Dispensary   Tolensom Island

Description
Central Wonip Dispensary has two Health Assistants. It is located on the main island of Tolensom which has a population of approximately 500. The Health Assistant is operating from a private house situated on private land. There is no safe water system and there is no privacy for the patients. The house is not rented nor leased and the owner has not sought payment for its use. There are no cabinets for medicines and there is no restroom. There is no lighting system.

Staffing
Two health assistants.

Operational Funding
No direct funding is provided to the dispensary.
**Condition of Facility**
The building itself is fairly new having been built in 2002. It is a 80 X 30 concrete building.

**Services (Types and Scope of Services Offered)**
The only services provided are basic and essential services like first aid.

**Patient Recording System**
Patient information is recorded on a daily worksheet and transferred to a monthly report form at the end of each month. At the end of the month, they are sent to the dispensary office at the state hospital.

**Equipment**
none

**Drugs and Supplies**
Not noted. The Health Assistant travels to the state center often to collect medical supplies.

**Communications**
There is no radio at the dispensary.

**Skills and training**
Information not provided

**Strengths**
- There are two health assistants
- Infrastructure is in place
- Accessible to the community

**Weaknesses**
- No public land or building
- No communication system

<table>
<thead>
<tr>
<th>Name of Dispensary: Winifei Dispensary</th>
<th>Tolensom Island</th>
</tr>
</thead>
</table>

Winifei Dispensary is located in Tolensom main island. There is no dispensary building and the newly appointed and qualified health assistant operates out of one of his family houses. The land on which the facility is located belongs to the parents of the Health Assistant. The population is approximately 250.

**Staffing**
One health assistant.
**Operational Funding**
No direct funding is provided but medicines and other medical supplies and needs are provided through the Division of Dispensary, Department of Health Services.

**Condition of Facility**
The structure is a run down building which needs maintenance and renovation.

**Services (Types and Scope of Services Offered)**
The only services provided are basic and essential services like first aid.

**Patient Recording System**
Patient information is recorded on a daily worksheet.

**Equipment**
none

**Drugs and Supplies**
Not noted.

**Communications**
There is no radio at the dispensary.

**Skills and training**
The health assistant has just completed a Basic Health Assistant Training at Chuuk State Hospital

**Strengths**
- There is a health assistant
- Infrastructure is in place
- Accessible to the community

**Weaknesses**
- No public land or building
- No communication system

---

**Name of Dispensary: Foup/Netutu Dispensary**  
**Tolensom Island**

Foup/Netutu Dispensary is located in Tolensom main island. It serves a population of approximately 500. The Health Assistant is a female and one of the newly graduated Health Assistants through the Basic Health Assistant Training held at the Chuuk State Hospital. The Health Assistant was not available during the assessment and was said to be off island in Guam for delivery. She is on maternity leave so no information was obtained for Netutu Dispensary.
**Name of Dispensary: Fason Dispensary**  
**Tolensom Island**

There is a new Health Assistant in Fason who completed the Basic Health Assistant Training within the past two weeks. This is the first health assistant to be posted to serve this community of approximately 950. There is no dispensary building since this is a new post and the newly trained Health Assistant is operating out of his own house on private land. No legal agreement has been established. New health assistants are provided with medical supplies but no equipment is provided. There is no indication as to whether or not a dispensary will be built.

**Name of Dispensary: Foupo Dispensary**  
**Island: Tolonsom**

The Dispensary is now old and falling apart and in need of repair and renovation. Because of the condition of the dispensary, the health assistant is using his house from which to provide services. The Health Assistant was not at the dispensary during the visit. It is unclear what range of services this health assistant normally provides or is able to provide. Comments by some community members indicated doubt as to whether or not the health assistant was providing adequate services or was available at least eight hours a day.

**Name of Dispensary: Nechocho Dispensary**  
**Island: Tolonsom**

This dispensary is not operating as the Health Assistant is presently in Hawaii.

**Name of Dispensary: West Wonip Dispensary**  
**Island: Tolensom**

**Description**

This dispensary is located in Faichuk region. No information was obtained because the health assistant was not there during the visit. Information gathered from the people who were there is that the building is a private building and that the land is also private. The building is a concrete and wooden structure and it is in very poor condition.

**Name of Dispensary: Foup (Asan) Dispensary**  
**Island: Tolensom**

*Description*

Foup dispensary is located in Tolensom Municipality some 14 miles west of the state center (Weno). Walking is the main form of transport in this area and in order to reach other villages or visit the state center motor boat transport is required. This dispensary is located in a private home and on private land.

*Staffing*

One health assistant (Max Nuokus)
**Operational Funding**
No direct funding is provided to the dispensaries

**Condition of Facility**
Fair

**Services (Types and Scope of Services Offered)**
The only services provided are basic and essential services like first aid.

**Patient Recording System**
Patient information is recorded on a daily worksheet and transferred to a monthly report form at the end of each month. At the end of the month, they are sent to the dispensary office at the state hospital.

**Equipment**
Scale, stethoscope, sphygmamometer

**Drugs and Supplies**
none

**Communications**
none

**Skills and training**
Information not provided

**Strengths**
- There is a health assistant
- Infrastructure is in place
- Accessible to the community

**Weaknesses**
- No public land
- No public building
- No communication system
- No transportation system

**Name of Dispensary:** Wichukuno Dispensary  
**Island:** Tolonsom

**Description**
Wichukuno Dispensary has one health assistant and serves about 500 people. The average number of patients each month is 90. This dispensary is housed in a private home and situated on private land. The private house used is not leased nor rented. Wichukuno is more than 10 miles from the state center or main hospital.
**Staffing**
One health assistant

**Operational Funding**
No operating funds are made available to the dispensary.

**Condition of Facility**
The Dispensary is wooden and the condition is poor.

**Services (Types and Scope of Services Offered)**
See standard list

**Patient Recording System**
Daily worksheets are used to record patients data and transferred to a monthly record form which are submitted to the main dispensary office at the end of the month.

**Equipment**
none

**Drugs and Supplies**
Indocin, Motrin, Flagyl, Amoxicillin, Albendazole, Tetracycline, Tagoben, Eye Drops

**Communications**
none

**Skills and Training**
not provided

**Strengths**
- There is a Health Assistant
- There is a place to work

**Weaknesses**
- No public dispensary
- No public land
- No safe water system
- Working space is not enough

| Name of Dispensary: Sapota Dispensary | Island: Patta |

**Description**
Sapota Dispensary is located in Patta, Faichuk region. The dispensary is located in a private house which sits on private land with a lease of $1,000 per year. This dispensary serves around 600 people.
Staffing
One health assistant

Operational Funding
No direct funding is provided to the dispensary

Condition of Facility
Fair

Services  (Types and Scope of Services Offered)
See standard list

Patient Recording System
Patient data is recorded on a daily worksheet and then transferred onto a monthly report form which is submitted to the dispensary office at the end of each month.

Equipment
Stethoscope, Sphygmmomanometer

Drugs and Supplies
Tylenol, Ibuprofin, amoxicillin, ampicillin, sulfamethazon, Pen V-K, and Vitamin A

Communications
none

Skills and Training
Basic Health Assistant Training

Strengths
• Basic Infrastructure in place
• There is a health assistant
• Accessible to community

Weaknesses
• No public land
• No public dispensary
• No communication system
• No transportation system
• Building too small
**Description**

Nukaf Dispensary is located in Patta Municipality, Faichuuk Region. It is about fifteen (15) miles from the state center and is accessible by motor boat. It serves about four hundred (400) people in the community.

**Staffing**

One female health assistant

**Operational Funding**

No direct funding is provided but drugs and supplies are provided by the division of dispensary, department of health services.

**Services (Types and Scope of Services Offered)**

See standard list

**Condition of Facility**

Fair

**Equipment**

Stethoscope, Sphygmmomanometer

**Drugs and Supplies**

Erythromycin, cefalexin, flagyl, ampicillin, tetracycline, analgesic, ASA, Tylenol, motrin

**Skills and Training**

Basic Health Assistant Training

**Patient Recording System**

Patient Information is entered into a daily worksheet and at the end of the month, transferred onto a monthly report form and sent to the dispensary office.

**Communications**

none

**Strengths**

- Accessible to community

**Weaknesses**

- Building very old
- Private building
- Private land
**Description**
Epin Dispensary is located in the west of Paata Island with an estimated population of 450. The dispensary is housed in a private building on private land that belongs to the Health Assistant. It is not clear if there is a legal agreement to use the private house and land, but no payments are made. The average daily patients is approximately 10. The building was renovated in 1999 with funds provided by the Patta Municipality.

**Staffing**
One male health assistant

**Operational Funding**
No direct funding is provided but drugs and supplies are provided by the division of dispensary, department of health services. The municipality has provided funds for renovating the building. Patients pay for medicines. The amount depends on the cost of the medicine and how much money the patient can afford.

**Services (Types and Scope of Services Offered)**
See standard list

**Condition of Facility**
The building, of wood and concrete has two rooms and is in good condition. It has running water but no restrooms. Its dimensions are 30 X 24 feet.

**Equipment**
none

**Drugs and Supplies**
Not noted

**Skills and Training**
Basic Health Assistant Training

**Patient Recording System**
Patient Information is entered into a daily worksheet and at the end of the month, transferred onto a monthly report form and sent or taken to the dispensary office.

**Communications**
There is no radio but the health assistant can sometimes use a private radio if one is available.

**Strengths**
- Building in good condition
- There is running water
- There is a place for providing services.
Weaknesses
- No communication system
- No public land
- No public facility

Name of Dispensary: Pokochou Dispensary  Patta Island

Pokochou Dispensary is one of four dispensaries on Patta Island. This dispensary serves a population of approximately 800 people. There is no dispensary building but the health assistant, who has just completed her training at Chuuk Hospital within the last two weeks, is providing services from a meeting hall which is privately owned and on private land.

Medicines and supplies are minimal and are limited to the few supplies which the new health assistant brought with her. She does have a stethoscope and sphygmamometer.

Name of Dispensary: Chukuram Dispensary  Polle Municipality

Description
Chukuram Dispensary was not visited during the assessment as there is no operational dispensary at the moment. The health assistant died recently and a new health assistant is under training.

Name of Dispensary: Sapou Dispensary  Polle Municipality

Description
Sapou Dispensary is in Polle Municipality, Faichuk Region. The average patients each day is ten (10). The health assistant is operating the dispensary out of her own house. A municipal dispensary which sits on private land does exist but it is in poor condition, with a leaking roof and no renovation was done so the health assistant decided to move the dispensary to her own house. Her house is on lease for one thousand dollars ($1,000.00) per year.

Staffing
One female Health Assistant

Operational Funding
No direct funding is provided. Medicines and other needs are provided by the division of dispensary.

Services  (Types and Scope of Services Offered)
See standard list

Condition of Facility
Fair
**Equipment**
none

**Drugs and Supplies**
Antibiotics, amoxicillin, cyfelexin, Tylenol, IV solution

**Skills and Training**
Health Assistant Training, nursing, primary health care, breastfeeding, STD and HIV/AIDS

**Patient Recording System**
All information is transferred to a monthly report created from the daily worksheets and sent to the division of dispensary, department of health services.

**Communications**
none

**Strengths**
- Community support
- Accessible
- Safe

**Weaknesses**
- None public facility
- No public land
- Supplies needed

<table>
<thead>
<tr>
<th>Name of Dispensary: Neirenom Dispensary</th>
<th>Polle Island</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neirenom Dispensary serves a large population of approximately 1,000 people. It is located in Polle Island in the Outer Faichuk Region. Neirenom Dispensary is housed in a private home and on private land. The building was built in 1990 and it is very run down. It is 20 X 16 ft structure with only one room. There is no equipment and little medicine. Patients are charged for medicines and the amount they pay depends on how much the patient can afford but is generally between 25 cents and $1.00 per patient. The average number of patients per day is 15.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Dispensary: Sopotiw Dispensary</th>
<th>Onei Municipality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td></td>
</tr>
</tbody>
</table>
Sapetiw Dispensary serves about 150 people with the average patients per day being 5. There is one mid-wife working there while the health assistant is undergoing training at the state hospital. The dispensary is situated in a private house on private land. The property is leased to the government for $500.00 per year. |
Staffing
At the present there is one mid-wife there and the health assistant is still in training.

Operational funding
No direct funding is provided

Condition of Facility
The facility is a concrete building and is in fair condition.

Services (Types and Scope of Services Offered)
See standard list

Patient Recording System
Patient data is entered into a log-book or daily record book and transferred into a monthly report form which is then submitted to the dispensary officer at the main hospital.

Skills and Training
Employees completed the Basic Health Assistant Training at the main hospital.

Equipment
none

Drugs and Supplies
antibiotics, IV solution, Tylenol, motrin

Communications
none

Strengths
• Infrastructure is there
• Employees available
• Accessible

Weaknesses
• No public land
• No public building
• No communication system
• No transportation system

Name of Dispensary: Penieta Dispensary

Description
Penieta Dispensary is housed in a private home and it is situated on private land. It serves over 100 people with the average number of patients being 10 per month.

**Staffing**
There is one health assistant who has been there for one year with a salary of about $3,000 per annum.

**Operational Funding**
Funds are not provided directly but are supplied through the department of health services.

**Condition of Facility**
The facility is a concrete building and it’s condition is fair.

**Services  (Types and Scope of Services Offered)**
See standard list

**Patient Recording System**
Patients data is recorded in a log-book each day. At the end of the month, the data is transferred into a monthly form and submitted to the dispensary office.

**Skills and Training**
Information not provided

**Equipment**
none

**Drugs and Supplies**
Tylenol, ASA, motrin, amoxicillin, cephalaxcin

**Communications**
none

**Strengths**
- There is a building for medical services
- Accessible to community
- Enough rooms and working space
- There is one health assistant

**Weaknesses**
- No safe water system
- Lighting is poor
- No chairs
- No examination table
- No communication system
- No transportation system
- No public land
No public facility

**Name of Dispensary: Tonokas Dispensary**

**Onei Municipality**

**Description**
Onei Tonokas Dispensary is situated on a private piece of property and is housed in a private home. It serves over 200 people with an average patient of 100 per month. Onei is part of the Faichuk region and is located west of the state center.

**Staffing**
There is one mid-wife who has been working there for about 14 years

**Operational Funding**
All needs are provided to the dispensary through the division of dispensary, department of health services.

**Condition of Facility**
Poor

**Services (Types and Scope of Services Offered)**
See standard list

**Patient Recording System**
Daily worksheets are used for patients data and treatment. Monthly reports are compiled from these worksheets and are sent to the main office at the end of each month.

**Skills and Training**
The employee completed an in-service training (Health Assistant Training), HIV/AIDS

**Equipment**
none

**Drugs and Supplies**
Antibiotics (capsules and tablets), IV solution – 1 only, Analgesic (pain killer)

**Communications**
none

**Strengths**
- There is safe water system
- There is enough working space
- There is an employee working

**Weaknesses**
- No communication system
• No equipments
• No supplies
• No public land
• No public facility

Name of Dispensary: Winikep Dispensary                                             Onei Island

Description
Winikep Dispensary is located on Onei Island in the Outer Faichuk Region and serves a population of 500 people. There is no dispensary building and the health assistant provides services out of his home which is a wooden and concrete building in fair. The land is also private and on lease for $30,000. The average patients per day is ten.

Staffing
There is one health assistant who is been working in Winikep for thirteen years. He is a high school graduate and has completed the Basic Health Assistant Training at the main hospital. He is a permanent employee of the state government and his annual salary is $3,000.00.

Operational Funding
All needs are provided to the dispensary through the division of dispensary, department of health services. The land is leased at for $30,000.

Condition of Facility
Fair

Services  (Types and Scope of Services Offered)
See standard list

Patient Recording System
Daily worksheets are used for patients data and treatment. Monthly reports are compiled from these worksheets and are sent to the main office at the end of each month.

Skills and Training
The employee completed the basic health assistant training

Equipment
none

Drugs and Supplies
antibiotics, Tylenol, anegesic, antiseptic

Communications
There is no radio at the dispensary. The health assistant can use a private radio when it is available
**Strengths**
- There is an employee working

**Weaknesses**
- There is no safe water system
- No communication system
- No equipment
- Rarely receives supplies
- No public land
- No public facility
### Section 4. Kosrae State

#### List of Primary Care Facilities

<table>
<thead>
<tr>
<th>Region/Island</th>
<th>Name of Dispensary</th>
<th>Visited during assessment YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kosrae</td>
<td>Lelu Dispensary</td>
<td>YES</td>
</tr>
<tr>
<td>Kosrae</td>
<td>Malem Dispensary</td>
<td>YES</td>
</tr>
<tr>
<td>Kosrae</td>
<td>Tafunsak Dispensary</td>
<td>YES</td>
</tr>
<tr>
<td>Kosrae</td>
<td>Utwe Dispensary</td>
<td>YES</td>
</tr>
<tr>
<td>Kosrae</td>
<td>Walung Dispensary</td>
<td>YES</td>
</tr>
</tbody>
</table>
Lelu is one of five municipalities in Kosrae State, located on the eastern part with a total population of 2,591 (FSM 2000 Census). Lelu, on which the clinic is located, is a separate island connected by a causeway to its adjacent areas on the main island.

**Staffing**

There are no full time staff at Lelu dispensary.

**Operational funding**

The municipal government provides the building and pays for electricity and water, although recent budget cuts and a shortfall in funding within the municipality are likely to lead to a demand for a contribution from the Kosrae State Government Department of Health towards the cost of these services.

**Facility**
Lelu Community Health Clinic is situated in Lelu Town Municipal Building. A room has been designated in this building to provide basic essential primary health care services to the people of Lelu Municipality. The clinic, centrally located on Lelu Island, is about five miles from the nearest secondary health care facility (Dr. Arthur P. Sigrah, Memorial Hospital). The public health team visits the clinic once a month to provide the full range of Public Health services. Non-communicable Disease outreach workers provide a screening service for diabetes and hypertension twice a week. They screen patients by taking and recording weight, blood pressure and blood sugar levels. According to predetermined criteria, the outreach worker will refer the patient to the hospital, or provide counseling and education on exercise and nutrition. The NCD outreach workers undertake home visits and also carry out health education on diet and exercise. The clinic room is small with no privacy for patients’ screening. There is running water, but the water is not safe. There is phone and power in the clinic room currently provided by the Lelu Municipal Government.

**Services (Types and Scope of Services Offered)**
The standard services are only provided when the Public Health Outreach Team visit the dispensary once a month.

**Patient Recording System**
The NCD outreach worker maintains a record of all patient visits and the results of the screening tests. These are given to the NCD Program Coordinator at the PH Unit located at the hospital on a weekly basis. Public Health Outreach Team members use the standard encounter forms to record patient details and submits them for data input, storage and reporting at the medical record unit.

**Drugs and Supplies**
No drugs are kept at the clinic as these are brought by the Public Health team on their scheduled monthly visit.

**Equipment**
There is no bio-medical equipment at the clinic. The clinic is equipped with a few desks, borrowed chairs, easel board, shelves and scales.
Health Risk Factors
Cited health risk factors for this community population are; nutritional and environmental related conditions and substance abuse.

Name of Dispensary: Malem Community Health Clinic 
Village: Malem

Malem is one of the municipalities in Kosrae State on the southeastern part with a population of 1,571 (FSM 2000 Census).

Staffing
There are no full time staff at Malem dispensary.

Operational funding
The municipal government provides the building and pays for electricity and water, although recent budget cuts and a shortfall in funding within the municipality are likely to lead to a demand for a contribution from the Kosrae State Government Department of Health towards the cost of these services.

Facility
Malem Municipal Building (Clinic Room)
At present, the clinic is situated in the municipality building for Malem. The facility is about five miles from the nearest secondary health care facility (Dr. Arthur P. Sigrah Memorial Hospital). A very small room has been designated in the building to provide basic essential services. The public health team visits the clinic once a month to provide the full range of Public Health services. Non-communicable Disease outreach workers provide a screening service for diabetes and hypertension twice a week. They screen patients by taking and recording weight, blood pressure and blood sugar levels. According to predetermined criteria, the outreach worker will refer the patient to the hospital, or provide counseling and education on exercise and nutrition. The NCD outreach workers undertake home visits and also carry out health education on diet and exercise. The main problem requiring immediate attention is working space. The room is too small to handle a number of public health activities. At times, when community meetings are held, there is insufficient available space for the public health teams to carry out their activities.

Primary care services used to be provided in a multi-purpose building (Youth and Health Center), located on private land, but that building has deteriorated so badly as to be unusable. As a result, the services were relocated to the municipal building. Although, abandoned for several years now, there is considerable interest in renovating the old building to provide primary care and other specific health related services.

**Malem**
Old Clinic (Its ruins)

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**Services (Types and Scope of Services Offered)**
The standard services are only provided when the Public Health Outreach Team visit the dispensary once a month.

**Patient Recording System**
The NCD outreach worker maintains a record of all patient visits and the results of the screening tests. These are given to the NCD Program Coordinator at the PH Unit located at the hospital on a weekly basis. Public Health Outreach Team members use the standard encounter forms to record patient details and submits them for data input, storage and reporting at the medical record unit.

**Drugs and Supplies**
No drugs are kept at the clinic as these are brought by the Public Health team on their scheduled monthly visit.
Equipment
There is no bio-medical equipment at the clinic. The clinic is equipped with scales, an examination table, a working desk and a few files.

Health Risk Factors
Public health staffs have identified nutritional and environmental related conditions, substance abuse as health risk factors contributing to ill-health in the community.

Name: Tafunsak Community Health Center   Village: Tafunsak, Kosrae

Tafunsak is one of the municipalities in Kosrae located in the north western part of the island with an estimated total population of 2,157 (FSM 2000 Census).

Staffing
There are no full time staff at Tafunsak dispensary.

Operational funding
Tafunsak Community Health Centre is located on municipal government land in Tafunsak Municipality. It is situated between the municipal and the elementary school building of Tafunsak Municipality. The municipal government provides the building and pays for electricity and water, although recent budget cuts and a shortfall in funding within the municipality are likely to lead to a demand for a contribution from the Kosrae State Government Department of Health towards the cost of these services.

Facility
Tafunsak Community Health Centre is a single structure with two rooms for examination or one-on-one consultation purposes, a restroom and a larger room used for receiving and treating patients. It is the only community health clinic providing basic essential primary health care services to an estimated population of 2,157, with an average of 30-40 patients per day. The facility is about six miles from the nearest secondary care facility (Dr. Arthur P. Sigrah Memorial Hospital). The facility is poorly constructed and needs major renovation. The hot climate with high humidity has caused structural deterioration and the tin roof is badly rusted. In spite of these limitations, the basic essential primary health care services continue to be provided. The public health team visits the clinic once a month to provide the full range of Public Health services. Non-communicable Disease outreach workers provide a screening service for diabetes and hypertension twice a week. They screen patients by taking and recording weight, blood pressure and blood sugar levels. According to predetermined criteria, the outreach worker will refer the patient to the hospital, or provide counseling and education on exercise and nutrition. The NCD outreach workers undertake home visits and also carry out health education on diet and exercise.

**Services (Types and Scope of Services Offered)**
The standard services are only provided when the Public Health Outreach Team visit the dispensary once a month.

**Patient Recording System**
The NCD outreach worker maintains a record of all patient visits and the results of the screening tests. These are given to the NCD Program Coordinator at the PH Unit located at the hospital on a weekly basis. Public Health Outreach Team members use the standard encounter forms to record patient details and submits them for data input, storage and reporting at the medical record unit.

**Drugs and Supplies**
No drugs are kept at the clinic as these are brought by the Public Health team on their scheduled monthly visit.

**Equipment**
There is no bio-medical equipment at the clinic. The clinic has 2 desks, a refrigerator, dental equipment used for school health, and a standing scale. The refrigerator is not working and the working desks are rusted.
Health Risk Factors
Public health staff cited health risk factors for this community as nutritional and environmental conditions, substance abuse, sexually transmitted infection, and teen pregnancies.

Communications
The nearest telephone is approximately ten meters away in the municipal building but is not always available or accessible.

| Name of Dispensary: Utwa Community Health Clinic | Village: Utwe |

Utwa, is a village located in the southern part of Kosrae with a population of 1,067 (FSM 2000 Census).

Staffing
There are no full time staff at Utwa dispensary.

Operational funding
Utwa Community Health Clinic is housed in the Seniors and Youth Community Building for Utwa Municipality. It is on municipal government land. The municipal government provides the building. It also pays for water and it used to pay for power and telephone, but these were cut off due to funding constraints.

Facility
The clinic is approximately 10 miles from the state hospital. Its location is accessible to the community, but the facility is in poor condition. For safety and improved accessibility, the facility needs major renovation or relocation. There is neither power nor telephone as these services were cut off due to budget cuts. The facility has no rest rooms, but does have a sink for hand-washing. Access to restrooms and telephone is through the Municipal Building which is next door (about 10 meters away). The public health team visits the clinic once a month to provide the full range of Public Health services. Non-communicable Disease outreach workers provide a screening service for diabetes and hypertension twice a week. They screen patients by taking and recording weight, blood pressure and blood sugar levels. According to predetermined criteria, the outreach worker will refer the patient to the hospital, or provide counseling and education on exercise and nutrition. The NCD outreach workers undertake home visits and also carry out health education on diet and exercise.

**Services  (Types and Scope of Services Offered)**
The standard services are only provided when the Public Health Outreach Team visit the dispensary once a month.

**Patient Recording System**
The NCD outreach worker maintains a record of all patient visits and the results of the screening tests. These are given to the NCD Program Coordinator at the PH Unit located at the hospital on a weekly basis. Public Health Outreach Team members use the standard encounter forms to record patient details and submits them for data input, storage and reporting at the medical record unit.

**Drugs and Supplies**
No drugs are kept at the clinic as these are brought by the Public Health team on their scheduled monthly visit.

**Equipment**
There is no bio-medical equipment at the clinic. There are scales, a refrigerator (not working), two desks, a filing cabinet and two chairs. There is a sink with running water, but the water is not safe.
Health Risk Factors
Public health staff cited health risk factors for Utwa Community as nutritional and environmental related conditions and substance abuse.

Communications
The nearest telephone is approximately ten meters away in the municipal building but is not always available or accessible.

Prescriptions, laboratory works and complex cases are referred to the secondary health care facility for further diagnosis and service charge.

Name of Dispensary: Walung Community Health Clinic  Village: Walung

Walung Village is within the political boundary of Tafunsak Municipal Government. However, due to its remoteness and because it can only be reached by small motor boats, inhabitants of Walung have considerable difficulties accessing medical care. Referral of patients during times of high seas in neither comfortable nor safe. The clinic provides services to a population of approximately 300 people.

Staffing
There are no full time staff at Walung dispensary.

Operational funding
Walung Community Health Clinic is housed in the Walung Community and Youth Center, which is about 15 miles from the nearest secondary care facility. Services are also provided at Walung School for school health and, at times around the compound of Walung Community Church. Hence the Health Centre is located on municipal government land in Tafunsak Municipality. The municipal government provides the building and pays for electricity and water, although recent budget cuts and a shortfall in funding within the municipality are likely to lead to a demand for a contribution from the Kosrae State Government Department of Health towards the cost of these services.
Facility

Youth Center as the clinic

The building is an open space with no desk, tables, or medical equipment. At present, the building is deteriorating and the site is eroded due to high tides and waves. Because of these factors, the Kosrae State Government Department of Health is considering plans to erect a new structure to be called Walung Dispensary, on government land to provide medical care services to this population. It is planned to position a permanent Health Assistant at the dispensary.

School Health at Walung

Outreach workers on Break

The public health team visits the clinic once a month to provide the full range of Public Health services. Non-communicable Disease outreach workers provide a screening service for diabetes and hypertension twice a week. They screen patients by taking and recording weight, blood pressure and blood sugar levels. According to predetermined criteria, the outreach worker will refer the patient to the hospital, or provide counseling and education on exercise and nutrition. The NCD outreach workers undertake home visits and also carry out health education on diet and exercise.

Services (Types and Scope of Services Offered)
The standard services are only provided when the Public Health Outreach Team visit the dispensary once a month.
**Patient Recording System**
The NCD outreach worker maintains a record of all patient visits and the results of the screening tests. These are given to the NCD Program Coordinator at the PH Unit located at the hospital on a weekly basis. Public Health Outreach Team members use the standard encounter forms to record patient details and submits them for data input, storage and reporting at the medical record unit.

**Drugs and Supplies**
No drugs are kept at the clinic as these are brought by the Public Health team on their scheduled monthly visit.

**Equipment**
There is no bio-medical equipment at the clinic.

**Health Risk Factors**
Public health staff cited health risk factors for Walung Community as nutritional and environmental related conditions and substance abuse.

**Communications**
The dispensary has a radio and a telephone and access to private cell phones.
## Section 5. Pohnpei State

### List of Primary Care Facilities

<table>
<thead>
<tr>
<th>Region/Island</th>
<th>Name of Dispensary</th>
<th>Visited during assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pohnpei Main Island</td>
<td>Kolonia Community Health Center</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Lukop Dispensary</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Pohnlangas Dispensary</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Wone Dispensary</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Sokehs Dispensary</td>
<td>YES</td>
</tr>
<tr>
<td>Kapingamwarangi</td>
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<td>YES</td>
</tr>
<tr>
<td>Sapwuahfik</td>
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<td>YES</td>
</tr>
<tr>
<td>Nukuoro</td>
<td>Nukuoro</td>
<td>YES</td>
</tr>
<tr>
<td>Mokill</td>
<td>Mwoakilloa</td>
<td>YES</td>
</tr>
<tr>
<td>Pingelap</td>
<td>Pingelap</td>
<td>YES</td>
</tr>
</tbody>
</table>
1 Pohnpei Main Island

**Name of Dispensary:** Pohnpei Community Health Center  
**Island:** Kolonia, PNI

Pohnpei Community Health Center is located close to the center of Kolonia, the capital of Pohnpei state. It serves the community living in the town and those on the periphery, mainly on the other side of the town from the hospital. It is a large, multi-roomed concrete building in good condition and is well equipped and staffed to provide the complete range of primary care services to the community.

<table>
<thead>
<tr>
<th>Total patients/month</th>
<th>Male</th>
<th>Female</th>
<th>0-4 yrs</th>
<th>5 – 14 yrs</th>
<th>15 – 19 yrs</th>
<th>20 – 44 yrs</th>
<th>45 – 59 yrs</th>
<th>60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>800</td>
<td>393</td>
<td>419</td>
<td>232</td>
<td>169</td>
<td>43</td>
<td>140</td>
<td>149</td>
<td>79</td>
</tr>
</tbody>
</table>

**Staffing**

1 Physician  
3 Health Assistants  
1 Nurse  
1 Administrative Officer  
3 clerks  
1 Maintenance person.

**Condition of Facility**

The Building is in good condition and is accessible and secure although there is inadequate space for the provision of direct services. The condition of the premises, lighting, fittings and furniture are excellent. There are adequate hand washing facilities in the center and
mains supply of clean water. The building and surrounds are well maintained. The infection and waste disposal system is adequate.

Operational Funding

The funding for services comes from the Pohnpei State government Department of Health Services

Services (Types and Scope of Services Offered)

1. **Outpatient services**
   - Disease screening
   - Management of chronic infectious and disease
   - Acute management and transfer to secondary care
   - Minor surgery
   - Vaccination and Immunization
   - Antenatal and post-partum
   - Child health surveillance
   - Family planning
   - Health education and prevention
   - Nutrition support and education
   - Family health counseling

2. **House calls**

3. **Dispense drugs**

4. **Enhanced Services and Procedures**
   - STI screening
   - Diabetic special clinic
   - Antenatal and Post partum clinic
   - Mental health counseling
• Family planning clinic

**Patient Recording System**

Medical charts, logbooks and MS EXCEL are used for recording patient data. Information recorded includes patient profile, history, symptoms, treatments and diagnosis. Patient information is transmitted to the hospital by monthly written reports.

**Equipment**

Examination Tables, Otoscope 3-set, Scales for infants and adults, Freezers, Nebulizers, Glucometers, Etoscopes, typewriters, Fax, Computers, Copying machines, Air conditioning, VHF Radio, drinking water machines, weed-eater, and telephones. The dispensary has a maintenance staff but there is no maintenance schedule. Maintenance is carried out on request. An ambulance and a dispensary owned van are used for transporting patients who need to be referred to the hospital and for local emergencies.

**Drugs and Supplies**

Drugs are stored in an air conditioned room on shelves. A monthly inventory is conducted before requesting re-stocking from the hospital.
<table>
<thead>
<tr>
<th>DRUGS</th>
<th>TYPE</th>
<th>DRUGS</th>
<th>TYPE</th>
<th>DRUGS</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acyclovir 200mg</td>
<td>Tablet</td>
<td>Erythromycin Ointment</td>
<td>Cream/Tube</td>
<td>Motrin 800mg</td>
<td>Tablet</td>
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<tr>
<td>Allopurinol</td>
<td>Tablet</td>
<td>Erythromycin Suspension</td>
<td>Solution</td>
<td>Multivitamin Chewables</td>
<td>Tablet</td>
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<tr>
<td>Alupent Inhaler</td>
<td>Inhaler</td>
<td>Eurax Cream</td>
<td>Cream/Tube</td>
<td>Multivitamin Drops</td>
<td>Solution</td>
</tr>
<tr>
<td>Alupent Syrup</td>
<td>Solution</td>
<td>Fergen Elixir</td>
<td>Solution</td>
<td>Mycelex Cream</td>
<td>Cream/Tube</td>
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<td>Tablet</td>
<td>Motrin 600mg</td>
<td>Tablet</td>
<td>Silvadene Cream</td>
<td>Cream/Tube</td>
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</table>
Communications
There are telephones, fax and VHF radio for communication.

Skills and Training
The Health Assistants attended a refresher training course in 2004.

Strengths
- Location is very accessible
- Low cost compared with the hospital
- Reduced waiting time compared with hospital
- A monthly written report is used for evaluating performance and dispensary services
- There is an active board, made up of community members, that plays an active role in decision making processes which affect the center’s services.

Weaknesses
- Need for laboratory services
- Need for dental services
- Need for additional nursing staff

Health risk factors
The major health problems seen at the center are Flu, Skin Disease and Chronic diseases such as diabetes, hypertension and heart disease. There is no process to identify health care problems and services needed in the community

Name of Dispensary: Lukop Dispensary  Island: Madalanimw, PNI

The building is a large multi-roomed concrete building in good condition, internally as well as externally, except for some small leak in the roof which need to be repaired. The air conditioning and a water pump need to be repaired. The dispensary has a telephone and computer and communications are good.
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<tr>
<th>Total patients/month</th>
<th>Male</th>
<th>Female</th>
<th>0-4 yrs</th>
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**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
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<tr>
<td>Rihne Villazon</td>
<td>Health Assistant</td>
<td></td>
<td>High School</td>
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</table>

**Condition of Facility**

The building is in good condition. It is accessible but not very secure. There is adequate space for the provision of direct services and there are adequate hand washing facilities with a sink in all the treatment rooms. The premises, fittings and furniture are in fair condition. There are lights in all rooms. Availability of clean water is an important need. There is no schedule for inspection and maintenance. Maintenance is done by the municipal government upon request. The infection control is poor. The main hospital is responsible for waste disposal but there has been no visit from the hospital to the dispensary for over six months.

**Operational Funding**

The funding for services comes from the Pohnpei State government Department of Health Services, The Municipal Government provides funds to support the supply of drugs to the dispensary and maintenance is done by the municipal government upon request.

**Services (Types and Scope of Services Offered)**

See standard list plus vaccination and immunization

**Patient Recording System**

Patient records are kept using log books, medical charts and MS Excel. Information recorded includes the patients’ name, date of birth, sex, vital signs, symptoms, diagnosis and treatments. Monthly reports are transmitted to the Department of Health Services.
Equipment

Nebulizer
Stethoscope
BP Cups
Microscope (not working)
Computer
Air-con (not working)
Freezer
Examination table
Adult scale

There is no maintenance schedule. Equipment maintenance is provided on request.

Drugs and Supplies

The drugs are stored in the pharmacy on shelves and the vaccines are stored in Freezer. The health assistant carries out a monthly drug inventory before requesting re-supply of drug from the Department of Health Services. The Municipal Government provides funds to support the supply of drugs to the dispensary.
<table>
<thead>
<tr>
<th>DRUGS</th>
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<td>Nifedipine 10mg</td>
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<td>Silvadene Cream</td>
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</table>
Communications
The dispensary has a telephone.

Skills and Training
The health assistant received a one year training course at Medical Officer School in Pohnpei. Her last additional training on immunization in November 2004 in Kosrae.

Strengths
- Open daily and accessible to the community
- Availability of medicine and drugs
- Well organized, neat and very clean
- The evaluation of performance of dispensary services is based on the monthly and annual written reports.
- There is a board, made up of community members, that plays an active role in the running of the dispensary.

Weaknesses
- Lack of a physician or even outreach visits to the dispensary
- Air conditioning needs repair and maintenance
- Lack of treated water. The water catchment system is broken and the current water supply is untreated.
- Need for a preventive maintenance program
- Need for a sign board outside the dispensary

Health risk factors
The major health problems seen at the center are Flu, Skin Disease and Muscular Skeleton Disease. There is no process to identify health care problems and services needed in the community.

Name of Dispensary: Pohnlangas Dispensary  Island: Madalanimw, PNI

The building is a large multi-roomed concrete building in good condition, internally as well as externally, except for some small leak in the roof which need to be repaired. The dispensary has a telephone and computer and communications are good.

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<th>Total patients/month</th>
<th>Male</th>
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<td>150</td>
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<td>29</td>
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Staffing

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<th>Provider</th>
<th>Title</th>
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<td>Luther Silbanuz</td>
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<tr>
<td>Quietlynn Eliou</td>
<td>Health Assistant</td>
<td></td>
<td></td>
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</table>

Condition of Facility
The Building is in good condition but not very secure. The fittings and furniture are in fair condition and there is adequate space for the provision of direct services. Lighting is good and there are adequate hand washing facilities although there is no access to clean water. Infection control and waste disposal system is adequate. Patient access is good. There is no inspection and maintenance schedule.

Operational Funding
The funding for services comes from the Pohnpei State government Department of Health Services. The Municipal Government provides funds to support the supply of drugs to the dispensary and maintenance is done by the municipal government upon request.

Services (Types and Scope of Services Offered)
See standard list plus vaccination and immunization

Patient Recording System
Patient records are kept using log books and medical charts with information recorded including patients’ name, date of birth, age, vital signs, history, symptoms, diagnosis and treatments. Written reports are transmitted to the main hospital on a monthly basis.

Equipment
- Nebulizer
- Scale (not working)
- Blood pressure cuffs
- Otoscope (not working)
- Examination table
- Air conditioner
- Computer (not working)
- Freezer
- Examination light (not working)

Drugs and Supplies
The drugs are stored in an air conditioned room on shelves. Vaccines are stored in the freezer. A monthly inventory is made and a request for restocking of drugs from the main hospital is sent monthly.
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<td>Solution</td>
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<td>Pseudoephedrine 60mg</td>
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<td>Solution</td>
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<td>Melphoamin</td>
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<td>Methylldopa</td>
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<tr>
<td>Erythromycin 250mg</td>
<td>Tablet</td>
<td>Motrin 600mg</td>
<td>Tablet</td>
<td>Silvadene Cream</td>
<td>Cream/Tube</td>
</tr>
</tbody>
</table>
Communications
The dispensary has a telephone.

Skills and Training
The senior health assistant underwent a one year training course at Medical Officer training in Pohnpei. The other health assistant underwent training with the U.S. Military C.A.T team in Pohnpei. Both received training in CPR with the U.S. Military C.A.T team in 2002.

Strengths
- The dispensary is accessible and very conveniently located
- Services are provided after working hours
- Drugs and access to additional services are readily available
- An evaluation of performance and services is done with written quarterly reports.

Weaknesses
- Lack of transportation
- Lack of a Physician’s visit
- No outreach visits.
- Lack of dental services
- Needs more space for patient care and support

Health risk factors
The major health problems seen at the center are Flu, Skin Disease and Diarrhea. There is no process to identify health care problems and services needed in the community.

Name of Dispensary: Wone Dispensary  Island: Kitti, PNI

Wone Dispensary is a permanent concrete multi-roomed building with a health assistant to provide primary care services.
<table>
<thead>
<tr>
<th>Total patients/month</th>
<th>Male</th>
<th>Female</th>
<th>0-4 yrs</th>
<th>5 – 14 yrs</th>
<th>15 – 19 yrs</th>
<th>20 – 44 yrs</th>
<th>45 – 59 yrs</th>
<th>60+</th>
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<td>250</td>
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</table>

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
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<tr>
<td>Agata Andon</td>
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<td></td>
<td></td>
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</table>

**Condition of Facility**

The condition of construction is poor. The ceiling is deteriorating badly. However, the dispensary is accessible and very secure.

![Ceiling Condition](image1.jpg)

There is adequate space for the provision of direct services and adequate hand washing facilities in the dispensary. Fittings and furniture are in fair condition and there are light fixtures in some of the rooms providing good light. There is no clean water available and there is no proper system of inspection and maintenance. The infection control and waste disposal system is adequate. The waste is usually collected by the municipal government or burned by the Health Assistant.

![Dispensary Interior](image2.jpg)

**Operational Funding**

The funding for services comes from the Pohnpei State government Department of Health Services. The Municipal Government provides funds to support the supply of drugs to the dispensary and maintenance is done by the municipal government upon request.
Services  (Types and Scope of Services Offered)

1. **Outpatient services**
   - Disease screening
   - Management of chronic infectious and disease
   - Acute management and transfer to secondary care
   - Minor surgery
   - Antenatal and post-partum (*in cooperation with TBA*)
   - Child health surveillance
   - Vaccination and immunization
   - Family planning
   - Health education and prevention
   - Nutrition support and education
   - Family health counseling

2. **House calls**

3. **Dispense drugs**

4. **Enhanced Services and Procedures**
   - STI screening
   - School health program
   - Dental Services

**Patient Recording System**
Patient records are kept using log books and medical charts with information recorded including patients’ name, date of birth, age, vital signs, history, symptoms, diagnosis and treatments. Written reports are transmitted to the main hospital on a monthly basis.

**Equipment**
- Scale
- BP cuff
- Stethoscope
- Otoscope
- Nebulizer
- Examination Tables
- Examination lights (not working)
- Air conditioner
- Freezer
- Computer (not working)
- Typewriter

**Drugs and Supplies**
The drugs are stored in an air conditioned room on shelves. Vaccines are stored in the freezer. A monthly inventory is made and a request for restocking of drugs from the main hospital is sent monthly. Resupply is usually made within one week.
<table>
<thead>
<tr>
<th>DRUGS</th>
<th>TYPE</th>
<th>DRUGS</th>
<th>TYPE</th>
<th>DRUGS</th>
<th>TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acyclovir 200mg</td>
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<td>Erythromycin Ointment</td>
<td>Cream/Tube</td>
<td>Motrin 800mg</td>
<td>Tablet</td>
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<tr>
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<td>Multivitamin Chewables</td>
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<td>Inhaler</td>
<td>Eurax Cream</td>
<td>Cream/Tube</td>
<td>Multivitamin Drops</td>
<td>Solution</td>
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<td>Fergen Elixir</td>
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<td>Mycelex Cream</td>
<td>Cream/Tube</td>
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<td>Fleet Enema</td>
<td>Cream/Tube</td>
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<td>Folic Acid 5mg</td>
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<td>Hydrogen Peroxide</td>
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<td>Piroxicam 20mg</td>
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<td>Silvadene Cream</td>
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</table>
Communications
The dispensary has a telephone.

Skills and Training
The health assistant underwent a one year training course at Medical Officer training in Pohnpei. She attended refresher training in 2004.

Strengths
• Accessibility to basic medical care for the community.
• House Calls are made
• Home bound visits for the elderly
• Quarterly visits to the dispensary by hospital staff

Weaknesses
• Lack of drugs and specialized treatments
• Lack of Transportation
• Lack of manpower – no physician

Health risk factors
The major health problems seen at the center are Flu, Skin Disease and Chronic Diseases such as Diabetes, Hypertension and Heart Disease. There is no process to identify health care problems and services needed in the community

Name of Dispensary: Sokehs Dispensary
Island: Sokehs, PNI
<table>
<thead>
<tr>
<th>Total patients/month</th>
<th>Male</th>
<th>Female</th>
<th>0-4 yrs</th>
<th>5 – 14 yrs</th>
<th>15 – 19 yrs</th>
<th>20 – 44 yrs</th>
<th>45 – 59 yrs</th>
<th>60+</th>
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<td>59</td>
<td>31</td>
<td>4</td>
<td>48</td>
<td>30</td>
<td>10+</td>
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**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
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<tbody>
<tr>
<td>Hosan Ernest</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td>High School</td>
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</table>

**Condition of Facility**

The condition of the building is good. There is adequate space for the provision of direct services and adequate hand washing facilities in the dispensary although no adequate toilet facilities. Fittings and furniture are in fair condition and there are light fixtures in some of the rooms providing good light. There is a good supply of clean water as the dispensary is using treated water supplied by the Pohnpei Utility Corporation. There is no proper system of inspection and maintenance. The infection control and waste disposal system is adequate. The waste is usually collected by the municipal government or burned by the health assistant. The dispensary is accessible and very secure.

**Operational Funding**

The funding for services comes from the Pohnpei State government Department of Health Services. The Municipal Government provides funds to support the supply of drugs to the dispensary and maintenance is done by the municipal government upon request.

**Services (Types and Scope of Services Offered)**

1. **Outpatient services**
   - Disease screening
   - Management of chronic infectious and disease
   - Acute management and transfer to secondary care
   - Minor surgery
   - Antenatal and post-partum
   - Child health surveillance
   - Vaccination and immunization
   - Family planning
   - Health education and prevention
   - Nutrition support and education
   - Family health counseling
2. **House calls**

3. **Dispense drugs**

4. **Enhanced Services and Procedures**
   - Mental health counseling

**Patient Recording System**
Patient records are kept using log books and medical charts with information recorded including patients’ name, date of birth, age, vital signs, history, symptoms, diagnosis and treatments. Written reports are transmitted to the main hospital on a monthly basis.

**Equipment**
- Scales
- Otoscope
- Glucometer
- Computer (not working)
- Examination Table
- Examination lights (not working)
- Microscope (not working)
- Air conditioner
- Freezer

**Drugs and Supplies**

The drugs are stored in an air conditioned room on shelves. Vaccines are stored in the freezer. A monthly inventory is made and a request for restocking of drugs from the main hospital is sent monthly. Resupply is usually made within two to three days.
<table>
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<th>DRUGS</th>
<th>TYPE</th>
<th>DRUGS</th>
<th>TYPE</th>
<th>DRUGS</th>
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<td>Cream/Tube</td>
<td>Motrin 800mg</td>
<td>Tablet</td>
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<td>Allopurinol</td>
<td>Tablet</td>
<td>Erythromycin Suspension</td>
<td>Solution</td>
<td>Multivitamin Chewables</td>
<td>Tablet</td>
</tr>
<tr>
<td>Alupent Inhaler</td>
<td>Inhaler</td>
<td>Erythromycin Suspension</td>
<td>Solution</td>
<td>Multivitamin Drops</td>
<td>Solution</td>
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<td>Alupent Syrup</td>
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<td>Fergen Elixir</td>
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<td>Amoxicillin 500mg</td>
<td>Tablet</td>
<td>Folic Acid 5mg</td>
<td>Tablet</td>
<td>Nifedipine 30mg</td>
<td>Tablet</td>
</tr>
<tr>
<td>Amoxicillin Suspension</td>
<td>Solution</td>
<td>Frusemide</td>
<td>Tablet</td>
<td>Nitrofurantoin</td>
<td>Tablet</td>
</tr>
<tr>
<td>Aspirin 325mg</td>
<td>Tablet</td>
<td>Gentomycine Drops</td>
<td>Solution</td>
<td>Nitroglycerine SL</td>
<td>SL</td>
</tr>
<tr>
<td>Atenolol</td>
<td>Tablet</td>
<td>Glucovance</td>
<td>Tablet</td>
<td>Nitroglycerine Spray</td>
<td>Spray</td>
</tr>
<tr>
<td>Augmentin</td>
<td>Tablet</td>
<td>Glyburide</td>
<td>Tablet</td>
<td>NPH Insulin Injection</td>
<td>Injection</td>
</tr>
<tr>
<td>Augmentin Suspension</td>
<td>Solution</td>
<td>Grifulvin 500mg</td>
<td>Tablet</td>
<td>Nystatin Oral suspension</td>
<td>Solution</td>
</tr>
<tr>
<td>Aureduct Otic</td>
<td>Solution</td>
<td>Hydrogen Peroxide</td>
<td>Solution</td>
<td>ORS Solution</td>
<td>Solution</td>
</tr>
<tr>
<td>Bactracin Ointment</td>
<td>Cream/Tube</td>
<td>Hydramine Elixir</td>
<td>Solution</td>
<td>Penicillin VK 250mg</td>
<td>Tablet</td>
</tr>
<tr>
<td>Benadryl Injection</td>
<td>Injection</td>
<td>Hydrochlorothiazine HCTZ</td>
<td>Tablet</td>
<td>Phenogren Injection</td>
<td>Injection</td>
</tr>
<tr>
<td>Capoten 25mg</td>
<td>Tablet</td>
<td>Hydrocortisone Cream</td>
<td>Cream/Tube</td>
<td>Piroxicam 20mg</td>
<td>Tablet</td>
</tr>
<tr>
<td>Capoten 50mg</td>
<td>Tablet</td>
<td>Hydrocortisone Injection</td>
<td>Injection</td>
<td>Potassium Chloride</td>
<td>Tablet</td>
</tr>
<tr>
<td>Cefaclor</td>
<td>Tablet</td>
<td>Hydrocortisone Suppository</td>
<td>Tablet</td>
<td>Povidone Solution</td>
<td>Solution</td>
</tr>
<tr>
<td>Cefadroxil Cap 500mg</td>
<td>Tablet</td>
<td>Indomethin 25mg</td>
<td>Tablet</td>
<td>Predisone 20mg</td>
<td>Tablet</td>
</tr>
<tr>
<td>Cephalexin Cap 250</td>
<td>Tablet</td>
<td>Indomethin 50mg</td>
<td>Tablet</td>
<td>Predisone 5mg</td>
<td>Tablet</td>
</tr>
<tr>
<td>Cephalexin Cap 500mg</td>
<td>Tablet</td>
<td>Iron</td>
<td>Tablet</td>
<td>Predisone Drop</td>
<td>Solution</td>
</tr>
<tr>
<td>Cephalexin Suspension</td>
<td>Solution</td>
<td>Isosorbide 10mg</td>
<td>Tablet</td>
<td>Prenatal Vitamins</td>
<td>Tablet</td>
</tr>
<tr>
<td>Chloramphenicol Suspension</td>
<td>Solution</td>
<td>Laxol or Digoxin</td>
<td>Tablet</td>
<td>Promethazine</td>
<td>Tablet</td>
</tr>
<tr>
<td>Chloramphenicol Eye Ointment</td>
<td>Cream/Tube</td>
<td>Laxative</td>
<td>Tablet</td>
<td>Propranolol</td>
<td>Tablet</td>
</tr>
<tr>
<td>Cloxicillin Cap</td>
<td>Tablet</td>
<td>Lidocaine Vise</td>
<td>Solution</td>
<td>Pseudoephedrine 30mg</td>
<td>Tablet</td>
</tr>
<tr>
<td>Cloxicillin Suspension</td>
<td>Solution</td>
<td>Lignocaine Injection</td>
<td>Injection</td>
<td>Pseudoephedrine 60mg</td>
<td>Tablet</td>
</tr>
<tr>
<td>Colchicine Tab</td>
<td>Tablet</td>
<td>Lindane Lotion</td>
<td>Cream/Tube</td>
<td>Pryanalt Syrup</td>
<td>Solution</td>
</tr>
<tr>
<td>Dicloxicillin Cap 250mg</td>
<td>Tablet</td>
<td>Loperamide Cap 2mg</td>
<td>Tablet</td>
<td>Randotine 150mg</td>
<td>Tablet</td>
</tr>
<tr>
<td>Dihyphendramid 25mg</td>
<td>Tablet</td>
<td>Maalox</td>
<td>Solution</td>
<td>Reglan Tab</td>
<td>Tablet</td>
</tr>
<tr>
<td>Dihyphendramine 50mg</td>
<td>Tablet</td>
<td>Mebendalz</td>
<td>Tablet</td>
<td>Regular Insulin</td>
<td>Injection</td>
</tr>
<tr>
<td>Dipyriramol 25mg</td>
<td>Tablet</td>
<td>Medroxyprogesterone Acetate</td>
<td>Tablet</td>
<td>Robitussine Syrup</td>
<td>Solution</td>
</tr>
<tr>
<td>Ditiazem</td>
<td>Tablet</td>
<td>Melformin</td>
<td>Tablet</td>
<td>Salbutamol 4mg</td>
<td>Tablet</td>
</tr>
<tr>
<td>Docusate Cap</td>
<td>Tablet</td>
<td>Methocarbamol 750mg</td>
<td>Tablet</td>
<td>Selenium Sulfate</td>
<td>Cream/Tube</td>
</tr>
<tr>
<td>Doxycycline 100mg</td>
<td>Tablet</td>
<td>Methyl dopa</td>
<td>Tablet</td>
<td>Septa Suspension</td>
<td>Solution</td>
</tr>
<tr>
<td>Erythromycin 250mg</td>
<td>Tablet</td>
<td>Motrin 600mg</td>
<td>Tablet</td>
<td>Silvadene Cream</td>
<td>Cream/Tube</td>
</tr>
</tbody>
</table>
Communications
The dispensary has a telephone and can use a privately owned cell phone.

Skills and Training
The health assistant underwent a one year training course at Medical Officer training in Pohnpei. He attended training on Immunization and Family Planning during 2004.

Strengths
- Open daily and accessible to the community
- Availability of medicine and drugs
- The evaluation of performance of dispensary services is based on the monthly written reports.
- There is an active board, made up of community members, that plays an active role in the running of the dispensary.

Weaknesses
- Lack of a toilet facility
- Lack of manpower
- Lack of adequate medical supplies

Health risk factors
The major health problems seen at the center are Skin Disease, Flu and Chronic Diseases such as Diabetes, Hypertension and Heart Disease. There is no process to identify health care problems and services needed in the community
Description

Mwoakilloa dispensary is located 103 miles east of Pohnpei main island. The total population for Mokill is 194 and the sex distribution is 90 males and 104 females. The main transportation to and from Mokill is the field-trip ship once a month. However, the field trip ship has not been regularly serving this island lately. A small plan of eight seats is servicing this island as well.

Condition of Facility

The dispensary is in good condition except that some of the ceiling is damaged. It is located on municipal owned land. It consists of five rooms. There is a treatment room that also functions as the examination room, dressing room, observation room/inpatient, waiting area, pharmacy & triage room. It is a concrete and wooden building. The dispensary is accessible to the community. There are two hand-washing sinks with running water available. There is a toilet with water available but there is no shower in the facility. The water source is from a covered water catchment. There’s no light in the facility because the solar panel lacks a battery.
Services (Types and Scope of Services Offered)
See standard list

Operational Funding
Funding for the dispensaries’ operation is provided from the Division of Public Health Budget.
Drugs and Supplies

Medications are ordered monthly and an inventory of drugs is part of the monthly report. Requests for supplies are made using the radio once a week. Replenishment of drugs and supplies is by the field trip ship. Expired medications are send back to the central office. Drugs in stock at the time of the assessment are:

<table>
<thead>
<tr>
<th>Antibiotic (amoxicillin, cloxacillin, cipro, dicloxicillin, erythromycin in liquid and tablet form and ampicillin for injection. Bacitracin ointment, gentomycin eye and ear drops.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiallergies (denadryl capsules and injections; hydrocortisone cream</td>
</tr>
<tr>
<td>Analgesics (Tylenol for children and adults in tablet, elixir and syrup forms; aspirin.</td>
</tr>
<tr>
<td>Anti-inflammatotories (motrin &amp; indocin)</td>
</tr>
<tr>
<td>Anti-hypertensives (procardia, hctz, captopril aldomet) all in tablet form.</td>
</tr>
<tr>
<td>Antacid (zantac, tagamet, Maalox) in liquid and tablet forms.</td>
</tr>
<tr>
<td>Cardiac medications (ASA 81, nitroglycerin, isordil) all in tablet forms.</td>
</tr>
<tr>
<td>Asthmatic medications (ventolin and alupent) in liquid and for nebulizer</td>
</tr>
<tr>
<td>Hypoglycemia agents (methformin and glyburide) all in tablet form. Insulin,</td>
</tr>
<tr>
<td>IVF (.9%NS, LR, D5W, D5.9NS)</td>
</tr>
<tr>
<td>Rubbing alcohol</td>
</tr>
<tr>
<td>Betadine</td>
</tr>
<tr>
<td>Hydroperoxide</td>
</tr>
</tbody>
</table>
**Equipment**

- Stethoscope
- Otoscope (battery operated)
- Bedroom scale
- Glucometer
- Fetoscope
- BP cuffs
- Equipment sterilizer
- Speculum
- Scissors
- Butane Gas tank
- Icebox (out of order)
- Kerosene stove
- Microscope in good condition
- Scale machine (out of order)

**Communications**

The dispensary uses the radio in the municipal office which is about 200 to 210 feet away from the dispensary. The radio is in good working order and is powered by solar panels.

**Weaknesses**

- Some equipment does not work
- No filing cabinet to keep patients records in.
- No cabinet for storing drugs and supplies.
- No shower
- No battery for solar panel
3 Pingelap

Name of Dispensary: Pingelap Dispensary  Island: Pingelap

The facility and land are owned by the municipal government. The facility is fenced completely with the fenced area being approximately 100 sq feet.

Staffing
There is one health assistant at Pingelap dispensary

Health Assistant, Delihda Capelle

Services (Types and Scope of Services Offered)
See standard list

Operational Funding
Funding for the dispensaries’ operation is provided from the Division of Public Health Budget.

Condition of Facility
The condition of the building is good. There is adequate space for the provision of direct services. It consists of 7 rooms with a storage room, office/triage room, treatment room, pharmacy room, dressing room, in-patient room and toilet/shower room. The condition of the rooms is good and the dispensary is generally well maintained. The toilet/shower room is not functional because of a lack of water. The porch is used as the waiting area. There is no
light because the battery does not work. Waste is disposed of by burning and burying. Some of the window screens are broken.
Drugs and Supplies
Pharmacy room

Medications are ordered monthly and an inventory of drugs is part of the monthly report. Requests for supplies are made using the radio once a week. Replenishment of drugs and supplies is by the field trip ship. Expired medications are send back to the central office. Drugs in stock at the time of the assessment are:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic</td>
<td>amoxicillin, cloxacillin, cipro, dicloxicillin, erythromycin in liquid and</td>
</tr>
<tr>
<td></td>
<td>tablet form and ampicillin for injection. Bacitracin ointment, gentomycin</td>
</tr>
<tr>
<td></td>
<td>eye and ear drops.</td>
</tr>
<tr>
<td>Antiallergies</td>
<td>denadryl capsules and injections; hydrocortisone cream</td>
</tr>
<tr>
<td>Analgesics</td>
<td>Tylenol for children and adults in tablet, elixir and syrup forms; aspirin.</td>
</tr>
<tr>
<td>Anti-inflammatories</td>
<td>motrin &amp; indocin</td>
</tr>
<tr>
<td>Anti-hypertensives</td>
<td>procardia, hctz, captopril aldomet all in tablet form.</td>
</tr>
</tbody>
</table>
Antacid (zantac, tagamet, Maalox) in liquid and tablet forms.
Cardiac medications (ASA 81, nitroglycerin, isordil) all in tablet forms.
Asthmatic medications (ventolin and alupent) in liquid and for nebulizer
Hypoglycemia agents (methformin and glyburide) all in tablet form. Insulin,
IVF (.9%NS, LR, D5W, D5.9NS)
Rubbing alcohol
Betadine
Hydroperoxide

**Equipment**
- Stethoscope
- Otoscope
- Bedroom scale
- BP cuffs

**Communications**
The dispensary uses the municipal office radio which is about 350 feet away from the facility. The radio is in good order and is powered by solar panels.

**Patient Recording System**
Patients records are kept on a bench in the office/triage room and also in the storage room. There are no filing cabinets. Patient encounters, deliveries and deaths are reported every month to the Public Health Data Center. A consolidated monthly report form is completed at the end of each month and transmitted to the central office. Information collected includes patient demographics, disease encounters, services provided, fees collected, and drug inventories. These reports are sent to the central data to be compiled into the divisional report. Reports are made by radio or sent by the field trip ship. Birth and death certificates are also sent to the hospital record division.

**Weaknesses**
- No filing cabinets for patient’s files
- Water catchment needs to be fixed to provide water for the facility
- The facility needs some renovations
- Window screens are damaged
- No proper storage system for supplies and drugs
Sapwuahfik is situated 90 miles away from Pohnpei Island and is currently accessible by ship only. It comprises nine atolls and has a population of 857 people (FSM 2000 Census). It is estimated that approximately 640 are currently residing in Sapwuahfik with the remainder on the main island of Pohnpei or elsewhere. Sapwuahfik has one dispensary located on the main atoll where nearly all the estimated 640 people are residing. There is currently little community involvement in the running of the dispensary.

MS Micro Glory has serviced the Pohnpei outer islands for the past 30 years and regularly made a trip to Sapwuahfik every one or two months. Due to technical problems in the past few years, regular trips to Sapwuahfik have been reduced to once every 4-5 months, and finally last year the Micro Glory stopped servicing the outer islands. The FSM Voyager is now making supplemental trips to Sapwuahfik when its schedule permits given it is a National Government owned vessel but it also services Kosrae and the outer islands of Chuuk and Yap.

Sapwuahfik has an airstrip for small aircraft built on the eastern part of the island; however, the airstrip was damaged during storms a number of years ago and it has been closed since.

The main island of Sapwuahfik is not very large so most people access the dispensary by walking. Those few living on the other adjacent atoll islands have to travel about 4-7 miles by canoe or boat to get to the dispensary. Pohnpei Hospital is the nearest secondary care facility for the Sapwuahfikians, and so routine referral services can take 4-5 months to be achieved. An emergency referral will normally be effected in one or two days, depending on the condition of the patient and what transportation arrangements can be made by Pohnpei Hospital.
**Staffing:**
The Sapwuahfik Dispensary is staffed by two full-time Health Assistants. Both Health Assistants are high school graduates, one with a few years of college education, and they are both licensed by the Pohnpei Hospital. The senior Health Assistant has been working at the dispensary since 1974 and the junior Health Assistant since 2000. They report directly to the Chief of Public Health at the Pohnpei Hospital.

The Health Assistants are capable of performing their duties; however, they need continuation training on a regular basis to refresh and expand their skills.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Title</th>
<th>DOB</th>
<th>Year of Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Assistant</td>
<td>1974</td>
<td>High School</td>
<td>15</td>
<td>300</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Assistant</td>
<td>2000</td>
<td>College</td>
<td>$7,392</td>
<td>15</td>
<td>300</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Operational Funding:**
The dispensary is constructed on Sapwuahfik Municipal Government land and the building is owned by the municipality. Funding to support the operation of direct services for the dispensary comes from Pohnpei State Government, through the Department of Health Services, Division of Primary Health Care.

**Facility:**
The dispensary is made of concrete, wooden/concrete partitions, with a tin roof. It has several rooms, approximately 10 ft. x 10 ft. each, for patient examination, labor and delivery, drugs and pharmaceuticals, and storage. The dispensary was renovated few years ago, so the condition of the building, including premises and fittings is good. Accessibility to the dispensary is convenient and secure for patients given it is located close to the main road that goes around the island. There are however, some large trees on the dispensary premises, which pose a potential risk of damaging the dispensary during a typhoon. As a preventive measure consideration should be given to trimming or cutting down these trees.

There is currently no regular inspection and maintenance of the dispensary by Pohnpei Hospital or the Sapwuahfik Municipal Government. The Sapwuahfik community should take responsibility for maintenance of the dispensary.
There is sufficient space for the provision of services. Lighting is needed so that the occasional evening and night work can be carried out effectively. There are two lighting fixtures in the pharmacy and the hallway, but additional extra lighting fixtures need to be installed in the examination, delivery, labor, and patient rooms. Sapwuahfik uses solar energy to generate electricity and with additional solar panel and extra accessories such as battery and inverters, installation of these extra lighting fixtures could be achieved.

There is one hand washing facility installed in the dispensary, however, clean and safe water is not readily available. There are two water tanks. With some minor repairs and plumbing, including regular cleaning and maintenance of the tanks and roof gutters, an adequate water supply is available.

The dispensary has a water seal toilet located on private land approximately 25 feet away from the dispensary and it is inconvenient for very sick patients. A flush toilet with hand washing sink constructed adjacent to the dispensary building would be a valuable improvement. The septic tank would remain where it is currently located.

It has two rainwater catchment tanks adjacent to the facility.

*Services  (Types and Scope of Services Offered)*

See standard list
Vaccination and immunization, and other public health services are delivered by the Pohnpei Public Health Mobile Team with the support of the Health Assistants. The Pohnpei Public Health Mobile Team currently visits the dispensary three or four times a year.

The Health Assistants indicated that, with training, they could carry out vaccination and immunization services. The Dispensary has a vaccine refrigerator that uses propane gas; however, it is currently not in use as the Health Assistants claim they are not trained and fear to operate it.

**Patient Recording System**

Patient information is recorded in a log book and patient chart. Information recorded includes patients’ full name, age sex, complaints, diagnosis, information on management of the patient including counseling or education and other comments. This information is submitted monthly in a Consolidated Monthly Report (CMR) to Pohnpei State Hospital.

**Drugs and Supplies**

<table>
<thead>
<tr>
<th>No</th>
<th>Name of Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tylenol 500 mg</td>
<td>2 bottles</td>
</tr>
<tr>
<td>2</td>
<td>Tylenol 325 mg</td>
<td>3 bottles</td>
</tr>
<tr>
<td>3</td>
<td>Tylenol drop</td>
<td>24 bottles</td>
</tr>
<tr>
<td>4</td>
<td>Motrin 800 mg</td>
<td>2 bottles</td>
</tr>
<tr>
<td>5</td>
<td>Motrin 600 mg</td>
<td>3 bottles</td>
</tr>
<tr>
<td>6</td>
<td>Indocin 50 mg</td>
<td>1 bottle</td>
</tr>
<tr>
<td>7</td>
<td>Indocin 25 mg</td>
<td>3 bottles</td>
</tr>
<tr>
<td>8</td>
<td>Reboxin 750 mg</td>
<td>1 bottle</td>
</tr>
<tr>
<td>9</td>
<td>Cloxacillin 250 mg</td>
<td>5 boxes (100 caps/box)</td>
</tr>
<tr>
<td>10</td>
<td>Cloxacillin (suspension)</td>
<td>4 bottles</td>
</tr>
<tr>
<td>11</td>
<td>Amoxicillin 250 mg</td>
<td>1 bottle</td>
</tr>
<tr>
<td>12</td>
<td>Amoxicillin 500 mg</td>
<td>2 bottles</td>
</tr>
<tr>
<td>13</td>
<td>Amoxicillin (suspension)</td>
<td>25 bottles</td>
</tr>
<tr>
<td>14</td>
<td>E-mycin 250 mg</td>
<td>2 bottles</td>
</tr>
<tr>
<td>15</td>
<td>E-mycin (suspension)</td>
<td>5 bottles</td>
</tr>
<tr>
<td>16</td>
<td>Keflex 250 mg</td>
<td>4 bottles</td>
</tr>
<tr>
<td>17</td>
<td>Keflex 500 mg</td>
<td>1 bottle</td>
</tr>
<tr>
<td>18</td>
<td>Keflex (suspension)</td>
<td>11 bottles</td>
</tr>
<tr>
<td>19</td>
<td>Flagyl 25 mg</td>
<td>3 bottles</td>
</tr>
<tr>
<td>20</td>
<td>Septra (suspension)</td>
<td>24 bottles</td>
</tr>
<tr>
<td>21</td>
<td>Gentomycin (suspension)</td>
<td>6 bottles</td>
</tr>
<tr>
<td>22</td>
<td>Scabide lotion</td>
<td>3 bottles</td>
</tr>
<tr>
<td>23</td>
<td>Cough Syrup</td>
<td>8 bottles</td>
</tr>
<tr>
<td>24</td>
<td>Banophen (suspension)</td>
<td>6 bottles</td>
</tr>
<tr>
<td>25</td>
<td>Paracetamol (suspension)</td>
<td>27 bottles</td>
</tr>
</tbody>
</table>
An inventory of equipment and furniture was undertaken and is summarized below:

<table>
<thead>
<tr>
<th>Equipment/Furniture</th>
<th>Condition</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gas refrigerator (UNICEF)</td>
<td>Good</td>
<td>HAs require training in operation and maintenance.</td>
</tr>
<tr>
<td>2-drawer filing cabinet</td>
<td>Old</td>
<td>Needs replacement</td>
</tr>
<tr>
<td>Desk</td>
<td>Old</td>
<td>Needs replacement</td>
</tr>
<tr>
<td>Scale</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Delivery bed</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>BP cuff</td>
<td>Good</td>
<td>Need 1 spare</td>
</tr>
<tr>
<td>Stethoscope</td>
<td>Good</td>
<td>Need 1 spare</td>
</tr>
<tr>
<td>Eye chart</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Dental chair</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Accu-Check (sugar level test kit)</td>
<td>Good</td>
<td></td>
</tr>
<tr>
<td>Supply shelf</td>
<td>Good</td>
<td></td>
</tr>
</tbody>
</table>

Health Assistants also identified equipment and furniture that they consider is needed for them to provide an appropriate quality of care. This is listed below.
## Equipment/ Furniture Needed

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Communication Radio</td>
</tr>
<tr>
<td>2 beds and beddings</td>
</tr>
<tr>
<td>1 IV stand</td>
</tr>
<tr>
<td>1 Examination table</td>
</tr>
<tr>
<td>1 BP cuff (spare)</td>
</tr>
<tr>
<td>1 Stethoscope (spare)</td>
</tr>
<tr>
<td>1 Oxygen tank and accessories</td>
</tr>
<tr>
<td>1 Office desk (replacement)</td>
</tr>
<tr>
<td>1 Office chair</td>
</tr>
<tr>
<td>1 Four drawer filing cabinet (replacement)</td>
</tr>
</tbody>
</table>

### Communications

The Dispensary currently has no means of communication except to use the only radio on the island which is located approximately 300 feet away at the Municipal Government Office. Having its own radio would improve communication between the dispensary and the Pohnpei State Hospital, especially during emergencies.

### Health Risk Factors

The Health Assistants consider that non-communicable diseases such as heart disease, hypertension and diabetes are common among the general population and sexually transmitted disease is increasing among the younger population. Smoking and drinking alcohol are very common among most teenagers and adults.

### Strengths

- Good community cooperation
- Health Assistants well trained
- Health Assistants work beyond normal government working hours
- Health Assistants work to promote good hygiene on the island.

### Weaknesses

- Needs a radio
- Needs some additional equipment
- Needs improved water storage tanks to provide potable water supply
- Needs improved toilet facilities
- Needs additional lighting fixtures
5 Nukuoro

Name of Dispensary: Nukuoro
Island: Nukuoro

In Nukuoro atoll there is only one inhabited island. The atoll is located 275 miles South of Pohnpei. The inhabitants of the atoll originated from the South Pacific. By ethnicity, they are Polynesians but they are considered Micronesians. The language is Polynesian. It is the only language in Micronesia that is from another Pacific island group. Nukuoro’s estimated population is 390. The only transportation to this atoll is the field trip ship that has a very unreliable schedule. Trips are supposed to occur monthly, but, in reality they take place approximately once in four months. People can walk or cycle to the dispensary without a problem.
(See Slides #1: Photo 1 – treatment room, photo 2 - butane gas operated icebox (not working due no gas supply, photo 3 – examination room & examination table, photo 4 - pediatric weight scale (not working room counter), photo 5 – pharmacy medication shelve, photo education and disease information shelves in the pharmacy area; Slide #2: photo 7 – inpatient/observation room, photo 8 – record room door (always locked unless health aid is working in there), photo 9 - water catchments (the only water source for the dispensary), photo 10 – shower room, photo 11 & 12 – front of dispensary; and Slide #3: photo 13 – front of store room, photo 14 & 15 – store room leaking roof, photo 16 – fallen in wall of store room, and photo 17 – leaking room of front porch).

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Patients /Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yona Heinrich</td>
<td>Health Assistant</td>
<td>3/19/66</td>
<td>12</td>
<td>High School</td>
<td>7,150</td>
<td>1</td>
<td>35</td>
</tr>
</tbody>
</table>

This health assistant is basically the doctor for the entire island. She is expected to provide on-call services when needed. When she needs to travel to the main island for training or on personal business, a health assistant from one of the islands or from public health is dispatched to fill in for her temporarily.

**Operational funding**

Funding for the dispensary’s operation is provided by the Pohnpei State Government Division of Public Health. The local municipality have provided the land and the building. Estimated operational funding of this facility per year is $15,000. However, it is estimated that another $35,000 will be needed to replace the roof, to put in a sink, to extend the waiting area and to provide other fixtures needed for the upkeep and physical renovation of the rooms.
**Facility**

Both the building and the land are owned by the Municipal Government. The dispensary in Nukuoro is located on the Western side of the island by the municipal office. It is located on municipal own land. It consists of five small rooms. There is a treatment room, examination room, which also function as a pharmacy, an observation room/inpatient, record room, storeroom, and the waiting area is on the porch. This is also where triaging is carried out. There is little privacy for the patients. The facility is more than ten years old and the roof is leaking. It has a concrete floor and the wall is made out of coral rocks held together with cement plaster. There are areas that are badly deteriorated. The location of the dispensary is accessible and available for everyone to utilize the services. There is no hand-washing sink with running water available. The facility’s condition is unsanitary. There is a shower with a tin roof which is badly rusted and which leaks. The door is broken. Inside of the shower is not clean and it is effectively unusable. The water source is from two water catchments and, while there is water, its cleanliness is questionable. There is no toilet for the dispensary.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

Patient encounters, deliveries and deaths are reported monthly to the Public Health Data Center. A consolidated monthly report (CMR) form is completed at the end of each month. Information collected includes patient demographics, disease encounters, services provided, and drug inventories. These reports are send to the Public Health data center for further use. When the ship is delayed, these reports are sent over the radio and later the hard copies are sent when the ship arrives. Birth and death certificates are also sent to the hospital record room.

**Drugs and Supplies**

Medications are ordered monthly and an inventory of the drugs held is part of the monthly report. Requests for re-supply are made over the VHF radio which is conducted weekly. Replenishment of medications and the return of expired medications is done through the field trip ship. Mediation supplies are usually sufficient for demand but there are times when drugs are in short supply or are exhausted, especially when the field trip ships are late.

<table>
<thead>
<tr>
<th>Name of drug</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin</td>
<td>liquid and tablet</td>
</tr>
<tr>
<td>Cloxacillin</td>
<td>liquid and tablet</td>
</tr>
<tr>
<td>Cipro</td>
<td>liquid and tablet</td>
</tr>
<tr>
<td>Dicloxicillin</td>
<td>liquid and tablet</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>liquid and tablet</td>
</tr>
<tr>
<td>Ampicillin</td>
<td>injection</td>
</tr>
<tr>
<td>Bacitracin</td>
<td>ointment</td>
</tr>
<tr>
<td>Gentomycin</td>
<td>drops</td>
</tr>
<tr>
<td>Hydrocortisone</td>
<td>cream</td>
</tr>
<tr>
<td>Benadryl</td>
<td>capsules and injections</td>
</tr>
<tr>
<td>Tylenol</td>
<td>tablet, elixir and syrup</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Motrin</td>
</tr>
<tr>
<td>Indocin</td>
<td>Procarnia tablet</td>
</tr>
<tr>
<td>Hctz</td>
<td>tablet</td>
</tr>
<tr>
<td>Captopril</td>
<td>tablet</td>
</tr>
<tr>
<td>Aldomet</td>
<td>tablet</td>
</tr>
<tr>
<td>Zantac</td>
<td>liquid and tablet</td>
</tr>
<tr>
<td>Taglamet</td>
<td>liquid and tablet</td>
</tr>
<tr>
<td>Maalox</td>
<td>liquid and tablet</td>
</tr>
<tr>
<td>Asa 81</td>
<td>tablet</td>
</tr>
<tr>
<td>Nitroglycerin</td>
<td>tablet</td>
</tr>
<tr>
<td>Isordil</td>
<td>tablet</td>
</tr>
<tr>
<td>Ventolin</td>
<td>liquid for oral and nebulizer</td>
</tr>
<tr>
<td>Alupent</td>
<td>liquid for oral and nebulizer</td>
</tr>
<tr>
<td>Methformin</td>
<td>tablet</td>
</tr>
<tr>
<td>Glyburide</td>
<td>tablet</td>
</tr>
<tr>
<td>Insulin</td>
<td>Ivf (.9%ns, lr, d5w, d5.9ns)</td>
</tr>
<tr>
<td>Rubber alcohol</td>
<td></td>
</tr>
<tr>
<td>Betadine</td>
<td></td>
</tr>
<tr>
<td>Hydroperoxide</td>
<td></td>
</tr>
</tbody>
</table>

**Equipment**

- Stethoscopes (Adult)
- Othoscope
- Sphygmomanometer (adult)
- Thermometer
- Weight scale (but not suitable for newborns and children)
- Butane Gas operated icebox (kerosene is often unavailable)
- Kerosene Stove for sterilization (kerosene is often unavailable)
- Suture set (some instruments need to be replaced)
- Glucometers (but no strips)

**Communications**
The Dispensary currently has no means of communication except to use the radio in the municipal office which is about 50 -70 feet away from the dispensary. Power is from a solar panel system.

**Health Risk Factors**
Hypertension and lifestyle diseases are predominant.

**Strengths**
- Good community support in the upkeep and maintenance of the dispensary
- Municipal leaders provide support for purchase of drugs
Weaknesses

- The physical condition of the facility is poor and in need of renovation
- Needs hand washing facilities
- Needs toilet facilities
- A pressure tank and a water pump need to be installed
- Needs its own communication system
6 Kapingamwarangi

Name of Dispensary:  Kapingamarangi Dispensary  
Island:  Kapingamarangani

In Kapingamarangi atoll there are two inhabited islands. It is one of the two most southerly inhabited atolls of Pohnpei and is located 423 miles South of Pohnpei. Kapingamarangi Dispensary is located on the Western side of Souhou, the most populated of the two inhabited islands. The inhabitants of the atoll originated from the South Pacific. By ethnicity, they are Polynesians but they are considered Micronesians. The language is Polynesian. It is the only
language in Micronesia that is from another Pacific island group. Kapingamarangi’s estimated population is 500. There are 200 males and 300 females. The only transportation to this atoll is the field trip ship that has a very unreliable schedule. Trips are supposed to occur monthly, but, in reality they take place approximately once in four months. People can walk or cycle to the dispensary without a problem.

**Staffing:**
There is one male health assistant at the dispensary. Regular continuing training opportunities are not available.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>Patients /Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yastu George</td>
<td>Health Assistant</td>
<td>3/3/61</td>
<td>10</td>
<td>High School</td>
<td>6,321</td>
<td>15</td>
<td>60</td>
</tr>
</tbody>
</table>

**Operational funding:**
Funding for the dispensary’s operation is provided by the Pohnpei State Government Division of Public Health. The local municipality have provided the land and the building. With the salary of the health assistant, cost of purchasing and shipping supplies to this island, travel to the main island for the health assistant to accompany patients or for training, it is estimated that this dispensary runs at about $15,000-$16,000 per year.

**Facility**
Both the building and the land are owned by the Municipal Government. The facility is about five years old. It consists of five rooms and triage area. There is a storeroom/record room, examination room, mini-laboratory/treatment, office, pharmacy, and restroom. The condition of the rooms is good and the building is well maintained and functional. The mini-laboratory is presently used as a treatment room due to a lack of laboratory equipment. The space is adequate for service provision. The toilet has running water and hand washing facilities but the water pressure is not great enough for the flush toilet. The triage area is located on the porch and there is little privacy when triaging. There is no observation/inpatient room; and the triage area is often used for this purpose. The size for the rooms is adequate for their purposes. Patient records are kept on a shelf in the storeroom. The lighting is poor. This facility needs an additional room for patient examination and a new room for basic laboratory work. The existing rooms need to be renovated.

**Services (Types and Scope of Services Offered)**
See standard list

**Patient Recording System**
Patient encounters, deliveries and deaths are reported monthly to the Public Health Data Center. A consolidated monthly report (CMR) form is completed at the end of each month. Information collected includes patient demographics, disease encounters, services provided, and drug inventories. These reports are send to the Public Health data center for further use. When the ship is delayed, these reports are sent over the radio and later the hard copies are sent when the ship arrives. Birth and death certificates are also sent to the hospital record room.
Drugs and Supplies
Medications are ordered monthly and an inventory of the drugs held is part of the monthly report. Requests for re-supply are made over the VHF radio which is conducted weekly. Replenishment of medications and the return of expired medications is done through the field trip ship. Mediation supplies are usually sufficient for demand but there are times when drugs are in short supply or are exhausted, especially when the field trip ships are late.

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</tr>
<tr>
<td>Motrin</td>
<td></td>
</tr>
<tr>
<td>Indocin</td>
<td></td>
</tr>
<tr>
<td>Procardia</td>
<td>tablet</td>
</tr>
<tr>
<td>Hctz</td>
<td>tablet</td>
</tr>
<tr>
<td>Captopril</td>
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<td>Insulin</td>
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<tr>
<td>Ivf (.9%ns, lr, d5w, d5.9ns)</td>
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</tr>
<tr>
<td>Rubbing alcohol</td>
<td></td>
</tr>
<tr>
<td>Betadine</td>
<td></td>
</tr>
<tr>
<td>Hydroperoxide</td>
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</table>
**Equipment**

Equipment at the clinic comprises:

<table>
<thead>
<tr>
<th>Equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stethoscopes (Adult)</td>
</tr>
<tr>
<td>Othoscope</td>
</tr>
<tr>
<td>Sphygmomanometer (adult)</td>
</tr>
<tr>
<td>Thermometer</td>
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<tr>
<td>Weight scale (but not suitable for newborns and children)</td>
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<td>Butane Gas operated icebox (kerosene is often unavailable)</td>
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</tr>
<tr>
<td>Suture set (some instruments need to be replaced)</td>
</tr>
<tr>
<td>Glucometers (but no strips)</td>
</tr>
</tbody>
</table>

**Communications**

Kapingamarangi uses a radio owned by the municipal office but which is located in the dispensary. Power is from a solar panel system.

**Strengths**

- The health assistant receives community support
- Drugs and supplies are at a good level
- Regular communication to the main island of Pohnpei

**Weakness**

- General condition of the facility is poor
- There is no regular training
- There is no ongoing public health program focusing on health promotion.

**Health Risk Factors**

Hypertension and lifestyle diseases are predominant.

**Needs Improvement:**

The facility needs an additional room, which will provide more privacy for observation, monitoring and inpatient care. There is a need for laboratory equipment for the mini-laboratory to become functional. An additional staff member is needed to assist with the care of patients. The field trip ship schedules need to be more consistent to ensure drug and supplies availability. A pressure tank and water pump is needed to improve the water supply for the facility.
### Section 6. Yap State

#### List of Primary Care Facilities

<table>
<thead>
<tr>
<th>Region/Island</th>
<th>Name of Dispensary</th>
<th>Visited during assessment YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yap Proper</td>
<td>Kanifay</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Tomil</td>
<td>YES</td>
</tr>
<tr>
<td>Ulithi</td>
<td>Falalop (Ulithi Health Center)</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>MogMog</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Fadaraii</td>
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</tr>
<tr>
<td></td>
<td>Fais</td>
<td>YES</td>
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<tr>
<td></td>
<td>Asor</td>
<td>YES</td>
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<tr>
<td></td>
<td>Piig</td>
<td>YES</td>
</tr>
<tr>
<td>Woleai</td>
<td>Woleai Health Center</td>
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<tr>
<td></td>
<td>Ifalik</td>
<td>YES</td>
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<tr>
<td></td>
<td>Falalus</td>
<td>YES</td>
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<td></td>
<td>Wottegaai</td>
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<td></td>
<td>Seliap</td>
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<td>Eauripik</td>
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<td>Satawal</td>
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<tr>
<td></td>
<td>Lamotrek</td>
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<tr>
<td></td>
<td>Elato</td>
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<tr>
<td></td>
<td>Fachailap</td>
<td>YES</td>
</tr>
<tr>
<td>Other</td>
<td>Ngulu</td>
<td>NO</td>
</tr>
</tbody>
</table>
Dispensary Reports

1 Yap Proper

<table>
<thead>
<tr>
<th>Name of Dispensary: Kanifay Dispensary</th>
<th>Island: Yap Proper (Southern)</th>
</tr>
</thead>
</table>

Kanifay Dispensary

Kanifay Dispensary is one of two clinical dispensaries currently in operation on Yap Proper or Main Island serving the population of the southern section of the island. It is located on municipal government land about six (6) miles from the state hospital. It is built with a concrete floor, wooden walls and partitions and a tin roof. It has an extension used as a waiting area for out-patients.

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Victor Ngaden</td>
<td>Supervisor</td>
<td></td>
<td></td>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peter Nwuru</td>
<td>Dispensary Manager</td>
<td></td>
<td></td>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Operational Funding**

Funding to support the operation of direct services for Kanifay Dispensary comes from Yap State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, the Municipal Government through the Council of Pilug provides in-kind contribution (land) to support dispensary services for the southern communities.

**Condition of Facility**

Kanifay Facility is about 16’ x 20’ in size. Its current condition is good. The facility has been recently renovated. There is running water, electricity and a telephone service. There is a restroom and sink. The surrounding area is clean. Maintenance of the facility is carried out by the health assistant and hospital maintenance staff. Sometimes prisoners are used to clean the surrounding areas.

**Services (Types and Scope of Services Offered)**

Waiting Area Out-patient

See standard list

**Patients’ Recording System**

Patients’ records are filed in filing cabinets. The dispensary manager uses daily work sheets to record patient’s full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. This information is kept and reported at the end of the month (monthly reports). The health assistant reports information to the dispensary supervisor at the state department of health services for data input and storage with the medical record unit for health planning purposes.

**Equipment**

There is little equipment at Kanifay Dispensary. There is scales, examination table, telephone, cabinets, blood pressure cuffs, stethoscope, air conditioner, desk and chairs. There is no major bio-medical equipment in the dispensary.
Drugs and Supplies

Drugs and supplies are stored in enclosed metal wall lockers and boxes. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is good.

Every week drugs and supplies are inventoried. When there is need for drugs and supplies, the health assistant collects them from the main pharmacy. Yap State Department of Health Services has devised an Essential Drugs List for all dispensaries, including Kanifay. Based on this list, drugs are supplied periodically.

Communications

Kanifay Dispensary has access to a telephone and personal cell phones. Telephone services are subsidized by state government, department of health services.

Skills and Training

The Dispensary Manager is a high school graduate trained in primary health care and dispensary management. Currently training sessions are being undertaken in EPI and Immunization, ARI, MCH, TB/Leprosy and STI/HIV prevention.
**Strengths**

- **Accessible to the population**  
  Being the only health facility in the area, everybody comes to the dispensary for medications.
- **Community Support**  
  The location of Kanifay Dispensary is on municipal government land allotted to serve the southern communities of Yap Proper for essential primary health care services.

**Weaknesses**

- **Hours of Operation**  
  Opens only once a week for half a day
- **Distance from other communities** is a concern for those who do not have transportation.
- **The examination room needs to be partitioned properly for privacy.**

Health risk factors are environmental and sanitation (dengue fever), nutrition related conditions and substance abuse.

<table>
<thead>
<tr>
<th>Name of Dispensary: Tomil Dispensary</th>
<th>Community: Tomil Village</th>
</tr>
</thead>
</table>

Tomil Dispensary is located six miles to the north of Yap State Hospital. It is one of two clinical dispensaries currently operating on Yap Proper. Although located in Tomil the area of service includes the northern communities. It is manned by the same health care providers who manage the southern dispensary. The actual dispensary was destroyed by the late Super Typhoon Sudal that struck Yap State in 2004. The dispensary remains out of service. However, primary care services are provided at the Tomil Community Center which lies about fifty (50) meters from the old dispensary. The community center is a spacious building that accommodates all direct services. The center has access to running water through faucets and restrooms adjacent to the building. The center also has a telephone. The dispensary opens once a week for half a day from 1:00 pm to 4:30 pm on Thursday afternoon. The monthly average of patients care is 40 whereas a day’s average is around 5.

**Staffing**

Tomil Dispensary is staffed by the same area supervisor and a dispensary manager who are responsible for Kanifay. At times when the area supervisor has other commitments, an alternate is made available. These staff are full time employees under the public service system of the Yap State Government.
<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB Year Employ</th>
<th>Level of Education</th>
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<td>Dispensary Manager</td>
<td></td>
<td>High School</td>
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</tbody>
</table>

**Operational Funding**

Funding to support Tomil Dispensary’s operations comes from the health sector funds of the Compact Agreement, through Yap State Government. Its budget is included in the State Department of Health Services. The municipal government through the council of chiefs provides an in-kind contribution by allocating the lot for basic primary health care services to the people.

**Condition of Facility**

- **Destroyed Dispensary**
- **Community Center**

Tomil “Actual” Dispensary is not functional. It was destroyed by Super Typhoon Sudal in 2004. Primary services are provided at the nearby Tomil Community Center which is approximately 50 meters away. The make-shift dispensary has enough space for direct services. Drugs and medicines are kept on tables and boxes. There are no cabinets or shelves to store drugs and supplies.

**Services** *(Types and Scope of Services Offered)*

- Services are only available during the once a week visit
- See standard list
**Patient Recording System**

Patients’ records are filed in filing cabinets. The dispensary manager uses daily work sheets to record patient’s full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. This information is kept and reported at the end of the month (monthly reports). The health assistant reports information to the dispensary supervisor at the state department of health services for data input and storage with the medical record unit for health planning purposes.

**Equipment**

There is no major bio-medical equipment in Tomil Dispensary. Equipment is limited to scales, BP cuffs, and stethoscope, thermometers, telephone and glucometers.

**Drugs and Supplies**

Drugs and supplies are stored in boxes and on tables. There are no shelves or cabinets in the dispensary. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is good.

Every week drugs and supplies are inventoried. When there is need for drugs and supplies the health assistant brings the needed supplies from the main pharmacy. Yap State Department of Health Services has devised an Essential Drugs List for all dispensaries, including Tomil. Based on this list, drugs are supplied periodically.

**Communications**

There is a telephone in the dispensary. It is designed for use by the general public at the community center. Access to communications is good.
Skills and Training

Training for dispensary managers is available on periodic basis. The current dispensary manager, who is a high school graduate, is a trained and certified health assistant under Yap State Department of Health Services standards. Some of the areas he is trained in are EPI and Immunization, ARI and other communicable diseases, health education and prevention, nutrition, MCH and family planning, including the basics for dispensary management and operation.

Strengths of the Dispensary

1. Accessible to the community
2. Community support
3. Readily available logistical support

Weaknesses

1. Shared building (multi-purpose building)
2. Hot and Humid
3. Not meeting disability requirements in terms of safety
4. No shelves and cabinets to store drugs
5. No patient privacy

Noted health risk factors are nutritional and substance abuse related conditions. Communicable diseases and dengue fever are still prevalent in Yap State.
2 Ulithi

Name of Dispensary: Falalop Health Center       Island: Falalop, Ulithi Atoll

Falalop, Ulithi Health Center is located on Falalop Atoll of the Ulithi Group of Outer-Islands of Yap State. This tiny atoll is about 115 nautical miles from the nearest secondary health care facility on Yap Main Island, where the hospital is located. It is the only health facility on the atoll. The health center building measures about 28’ x 40’, without the extension, and is situated on government land. Its condition are fair. However, it needs some renovation. Its set up is similar to that of Woleai, with a physician’s consultation room, x-ray room, delivery and OB ward, laboratory and dental rooms, radio room, restrooms for both sexes, in-patient room and storage room. There are four health care providers assigned to the health center for the provisions of basic medical and public health services to an estimated population of 400 (FSM 2000 Census) people. It is estimated that the population on Falalop has increased to 500 people in recent years. The average patients seen per day at Falalop is 5 with estimated average monthly encounters of eighty (80).

Staffing

Airstrip

Dr. Arthur Yolwa  Selestine Dipmai, DM  Gracia Uweleng, HA
Ulithi (Falalop) Health Center is staffed with three (3) health care providers. These personnel are full time employees under the Yap State Government Public Service System.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
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<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
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<tr>
<td>Dr. Arthur Yolwa</td>
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<tr>
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<td>High School</td>
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<tr>
<td>Gracia Uweleng</td>
<td>Health Assistant</td>
<td></td>
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<td>Mark</td>
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<td></td>
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<td>High School</td>
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</table>

**Operational Funding**

Funding to provide direct services for Ulithi Health Center comes from Yap State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, however, the Municipal Government of Falalop Island also provides financial support by using CIP funds for structural improvements. Ulithi Health Center is located on community land (municipal government land) donated to the state government for dispensary purposes.

**Condition of Facility**

Ulithi (Falalop) Health Center is a concrete building of about 28’ x 40’ with a tin roof. It has concrete foundations, walls and partitions, and a tiled floor. Its present status is good. It has screened and louvered windows although some are broken and the security wires rusted. It has running water, toilet and sink. There are some fittings and furniture. The building has several rooms, for laboratory and dental services, delivery and OB ward, in-patient ward, storage room, medication room, an extension for its porch that is being used as a waiting area or sleeping area for family attendants. The facility has electricity from the island-wide source, which provides good lighting and air conditioned rooms. The area around the building and the inside of the facility need to be cleaned. A preventive maintenance program for both the building and the bio-medical equipment needs to be put in place.
**Services (Types and Scope of Services Offered)**

**Basic and Essential Services**

1. **Outpatient services**
   - Disease screening
   - Management of chronic infectious and disease
   - Acute management and transfer to secondary care
   - Minor surgery
   - Antenatal and post-partum (*in cooperation with TBA*)
   - Vaccination and immunization
   - Child health surveillance
   - Family planning
   - Health education and prevention
   - Nutrition support and education
   - Family health counseling

2. **House calls**

3. **Dispense drugs**

4. **Enhanced Services and Procedures**
   - Dental Services
   - Training Courses
   - Major Surgery

**Patients’ Recording System**

A manual recording system is used in Ulithi Health Center. Patients’ charts are assigned numbers and corresponding names. This system also uses daily work sheets to record patient information (i.e., full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments). Information gathered through daily encounters is kept and reported at the end of the month (monthly reports). Other information gathered is births, morbidities and mortalities. The dispensary manager reports information to the area supervisor, then to the state director of health services and on to medical record unit for data input, storage and reporting.

**Equipment**

Ulithi Health Center has little in the way of bio-medical equipment or other fixed assets. In addition to blood pressure cuffs, stethoscope and scales there are also an ultrasound monitor,
IV stands, fetal monitor, freezer, refrigerators, speculum, and dental and laboratory equipment, examination tables.

**Drugs and Supplies**

Ulithi Health Center has a good range of in date drugs and supplies.

- Analgesics,
- Scabicides or Pediculids,
- Anti-hypertensive,
- Antibiotics,
- Bronchodilator,
- Laxatives,
- Vitamins,
- IV solution,
- IV tubing, and
- Sutures.

Most drugs have a shelf life of two or more years, indicating some evidence that drugs are being inventoried on weekly, monthly and semi-annually basis. Drugs are stored in closed class cabinets, wooden shelved cabinets and in boxes in air conditioned rooms.

When there is a need for drugs and supplies replenishment, the dispensary manager or area supervisor radios for re-supplying from Yap State Hospital.
Communications
Ulithi Health Center has a radio to monitor those dispensaries under its supervision and for reporting to the state center on any developments, including routine and emergency needs. On the island of Falalop, where the health center is located access to telephones, cell-phones, and wave mail using computers are also available.

Skills and Training
With the exception of the area supervisor who is a physician, all health care providers are trained health assistants with high school and college educational background. They have also received training in ARI and Cold Chain for Immunization and Infectious diseases, NCDs, MCH/FP and STI prevention and control.

Strengths
- Accessible for the Atoll population
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
- Community Support
  The land on which the dispensary is located belongs to Eauripik Municipal Government Land donated to Yap State Government for dispensary services.
- Good communication system
- Easy access to air transportation (Cessna Plane)
- Intermediate referral point for nearby islands
- Training site for health assistants and dispensary managers
- Operational Hours (24/7)

Weaknesses
- Cleanliness of the premises
- Lack of trained staff
- Lack of bio-medical equipment and appropriate supplies

Health risk factors on Falalop Atoll relate to environmental, substance abuse and nutritional conditions. Diabetes, hypertension and other cardio-vascular diseases are noted among the population. Communicable diseases are also prevalent on this tiny atoll.
Mogmog Dispensary is located on Mogmog Atoll of the Ulithi Group of Outer-Islands of Yap State. This tiny atoll is about 112 nautical miles from the nearest secondary health care facility on Yap Main Island, where the hospital is located. It is the only health facility on the atoll. The dispensary measures approximately 30’ x 44’ and is situated on government land. Its overall condition is fair. However, it needs some renovation. The dispensary has three rooms. One room is used for outpatients, the other for obstetric cases (OB Ward), and the remaining room for storage of supplies and medications. Accessibility to the facility for the population is good. There is one health care provider assigned to Mogmog Dispensary for primary care services to an estimated population of 169 (FSM 2000 Census) people. It is estimated that the population on Mogmog has increased to 200 people in recent years. The average patient seen per day at Mogmog Dispensary is 5 with estimated average monthly encounters of eighty (80).

**Staffing**

Mogmog Dispensary is staffed by one (1) health care provider trained as a Medex and classified as a Dispensary Manager. He is a full time employee under the Yap State Government Public Service System.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Dr. Arthur Yolwa</td>
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<td></td>
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<td>College</td>
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<tr>
<td>Medex Hosey Sogruy</td>
<td>Dispensary Manager</td>
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<td></td>
<td>College</td>
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</tr>
</tbody>
</table>
Operational Funding

Funding to provide direct services for Mogmog Dispensary comes from Yap State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, the Municipal Government of Mogmog Island provides financial support by using CIP funds for structural improvements. Mogmog Facility is located on community land (municipal government land) donated to the state government for dispensary purposes.

Condition of Facility

Mogmog Dispensary is a concrete building of about 20’ x 34’ with a tin roof. It has concrete foundations and walls. Its present status is good. It has screened and louvered windows although some are broken and the security wires rusted. There is running water, a toilet and a sink in the dispensary. It is a roomy building with adequate space for direct services. There is electricity and an SSB radio in the building. The building is clean both inside and outside. It is a large building for the size of its population. Access to the island is only by ships or boats at scheduled times. The dispensary’s needs are made known through radio communications with state center, including nearby islands.

Services (Types and Scope of Services Offered)

See standard list

Patients’ Recording System

A manual recording system is used in Mogmog Dispensary. Patients’ charts are assigned household numbers and names. This system also uses daily work sheets to record patient information (i.e., full name, age sex, complaints, diagnosis, and treatment either on first visit or revisit and other comments). Information gathered through daily encounters is kept and
reported at the end of the month (monthly reports). Other information gathered is births, morbidities and mortalities. The dispensary manager reports information to the area supervisor, then to the state director of health services and on to medical record unit for data input, storage and reporting.

Equipment

There is no major medical equipment in MogMog Dispensary. There are blood pressure cuff and a stethoscope, examination table, wheelchair, scales and a radio. There is also a radio.

Drugs and Supplies

Mogmog Dispensary has in date drugs and supplies. Drugs consist of the following:

- Analgesics,
- Scabicides or Pediculids,
- Anti-hypertensive,
- Antibiotics,
- Bronchodilator,
- Laxatives,
• Vitamins,
• IV solution,
• IV tubing, and
• Sutures.

Most drugs have a shelf life of two or more years, indicating some evidence that drugs are being inventoried on weekly, monthly and semi-annually basis. Drugs are stored on wooden shelved cabinets and in boxes in an air conditioned room.

When there is need for drugs and supplies replenishment, the dispensary manager radios for re-supplying from Falalop health center or the state hospital.

**Communications**

Radio Shack and Radio

Radio communication is available at Mogmog Dispensary. Also available or accessible is the use of cell-phones using the antenna on Falalop, Ulithi Atoll.

**Skills and Training**

The dispensary manager has some college education (2 years), and has been trained as a health assistant with advanced training in public health and medicine. He also has received training in ARI and Cold Chain for Immunization and Infectious diseases, NCDs, MCH/FP and STI prevention and control.

**Strengths**

• Accessible to Atoll population on foot
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
• Community Support
  The land on which the dispensary is located belongs to Mogmog Municipal Government Land donated to Yap State Government for dispensary services.
• Has electricity
• Access to air transportation on Falalop Atoll
• Opens 24/7.

**Weaknesses**

• Mogmog Dispensary seems to be under-utilized
• The dispensary is in dire need of a female health care provider
• Patient referrals to the health center rely heavily on personal motor-boats.
Health risk factors on Mogmog relate to environmental, substance abuse and nutritional conditions. Diabetes, hypertension and other cardio-vascular diseases are noted among the population. Communicable diseases are also prevalent on this tiny atoll.

Name of Dispensary: Fadaraii Dispensary

Fadaraii Dispensary is located on Fadaraii Atoll of the Ulithi Group of Outer-Islands of Yap State. This tiny atoll is about 110 nautical miles from the nearest secondary health care facility on Yap Main Island, where the hospital is located. It is the only health facility on the atoll. The temporary dispensary measures about 8’ x 10’ and is situated on government land. It provides primary care to a total population of 146 (FSM 2000 Census) people. Its current condition is poor. The original dispensary was destroyed by a series of typhoons that struck the atoll and is awaiting reconstruction. The makeshift hut was erected to continue the provision of basic primary health care services for the island community. There is one health care provider assigned to Fadaraii Dispensary. The average patients seen per day at Fadaraii is 3 with estimated average monthly encounters of forty (40).

Staffing

Fadaraii Dispensary is staffed by one (1) health care provider who is a full time employee under the Yap State Government Public Service System.
Operational Funding

Funding to provide direct services for Fadaraii Dispensary comes from Yap State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, the Municipal Government of Fadaraii Island provides financial support to the dispensary by using its CIP funds for structural improvements. Fadaraii Facility is located on community land (municipal government land) donated to the state government for primary health care services.

Condition of Facility

Fadaraii Dispensary is a corrugated tin structure that should be considered more as an Aid Post rather than a dispensary. Its floor is of gravel and aggregate. Its present status is poor. It has no window and only a single door. It is extremely hot and humid inside which does not provide appropriate and proper storage of medications and drugs. There is no running water, toilet or sink in the dispensary. There are no fittings or furniture. The building is a single room, with no lighting (electricity) and there is no clean water nearby. There is a great need for the original dispensary to be rebuilt to provide basic and essential medical care services to its 146 inhabitants living 110 nautical miles from the nearest secondary health care facility. Access to the island is only by ships or boats at scheduled times. The dispensary’s needs are made known through radio communications with the area supervisor on Falalop or Yap Hospital.

Services (Types and Scope of Services Offered)

See standard list

Patients’ Recording System

A manual recording system is used in Fadaraii Dispensary. Patients’ charts are assigned household numbers and names. This system also uses daily work sheets to record patient information (i.e., full name, age sex, complaints, diagnosis, treatment either on first visit or
revisit and other comments). Information gathered through daily encounters is kept and reported at the end of the month (monthly reports). Other information gathered is births, morbidities and mortalities. The dispensary manager reports information to the area supervisor, then to the state director of health services and on to medical record unit for data input, storage and reporting.

**Equipment**

There is no major medical equipment in Fadaraii Dispensary. There is only a blood pressure cuff, scales, a stethoscope and a filing cabinet. There is no radio in the dispensary. The only radio available on the island is the Fadaraii Municipal Government Radio.

**Drugs and Supplies**

Fadaraii Dispensary has a limited supply of in date drugs and supplies. Drugs consist of the followings:

- Analgesics,
- Scabicides or Pediculids,
- Anti-hypertensive,
- Antibiotics,
- Bronchodilator,
- Laxatives,
- Vitamins,
- IV solution,
- IV tubing, and
- Sutures.

Most drugs have a shelf life of two years, indicating some evidence that drugs are being inventoried on weekly, monthly and semi-annually basis. Drugs are stored on wooden shelves and in boxes under hot and humid conditions.

When there is need for drugs and supplies replenishment, the dispensary manager radios for re-supplying from Ulithi Health Center on Falalop Atoll or Yap State Hospital.
**Communications**

Radio communication, using the municipal radio is the only means for communicating with area supervisor and the state hospital on the main island on the dispensary’s services and needs.

**Skills and Training**

The dispensary manager is a high school graduate trained as a health assistant and who has received additional training in ARI and Cold Chain for Immunization and Infectious diseases, NCDs, MCH/FP and STI prevention and control.

**Strengths**

- Accessible for the Atoll population
  - Being the only health facility on the atoll, everybody comes to the aid post/dispensary for medications
  - Hours of Operation is on a 24/7 basis.
- Close to community center and Regional Health Center on Falalop, Ulithi
- Community Support
  - The land on which the dispensary is located belongs to Fadaraii Municipal Government Land donated to Yap State Government for dispensary services.
  - Medical evacuation on plane is available within 48 hours.

**Weaknesses**

- Fadaraii Dispensary has no running water or water catchment
- It has no toilet or sink
- The structure is too small to provide direct services
- Being built with corrugated iron, the facility is hot and humid.

Health risk factors on Fadaraii relate to environmental, substance abuse and nutritional conditions. Diabetes, hypertension and other cardio-vascular diseases are noted among the population. Communicable diseases are also prevalent on this tiny atoll.

<table>
<thead>
<tr>
<th>Name of Dispensary: Fais Dispensary</th>
<th>Island: Fais</th>
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Fais Dispensary is located on Fais Island of the Ulithi Group of Outer-Islands of Yap State. This tiny atoll is about 150 nautical miles from the nearest secondary health care facility or the state center of Yap Main Island where the hospital is located. It is the only health facility
on the atoll. A good size building of about 20’ x 30’ is constructed with concrete foundation, walls and partitions with a tin roof. Health care providers also perform homebound or outreach services. Its condition is fair. However, it needs some renovation as it was damaged by the Super Typhoon Sudal in 2004. There are enough rooms and space to provide direct services. One room is used as both in-patient ward and storage, while the other room is for outpatient care, consultation and examination (direct patient services). There are two health care providers assigned to Fais Dispensary for the provision basic medical and public health services to an estimated population of 215 (FSM 2000 Census) people. It is estimated that the present population is approximately 300 (2005) people. The average patients seen per day at Fais Dispensary is 3 with estimated average monthly encounters of sixty (60).

Fais is one of the outer islands in Yap State that has an airstrip.

**Staffing**

Fais Dispensary is staffed by two (2) health care providers. They are full time employees under the Yap State Government Public Service System.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB Employ</th>
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**Operational Funding**

Funding to provide direct services for Fais Dispensary comes from Yap State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, however, the Municipal Government of Eauripik Island provides financial support to the dispensary by using its CIP funds for structural improvements. Eauripik Facility is located on community land (municipal government land) donated to the state government for dispensary purposes.
**Condition of Facility**

Fais Dispensary is a concrete building of about 20’ x 30’ with a tin roof. It has concrete foundations and walls. Its present status is fair. It has screened and louvered windows but some are broken and the security wires are rusted. Its ceiling is damaged and is close to falling down in some areas. There is no running water for the toilet and sink due to a broken pressure pump. The building has four main rooms. There is no running water or electricity in the building. Access to the island is by ships, boats and now a small planes operated by PMA at scheduled times. The dispensary’s needs are made known through radio communications with state center.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

A manual recording system exists in Fais Dispensary. This system uses daily work sheets to record patient information (i.e., full name, age sex, complaints, diagnosis, and treatment either on first visit or revisit and other comments). Information gathered through daily encounters is kept and reported at the end of the month (monthly reports). Other types of information gathered are births, morbidities and mortalities. The health assistant reports information to the Dispensary Supervisor at the State Department of Health Services, then to the State director of health services and onto medical record unit for data input and storage.

**Equipment**

There is no major medical equipment in Fais Dispensary. The only equipment is a blood pressure cuff and a stethoscope. There is no radio in the dispensary. The only radio available on the island is the Fais Municipal Government Radio.
Drugs and Supplies

Few drugs and a limited amount of supplies are available on Eauripik. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is on wooden shelves and boxes under hot and humid conditions. Neither an air conditioner nor freezer or refrigerator is available.

Most drugs have a shelf-life of two years. There is evidence of drugs inventories performed weekly, monthly and on semi-annual basis. When there is a need for drugs and supplies the dispensary manager radios in for re-supplying.

Communications

There is no radio for communication at Fais Dispensary. However, there is an island-wide radio (SSB Radio) which belongs to Fais Community (municipal government). The radio is about 500 meters from the dispensary site.

Skills and Training

The dispensary manager is a high school graduate trained as a health assistant. He has also received training in ARI and Cold Chain for Immunization and Infectious diseases, NCDs, MCH/FP and STI prevention and control.

Strengths

- Accessible for the Atoll population
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
- Community Support
  The land on which the dispensary is located belongs to Fais Municipal Government
  Land donated to Yap State Government for dispensary services.
- Access to an airstrip.

Weaknesses

- Fais Dispensary has no running water due to a broken pressure pump
- There is no radio at the dispensary

Health risk factors on Fais relate to environmental, substance abuse and nutritional conditions. Diabetes, hypertension and other cardio-vascular diseases are noted among the population. Communicable diseases are also prevalent on this tiny atoll.
**Name of Dispensary:** Asor Dispensary  
**Island:** Asor Atoll

Asor Dispensary is located on Asor Atoll of the Ulithi Group of Outer-Islands of Yap State. This tiny atoll is about 115 nautical miles from the nearest secondary health care facility on Yap Main Island, where the hospital is located. It is the only health facility on the atoll. The dispensary measures about 28’ x 40’ and is situated on municipal government land donated to state government for dispensary services. Its Condition are fair. However, it needs some renovation. The facility has adequate space for direct patient care and storing of supplies. One room is used as both in-patient ward and storage, while the other two rooms are for outpatient care, consultation and examination (direct patient services). There is only one health care provider assigned to Asor Dispensary for the provisions of basic medical and public health services to an estimated population of 58 (FSM 2000 Census) people. It is estimated that the population on Eauripik has increased to approximately 100 people in recent years. The average patients seen per day at Asor is 2 with estimated average monthly encounters of twenty (20).

### Staffing

Asor Dispensary is staffed by one (1) health care provider who is a full time employee under the Yap State Government Public Service System.
## Operational Funding

Funding to provide direct services for Asor Dispensary comes from Yap State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, the Municipal Government of Asor Island provides financial support to the dispensary by using its CIP funds for structural improvements. Asor Facility is located on community land (municipal government land) donated to the state government for dispensary purposes.

### Condition of Facility

![Condition of Facility Image](image)

Asor Dispensary is a concrete building of about 28’ x 40’ in size. It has concrete foundations and walls. Its present status is fair. It has screened and louvered windows but some are broken and the security wires are rusted. The structure has begun to deteriorate in some areas especially the concrete ceiling. There is no running water, toilet and sink in the dispensary. There are no fittings or furniture except for a wooden bed. The building has an in patient room, storage room, outpatient room, a medication room and a restroom. With no running water, the restroom has been turned into a storage room. Access to the island is only by ships or boats at scheduled times. The dispensary’s needs are made known through radio communication with state center.

### Services (Types and Scope of Services Offered)

- See standard list

### Patients’ Recording System

A manual recording system is used in Asor Dispensary. Patients’ charts are assigned household numbers and names. This system also uses daily work sheets to record patient information (i.e., full name, age sex, complaints, diagnosis, treatment either on first visit or
revisit and other comments). Information gathered through daily encounters is kept and reported at the end of the month (monthly reports). Other information gathered is births, morbidities and mortalities. The dispensary manager reports information to the area supervisor, then to the state director of health services and on to medical record unit for data input, storage and reporting.

**Equipment**

Freezer Not working  Communication Equipment  Cabinet

There is no major medical equipment in Asor Dispensary. In addition to the blood pressure cuffs and stethoscope, there is only an freezer which is not working and a radio.

**Drugs and Supplies**

Available but limited in stock, Asor Dispensary has in date drugs and supplies. Drugs consist of the followings:

- Analgesics,
- Scabicides or Pediculids,
- Anti-hypertensive,
• Antibiotics,
• Bronchodilator,
• Laxatives,
• Vitamins,
• IV solution,
• IV tubing, and
• Sutures.

Most drugs have a shelf life of two years, indicating some evidence that drugs are being inventoried on weekly, monthly and semi-annually basis. Storage of drugs is on wooden shelved cabinets, cupboards and in boxes under hot and humid conditions. Neither an air conditioner nor freezer or refrigerators is available.

When there is need for drugs and supplies replenishment, the dispensary manager radios for re-supplying.

**Communications**

There is an SSB Radio for communication services at Asor Dispensary.

**Skills and Training**

The dispensary manager is a high school graduate trained as a health assistant. Besides health assistant training, the health care provider has also been trained in ARI and Cold Chain for Immunization and Infectious diseases, NCDs, MCH/FP and STI prevention and control.

**Strengths**

• Accessible for the Atoll population
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
• Community Support
  The land on which the dispensary is located belongs to Asor Municipal Government Land donated to Yap State Government for dispensary services.
• Access to cell-phones
• Access to air transportation on nearby Falalop Atoll.
**Weaknesses**

- Asor Dispensary has no running water or water catchment
- It has no lighting, toilet or sink

Health risk factors on Asor relate to environmental, substance abuse and nutritional conditions. Diabetes, hypertension and other cardio-vascular diseases are noted among the population. Communicable diseases are also prevalent on this tiny atoll.

### Name of Dispensary: Piig Dispensary

Located about 420 nautical miles from the nearest secondary care facility is Piig Dispensary on Piig Atoll. It is the only health care facility that provides basic primary health care services to an estimated population of 80 people (FSM 2000 Census). The size of the building is about 22’ x 30’ constructed in concrete and wood with a tin roof. The building has an outpatient area, patients’ room, and a storage room for medicines and supplies. The average patient seen per day is 1 and for a month is approximately 40.

### Staffing

Piig Dispensary is staffed by one health care provider classified as a dispensary manager and responsible for facility management and the provision of patient direct services. Piig Dispensary or Atoll is close to Fachailap Atoll and the two dispensary managers cooperate in the provision of services. The dispensary manager in Piig is a high school graduate trained as a health assistant. This person is under the public service system of Yap State Government as a full time employee.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB Year</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Arthur Yolwa</td>
<td>Area Supervisor</td>
<td></td>
<td></td>
<td>College</td>
<td></td>
<td></td>
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<tr>
<td>Sabino Hasugulbe</td>
<td>Dispensary Manager</td>
<td></td>
<td></td>
<td>High School</td>
<td>1</td>
<td>40</td>
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</tr>
</tbody>
</table>
**Condition of Facility**

The condition of the facility is good. The dispensary facility and premises are clean. Maintenance, however, is required as there are areas in and around the building that need attention. There is adequate space for patient direct services and care. The outpatient area is also adequate. Piig Dispensary has a water catchment that collects rain water for its operations. This provision is currently adequate but a toilet and sinks are under construction and a better source of water will be required.

**Operational Funding**

The operational budget for Piig Dispensary comes from the Department of Health Services Budget, Yap State Government. In addition, from time to time, the local government (municipal) provide both in-kind and financial assistance to support its operation.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

Piig’s recording system uses daily work sheets for daily encounters and reports findings, diagnosis and treatments of patients. This information is transmitted at the end of the month to the area supervisor and state director of health services for data input, storage and official reporting.

**Equipment**

Piig Dispensary has scales and cabinets. There is no major bio-medical equipment.
**Drugs and Supplies**

Drugs and supplies are stored on wooden shelved cabinets, boxes and on tables. The room temperature is hot and humid all year around. Most drugs are in date with a shelf-life of two years. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is fair.

Every week, drugs and supplies are inventoried. When there is a need for drugs and supplies, the dispensary manager contacts the area supervisor, the state center or neighboring islands for necessary supplies to be dispatched on the next available voyage. Yap State Department of Health Services has devised an Essential Drugs List for all dispensaries, including Piig. Based on this list, drugs and supplies are supplied and inventoried periodically. A field trip ship comes to Piig once a month, depending on availability of fuel and serviceability.

**Communications**

Communication is not available at Piig Dispensary. The dispensary has no SSB Radio. However, approximately 500 meters away in the school building there is one radio that everybody on the island has access to, including the dispensary manager. Daily, weekly and monthly reports are made using the school’s radio.

**Training and Skills**

The dispensary manager is a high school graduate trained as a health assistant under established standards by Yap State Department of Health Services. Health assistants (dispensary managers) went through a series of re-training courses in recent years in EPI and Immunization, ARI, MCH/Family Planning, STI prevention and control, NCDs prevention and education and basics for primary health care management and dispensary operation.

**Strengths**

- Accessible to the island community
- Hours of Operation Opens 24/7
- Community support
Weaknesses

- Hot and Humid
- No lighting/electricity
- No refrigerators
- No bio-medical equipment
- Termites started to work on woods of the building
- Referral of patients is very difficult due to lack of transportation

Health risk factors in Piig are nutritional and environmental related and substance abuse.
Located about 425 nautical miles from the nearest secondary health care facility is Woleai Health Center providing medical care and public health services to an estimated population of 494 (FSM 2000 Census) people on Falalop, Woleai.

All together, the health center is responsible for a total population of 1,649 (FSM 2000 Census). Including its own, the health center is also responsible for those dispensaries on Satawal, Lamotrek, Elato, Ifalik, Falalus, Wottegai, Seliap, Tagailap and Eauripik.

**Staffing**

Woleai Health Center is staffed by a physician, one dispensary manager and one health assistant who also serves as a mid-wife nurse. All of these personnel are under the public service system of Yap State Government and considered full-time-employees.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Tafleimai</td>
<td>Area Supervisor</td>
<td></td>
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<td>College</td>
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<tr>
<td>Sypriano Figirmal</td>
<td>Dispensary Manager</td>
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<td>High School</td>
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<tr>
<td>Rosalline Letawerpeiy</td>
<td>Health Assistant</td>
<td></td>
<td></td>
<td>High School</td>
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</table>

**Operational Funding**

Funds to support operation of Woleai Health Center come from the Annual Budget for the Department of Health Services, Yap State. Being the only health care center for the area
(outer-islands), financial and in-kind contributions are also made available through the Council of Tomol (Council of Outer-Island Chiefs).

**Condition of Facility**

Although there are some areas that are under construction as services are expanding, the current condition the dispensary is good. The facility is a large building of about 30’ x 48’ in measurement with an out-patient clinic, delivery room and convalescent ward, dental room, laboratory, storage room, x-ray room, radio room, doctor’s room, and rest rooms for males and females. Woleai Health Center has electricity and the building is air conditioned. There is running water. Its level of operation is considerably advanced from the dispensary level. As a result the health center provides laboratory and dental services including x-ray and delivery services. Those dispensaries under the supervision of the area supervisor or regional physician stationed at the center, refer their patients for further diagnosis, analysis and treatment. The facility is adequate for the services it provides.
Services (Types and Scope of services Offered)

Basic and Essential Services

1. Outpatient services
   - Disease screening
   - Management of chronic infectious and disease
   - Acute management and transfer to secondary care
   - Minor surgery
   - Antenatal and post-partum
   - Vaccination and immunization
   - Child health surveillance
   - Family planning
   - Health education and prevention
   - Nutrition support and education
   - Family health counseling

2. House calls

3. Dispense drugs

4. Enhanced Services and Procedures
   1. Dental Services
   2. Major surgery
   3. Training Courses for Health Assistants (Semi-annual)
**Patients’ Recording System**

A manual recording system exists in Falalop, Woleai Health Center. Patients’ charts are assigned with numbers, names and locales. This system also uses daily work sheets to record patient information (i.e., full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments). Information gathered through daily encounters are kept and reported at the end of the month (monthly reports). Other types of information gathered are births, morbidities and mortalities. These regional data are kept in filing cabinets. At the end of the month, the area supervisor compiles and reports information to the state director of health services and to medical record unit for data input, storage and reporting. The recording system is adequate.

**Equipment**

Being a regional health center, Woleai Facility is better equipped and staffed than the rest of the dispensaries in the Woleaien Islands Group. It has laboratory and dental equipment, examination and delivery equipment, in addition to equipment carried by its smaller dispensaries (i.e., stethoscopes, blood pressure cuffs, scales, IV stands, etc.). The furniture and fittings are adequate although beds and mattresses are required.

**Drugs and Supplies**

The health center is well stocked with in date drugs and enough supplies for its own use and to support those dispensaries under its supervision. In some very rare cases this centre supplies dispensaries in the western islands group of Chuuk State (Houk, Polowat, Tamatam and Pullap).

Drugs are stored in both enclosed class cabinets and wooden cabinets, and cupboards. Supplies are stored in boxes and crates in the storage room. They are kept in air conditioned rooms. Drugs consist of:

- Analgesics,
- Scabicides or Pediculids,
- Anti-hypertensive,
- Antibiotics,
• Bronchodilator,
• Laxatives,
• Vitamins,
• IV solution,
• IV tubing, and
• Sutures.

Communications

Woleai Health Center has a Single Side Band Radio for communication services. The SSB Radio is in the physician’s room (area supervisor’s) at the health center. It is owned by Woleai Health Center and is also available for community use.

Skills and Training

With the exception of the physician on Falalop, Woleai Health Center, all health care providers are trained as health assistants and classified as dispensary managers. They have received training in ARI, EPI and Immunization Cold Chain, FP/MCH, STI and other communicable diseases prevention and control, First Aid, NCDs prevention and management. The recent semi-annual training for health assistants and dispensary managers was conducted at the health center (March 2005) during the assessment. All outer-island dispensaries were represented.

Strengths of Falalop, Woleai Health Center

• Accessible to the community and nearby four islands within Woleai Reef (Falalus, Wottegai, Seliap, Tagailap).
• Has the Regional Physician stationed at the Center.
• Has access to air transportation. Easy access to medical evacuation on a small Cessna plane.
• Hours of Operation and On Call are twenty-four hours 7 days a week.
Weaknesses

- Some of the weaknesses found with Falalop, Woleai Health Center are;
- Bio-medical equipment for major operations still needed
- Need for more trained staff.
- Laboratory and Dental services need improvement or to be upgraded
- Lack of a timely response to area dispensaries’ needs
- Lack of transportation, other than traditional sailing.

Health risk factors on Falalop, Woleai are, nutrition and environment and substance abuse.

<table>
<thead>
<tr>
<th>Name of Dispensary: Ifalik Dispensary</th>
<th>Ifalik Atoll</th>
</tr>
</thead>
</table>

Located about 460 nautical miles from the nearest secondary health care facility is Ifalik Dispensary on Ifalik Atoll, of Yap’s Outer-Islands. In addition to Ifalik Dispensary, there is an Aid Post. Both of these facilities provide basic primary health care services to an estimated population of 561 (FSM 200 Census). The dispensary is a building entirely made of concrete with an estimated measurement of 24’ x 30’. It has a dental room, an outpatient area, treatment room, storage room, communication booth, in-patient room, and is equipped with a shower and restrooms.

Staffing

Ifalik Dispensary and Aid Post are staffed by one Medex, one health assistant and one dentist. The Medex and the health assistant are classified as dispensary managers. All staff are employed under the public service system of Yap State government and considered as full-time-employees.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Vincent Tafleimai</td>
<td>Area Supervisor</td>
<td>College</td>
<td></td>
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<td></td>
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<tr>
<td>Peter Malmai</td>
<td>Dispensary Manager</td>
<td>College</td>
<td></td>
<td></td>
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<tr>
<td>Charm Hasugulit</td>
<td>Dispensary Manager</td>
<td>High School</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Joseph Urduog</td>
<td>Dental Nurse</td>
<td>College</td>
<td></td>
<td></td>
<td>2</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>
**Condition of Facility & Aid Post**

The condition of the facility is fair. The concrete building is about 24’ by 30’ and needs some repair or renovation as the concrete ceiling has begun to chip exposing the reinforcement bars. Paint is peeling, security wires are rusted and torn and the toilet and sinks need to be repaired. The Aid Post is in fair condition. However, it needs renovation.

**Operational Funding**

Funding to support Ifalik Dispensary operations comes from the Department of Health Services’ Budget of Yap State Government. Additional support and in-kind contributions come from the municipal government through Yap’s Outer-Island Council of Tomol. There are no other sources of funding.

**Services (Types and Scope of Services Offered)**

See standard list plus Vaccination and immunization and Dental services

**Patient Recording System**

Both the dispensary and the aid post on Ifalik use daily work sheets for recording patients’ data and other medical conditions. These reports are filed weekly and monthly for planning purposes. For monthly reporting, the dispensary managers compile end of month data and relay this information to the area supervisor, then to the state hospital for data input and analysis. Weekly reports are sent by radio at the end of each week.
**Equipment**

Ifalik Dispensary has scales, a freezer (out of service), dental equipment, stethoscopes, and blood pressure cuffs. There is no major bio-medical equipment. The Aid post has no equipment.

**Drugs and Supplies**

Drugs and supplies are stored on wooden shelved cabinets, boxes and on tables. The room temperature is hot and humid all year around. However, most drugs are in date with a shelf-life of two years. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is fair.

Drugs and supplies are inventoried weekly, monthly and bi-annually. When there is need for drugs and supplies, dispensary managers contact the area supervisor, the state center or neighboring islands for necessary supplies to be dispatched on the next available voyage. Yap State Department of Health Services has devised an Essential Drugs List for all dispensaries, including Ifalik. Based on this list, drugs are supplied and inventoried periodically. A Field trip ship comes to Ifalik once a month, depending on availability of fuel and serviceability.
Communications

Falik Dispensary housed a SSB Radio. However, at the time of assessment, the radio was out of service. The nearest working radio is located about 300 meters away at the school compound. The dispensary managers send reports and requests using the school radio.

Training and Skills

Medex Malmai had some advanced training in medicine and Dispensary Manager Hasugulit is trained as a health assistant. The dental nurse is a graduate nurse. In addition to the individual’s specialty, all were trained and re-trained in primary health care services and other areas such as, EPI and Immunization, specific to cold chain, ARI (acute respiratory infection), STI (sexually transmitted infections), FP, NCDs and management, including prevention and education on other non-communicable and communicable diseases.

Strengths of the Dispensary

- Accessible to the community
- Community Support
- Operational Hours 24/7

Weaknesses of Ifalik Dispensary

- Hot and Humid
- No lighting
- No running water for its toilet (Broken pipes)
- Needs cleaning and rearranging
- No radio

The health risk factors that contribute to ill-health conditions in Ifalik’s population relate to nutrition, environment and substance abuse.

<table>
<thead>
<tr>
<th>Name of Dispensary: Falalus Dispensary</th>
<th>Island: Falalus</th>
</tr>
</thead>
</table>
Located 420 nautical miles from the nearest secondary care facility (Yap Hospital) and about forty-five minutes to an hour’s boat ride to Woleai Community Health Center is Falalus Dispensary located on Falalus island. It is the only health care facility on Falalus serving a total population of 146 (FSM 2000 Census). The facility is a pre-fabricated building measured about 24’ x 40’ without the extension. It is situated on community land that has been donated to the state government for dispensary services. Its condition is poor, especially inside the building and the roof. Although it has a sink and a toilet there is no running water. Currently the room for the toilet with sink is used as a storage room. All primary health care services provided on Fallalus are under Dr. Vincent Tafleimai’s supervision, based at Woleai Health Center.

**Staffing**

Falalus Dispensary is staffed by one health care provider who is also the dispensary manager. He is a full-time-employee under the public service system of Yap State Government.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Vincent Tafleimai</td>
<td>Area Supervisor</td>
<td></td>
<td></td>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joseph Yaleyalwel</td>
<td>Dispensary Manager</td>
<td></td>
<td></td>
<td>High School</td>
<td>5,081</td>
<td>3</td>
<td>60</td>
</tr>
</tbody>
</table>

**Operational Funding:**

Funding to support the operation of direct services for Falalus Dispensary comes from Yap State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, the Municipal Government of Falalus island provides financial support to the dispensary by using its CIP funds for structural improvements. Falalus Facility is located on municipal government land and the local government is committed to supporting the dispensary services.
**Condition of Facility**

Falalus Dispensary is a pre-fabricated building of about 24’ x 40’ in size, built with concrete foundation, pre-fabricated walls and a tin roof. Its present condition is poor. Although, the building was not designed to have electricity, efforts have been made to provide solar power into the building. The purpose of the solar power is to run a freezer for vaccines and the SSB Radio. Access to the island for the purpose of replenishments is only by field trip ships from the state center and boats from Woleai Health Center on Falalop. Falalus Dispensary’s needs are made known through radio communications with area supervisor on Falalop Woleai and the hospital at the state center.

**Services (Types and Scope of Services Offered)**

See standard list plus Vaccination and Immunization

**Patient Recording System**

There is no filing of patient records, as there is no filing cabinet to store such files. However, there are daily work sheets that record patient full name, age, sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. This information is kept and reported at the end of the month (monthly reports). The health assistant reports information to the dispensary supervisor at the state department of health services for further data input, storage and reporting at medical record unit.

**Equipment**

There is no major bio-medical equipment at Falalus Dispensary. There is a freezer (no longer working) two beds, blood pressure cuffs and a stethoscope. Maintenance is the responsibility of the health assistant. No maintenance schedule is followed.
Drugs and Supplies

Drugs and supplies are stored on wooden shelves and in boxes. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures.

Some drugs are already expired and many have a shelf life of less than one year. There is evidence that drug inventories are being conducted daily, weekly and monthly. When there is need for resupply of drugs and supplies the health assistant radios the Woleai Health Center.

Communications

There is a radio in Falalus Dispensary. When the radio battery is low, the health assistant uses the community radio.

Skills and Training

The dispensary manager is a high school graduate and trained as a health assistant. The health assistant has also received training in ARI and Cold Chain for Immunization and Infectious diseases.
**Strengths**
- Accessible for the island population
- Community Support
  The land on which the dispensary is located is municipal government land donated to state government for dispensary services. Maintenance of the facility is supported by the community.

**Weaknesses**
- No running water
- No lighting
- No toilet or sink
- No spare battery for radio
- Drugs and supplies are not properly stored
- Patients’ files are not kept in filing cabinets

Health risk factors noted on Falalus are nutritional and environmental health conditions, including substance abuse.

<table>
<thead>
<tr>
<th>Name of Dispensary: Wottegai Dispensary</th>
<th>Island: Wottegai Atoll</th>
</tr>
</thead>
</table>

Located within the vicinity of the Woleai Islands Group and about 422 nautical miles from the nearest secondary care facility (Yap Hospital) is Woteggai Dispensary located on Wottegai Atoll. It is approximately a forty-five minute boat ride to Woleai Community Health Center. It is the only health care facility on Wottegai serving a total population of 122 people (FSM 2000 Census). The facility is a concrete building with tin roof and measures approximately 22’ x 30’. It is situated on community land that has been donated to the state government for dispensary services. Its condition is poor, especially inside the building and the roof. There is no lighting or toilet facility in the building. However, there is a toilet facility adjacent to the building. All primary health care services provided on Wottegai are under Dr. Vincent Tafleimai’s supervision, based at Woleai Health Center.
Staffing

Wottegai Dispensary is staffed by one health care provider who is the dispensary manager. This person is a full-time-employee under the public service system of Yap State Government.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Vincent Tafleimai</td>
<td>Area Supervisor</td>
<td></td>
<td></td>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mike Tawerluo</td>
<td>Dispensary Manager</td>
<td></td>
<td></td>
<td>High School</td>
<td>2</td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

Operational Funding

Funding to provide direct services for Wottegai Dispensary comes from Yap State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, however, the Municipal Government of Wotteggai Atoll also provides financial support to its operation through CIP funds for structural improvements. Wottegai Facility is located on municipal government land indicating local government commitment to support dispensary services.

Condition of Facility

Wottegai Dispensary is a partially concrete and wood building of about 22’ x 30’ in size, with a tin roof. Its present condition is poor. Screens and louvers are broken and torn. The internal structure needs to be rearranged. The building has no electricity or running water.
With high humidity, the room temperature is hot. The municipal government and the health assistant are responsible for maintenance. The building is not kept clean. There is no radio at the dispensary, but is located at the dispensary manager’s house. Access for the purpose of drugs replenishments is only by field trip ships from the state center and boats from Woleai Health Center on Falalop. Wottegai Dispensary’s needs are made known through radio communications with the area supervisor on Falalop Woleai, and the state hospital on the main island of Yap.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

There is no filing of patient records, as there is no filing cabinet to store such files. However, there are daily work sheets that record patient full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. This information is kept and reported at the end of the month (monthly reports). The health assistant reports information to the dispensary supervisor at the state department of health services for further data input, storage and reporting at medical record unit.

**Equipment**

There is no major bio-medical equipment at Fallalus Dispensary. There is a freezer (no longer working) two beds, two scales, a Blood Pressure Cuff and a stethoscope.

**Drugs and Supplies**
Drugs and supplies are stored on wooden shelves and in boxes. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is on wooden shelves and boxes under hot and humid conditions. Neither air condition nor freezer or refrigerators are available or working.

Some drugs are expired and many have a shelf life of less than one year. There is evidence that drugs’ inventories are being conducted daily, weekly and monthly. When there is need for drugs and supplies the health assistant radios for re-supply from the Woleai Health Center.

**Communications**

Men’s House where the radio is located.

There is no communication system at Wottegai Dispensary but the radio is at the dispensary manager’s house. The community radio is available for use.

**Skills and Training**

The dispensary manager is a high school graduate and trained as a health assistant. In addition the health assistant has been trained in ARI and Cold Chain for Immunization and Infectious diseases.

**Strengths**

- Accessible for the Atoll population
  - Being the only health facility on the atoll, everybody comes to the dispensary for medications. Hours of operation are 24/7.
- Community Support
  - The land on which the dispensary is located is municipal government land donated to state government for dispensary services. Maintenance of the facility is supported by the community.

**Weaknesses**

- No running water
- No lighting
- No toilet or sink
- No spare battery for radio
- Drugs and supplies are not properly stored
- Patients’ files are not kept in filing cabinets

Health risk factors noted on Wottegai are nutritional and environmental health conditions, including substance abuse.
Located within the vicinity of the Woleai Islands Group and about 422 nautical miles from the nearest secondary care facility (Yap Hospital) is Seliap Dispensary located on Seliap Island. It is a forty-five minute boat ride to Woleai Community Health Center. It is the only health care facility on Seliap Atoll serving a total population of 94 people (FSM 2000 Census). The facility is a concrete building with tin roof and measures approximately 24’ x 40’, excluding the extension. It is situated on community land (municipal land) that has been donated to the state government for dispensary services. Its condition is poor especially the roof. There is no lighting and toilet facility and it has no running water. However, there is a water-catchment adjacent to the building. All primary health care services provided on Wottegai are under Dr. Vincent Tafleimai’s supervision, based at Woleai Health Center.

**Staffing**

Seliap Dispensary is staffed by one health care provider who is trained as a health assistant and classified as dispensary manager. This person is a full-time-employee under the public service system of Yap State Government.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Vincent Tafleimai</td>
<td>Area Supervisor</td>
<td></td>
<td></td>
<td>College</td>
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<tr>
<td>Hiptus Manglig</td>
<td>Dispensary Manager</td>
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<td></td>
<td>High School</td>
<td>3-4</td>
<td>40</td>
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</tr>
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</table>

**Operational Funding**

Funding to provide direct services for Seliap Dispensary comes from Yap State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, however, the Municipal Government of Seliap Island also provides financial support to its operation through CIP funds for structural improvements. Seliap Facility is located on municipal government land indicating local government commitment to support dispensary services.
**Condition of Facility**

Seliap Dispensary is a pre-fabricated building of about 24’ x 40’ in size, with a tin roof. Its present condition is poor. Screens and louvers are broken and torn. Internally it needs major renovations. Even though a water catchment is adjacent the building, there is no running water inside and no electricity. With high humidity, the room temperature is hot. Maintenance is the combined responsibility of the health assistant and the municipal government. Cleanliness of the inside of the building needs improvement. There is no radio. Access to the island for the purpose of drugs replenishments is only by field trip ships from the state center and boats from Woleai Health Center on Falalop. Seliap Dispensary’s needs are made known through radio communications, using the community radio, with the area supervisor on Falalop Woleai, and the state hospital on main island of Yap.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

Recording of patients’ information is done manually. The records are kept in folders. There are daily work sheets that record patient full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. This information is kept and reported at the end of the month (monthly reports). In addition to the daily work sheet is the monthly
morbidity and mortality reporting form. The dispensary manager reports this information to the dispensary supervisor at the state department of health services for further data input, storage and reporting at medical record unit.

**Equipment**

There is no major bio-medical equipment at Seliap Dispensary. There is a freezer (no longer working) two beds, scales, a blood pressure cuff and stethoscope and an unserviceable typewriter. No maintenance schedule is followed.

**Drugs and Supplies**

Drugs and supplies are stored on wooden shelves and in boxes under hot and humid conditions. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Neither air condition nor freezer or refrigerators are available or working.

Some drugs are already expired and many have a shelf life of less than one year. There is evidence that drugs’ inventories are being conducted daily, weekly and monthly. When there
is a need for drugs and supplies the dispensary manager radios for re-supply from the Woleai Health Center.

**Communications**

There is no communication system at Seliap Dispensary. The nearest communication system to the dispensary is about 300 meters away at the municipal community building. At present, the dispensary health care provider uses the community radio for reporting and requesting supplies.

**Skills and Training**

The dispensary manager is a high school graduate and trained as a health assistant. The health assistant has also received in ARI and Cold Chain for Immunization and Infectious diseases, dispensary management, STI prevention and control, including MCH, FP and NCDs prevention and case management.

**Strengths**

- Accessible for the island population
  Hours of operation are 24/7.
- Community Support
  The land on which the dispensary is located is municipal government land donated to state government for dispensary services. Maintenance of the facility is supported by the community.

**Weaknesses**

- No running water
- No lighting
- No radio
- Drugs and supplies are not properly stored
- Patients’ files are not kept in filing cabinets

Health risk factors noted on Seliap are nutritional and environmental health conditions, including substance abuse.
Located 420 miles from the nearest secondary care and about twenty-five to thirty minutes boat ride to Woleai Community Health Center is Tagailap Dispensary on Tagailap Island. It is the only dispensary on Tagailap serving a total population of 119 people (FSM 2000 Census). The facility is constructed with a concrete floor and outside walls, plywood for partitions or inner room walls and a tin roof. It measure approximately 20’ x 30’ without the two extensions on both sides. The extensions are approximately 10’ x 30’ each. It is situated on community land (municipal government) that was donated to the state government for dispensary services. Its present condition is fair. The facility has no running water and that is one reason it has neither toilet facility nor an in house sink. The space allocated for providing direct services is adequate.

**Staffing**

Tagailap Dispensary is staffed by one health assistant who is also the dispensary manager. This person is a full-time-employee under the public service system of Yap State Government. The Area Supervisor is Dr. Vincent Tafleimai, based at Woleai Health Center.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Vincent Tafleimai</td>
<td>Area Supervisor</td>
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</tr>
<tr>
<td>Josephine Lamanglur</td>
<td>Dispensary Manager</td>
<td></td>
<td></td>
<td>High School</td>
<td>2</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

**Operational Funding**

Funding to provide direct services for Tagailap Dispensary comes from Yap State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition the Municipal Government of Tagailap Atoll provides financial support to the dispensary by using its CIP funds for structural improvements. Tagailap Facility is located on municipal government land and the local government is committed to supporting the dispensary services.
Condition of Facility

Tagailap Dispensary is constructed with concrete, wood and tin roofs. Excluding its two extensions, it spans about 20’ x 30’ in size and is located on municipal government land designated for dispensary services. Its present condition is fair. Although, the building was not designed to have electricity, efforts have been made to provide solar power to the building. The purpose of the solar power is to provide power for running the freezer for vaccines and the SSB Radio. Both the solar panels and radio antenna were destroyed during Super Typhoon Sudal in 2004 and have not been repaired or replaced. Access to the island for the purpose of replenishments is only by field trip ships from the state center and boats from Woleai Health Center on Falalop. Fallalus Dispensary’s needs are made known through radio communications with the area supervisor on Falalop Woleai, hospital at the state center.

Services  (Types and Scope of Services Offered)
  See standard list

Patients’ Recording System

There is no filing of patient records, as there is no filing cabinet to store such files. However, there are daily work sheets of which recording patient full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. This information is kept and reported at the end of the month (monthly reports). The health assistant reports information to the dispensary supervisor at the state department of health services for further data input, storage and reporting at medical record unit.

Equipment

There is no major bio-medical equipment found at Tagailap Dispensary. There is a freezer (no longer working) 1 bed, and two scales, a blood pressure cuff and stethoscope.
Drugs and Supplies

Drugs and supplies are stored on wooden shelves and in boxes. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Neither an air conditioner or freezer or refrigerator are available.

Most drugs have a shelf life of two years. There is evidence that drugs’ inventories are being conducted daily, weekly and monthly. When there is need for drugs and supplies, the health assistant radios for re-supply from the Woleai Health Center.

Communications

There is a radio at Tagailap Dispensary, but it is not working. The solar panels along with the radio antenna were destroyed when Super Typhoon Sudal hit the island in 2004. The dispensary health care provider uses the community radio for reporting, requesting replenishments and filing emergency requests.

Training and Skills

The dispensary manager is a high school graduate and trained as a health assistant. He has also received training in ARI and Cold Chain for Immunization and Infectious diseases.
Strengths

- Accessible for the Atoll population
- Hours of operation are twenty-four hours 7 days a week.
- A Community Health Center is within reach of residents (25 to 30 minutes boat ride)
- Community Support
  The land on which the dispensary is located is municipal government land, donated to the state government for dispensary services. Maintenance of the facility is supported by the community.

Weaknesses

- No running water
- No lighting
- No toilet or sink
- No antenna for radio
- Drugs and supplies are not properly stored
- Patients’ files are not kept in filing cabinets

Health risk factors among Tagailap’s population are nutritional and environmental ill-health conditions including substance abuse.

**Name of Dispensary: Eauripik Dispensary**  
**Island: Eauripik Atoll**

Eauripik Dispensary is located on Eauripik Atoll with the Woleai Group of Outer-Islands of Yap State. This tiny atoll is about 426 nautical miles from the nearest secondary health care facility or the state center of Yap Main Island, where the hospital is located. It is the only health facility on the atoll. The dispensary measures approximately 20’ x 30’ and is situated on government land that has been designated for the provision of dispensary services. Its condition is fair. However, it needs some renovation. The dispensary room is further split into three rooms. One room is used as both an in-patient ward and storage, while the other two rooms are used for outpatient care, consultation and examination (direct patient services). There is only one health care provider assigned to Eauripik Dispensary for the provision basic medical and public health services to an estimated population of 113 (FSM 2000 Census) people on the atoll. However, it is estimated that the population on Eauripik has increased to 200 people in recent years. The average patients seen per day at Eauripik is 3 with estimated average monthly encounters of sixty (60). Access to the island is only by ships or boats at scheduled times. The dispensary’s needs are made known through radio communications with the state center.
**Staffing**

Andrew Yapopiy, DM, Asor, covering for Aloysus Yagoperiog

During the assessment, Andrew of Asor Dispensary was covering for DM Aloysus Yagopeirog who was attending a retraining course at Woleai Health Center.

Eauripik Dispensary is staffed by a health assistant who is a full time employee under the Yap State Government Public Service System.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Vincent Tafleimai</td>
<td>Area Supervisor</td>
<td></td>
<td></td>
<td>College</td>
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<td></td>
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</tr>
<tr>
<td>Aloysus Yagopeirog</td>
<td>Dispensary Manager</td>
<td></td>
<td></td>
<td>High School</td>
<td>3</td>
<td>60</td>
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</tbody>
</table>

**Operational Funding**

Funding to support the operation of direct services for Eauripik Dispensary comes from Yap State Government, through the Department of Health Services, Division of Primary Health Care (Dispensary Program). In addition, the Municipal Government of Eauripik Island provides financial support to the dispensary by using its CIP funds for structural improvements. Eauripik Facility is located on community land (municipal government land) donated to the state government for dispensary purposes.

**Condition of Facility**
Eauripik Dispensary is a concrete building of about 20’ x 34’ with a tin roof. It has concrete foundations and walls. Its present status is fair. It has screened and louvered windows with some broken and the security wires are rusted. There is no running water, toilet or sink in the dispensary. The building has three rooms. There is no running water electricity in the building.

**Services  (Types and Scope of Services Offered)**

See standard list

**Patients’ Recording System**

A manual recording system exists in Eauripik Dispensary. Patients’ charts are assigned household numbers and names. This system also uses daily work sheets to record patient information (i.e., full name, age sex, complaints, diagnosis, and treatment either on first visit or revisit and other comments). Information gathered through daily encounters is kept and reported at the end of the month (monthly reports). Other information gathered is births, morbidities and mortalities. The dispensary manager reports information to the area supervisor, then to the state director of health services and on to medical record unit for data input, storage and reporting.

**Equipment**

There is no major medical equipment at Eauripik Dispensary. There are scales, blood pressure cuff and a stethoscope. There is no radio in the dispensary. The only radio available on the island is the Eauripik Municipal Government Radio.
Available but limited in stock, Eauripik Dispensary has in date drugs and supplies. Drugs consist of the followings:

- Analgesics
- Scabicides or Pediculids
- Anti-hypertensive
- Antibiotics
- Bronchodilator
- Laxatives
- Vitamins
- IV solution
- IV tubing
- Sutures

Most drugs have a shelf life of two years, indicating some evidence that drugs are being inventoried on weekly, monthly and semi-annually basis. Drugs are stored on wooden shelved cabinets and in boxes under hot and humid conditions. Neither an air conditioner or freezer or refrigerator is available. When there is need for drugs and supplies replenishment, the dispensary manager radios for re-supplying.

**Communications**

There is no radio for communication at Eauripik Dispensary. However, there is an island-wide radio (SSB Radio) belonging to Eauripik Community (municipal government) that is
used by the dispensary manager and other community leaders. The radio is about 150 meters from the dispensary site.

**Skills and Training**

The dispensary manager is a high school graduate trained as a health assistant. The health assistant has also received training in ARI and Cold Chain for Immunization and Infectious diseases, NCDs, MCH/FP and STI prevention and control.

**Strengths**

- Accessible for the Atoll population
  Being the only health facility on the atoll, everybody comes to the dispensary for medications.
- Community Support
  The land on which the dispensary is located belongs to Eauripik Municipal Government donated to Yap State Government for dispensary services.

**Weaknesses**

- No running water or water catchment
- No lighting
- No toilet or sink
- No radio

Health risk factors on Eauripik relate to environmental, substance abuse and nutritional conditions. Diabetes, hypertension and other cardio-vascular diseases are noted among the population. Communicable diseases are also prevalent on this tiny atoll.

<table>
<thead>
<tr>
<th>Name of Dispensary: Satawal Dispensary</th>
<th>Island: Satawal Atoll</th>
</tr>
</thead>
</table>

Located 620 nautical miles from the nearest secondary health care facility is Satawal Dispensary on Satawal Atoll. It is the only health care facility serving an estimated population of 700 people although, based on the FSM 2000 Census Satawal has a population of 532. Satawal Dispensary is under Dr. Arthur Yolwa’s supervision. It is within the Ulithi Group. The facility is a concrete building of about 28’ x 30’ in size located on private land donated to the government for dispensary services. The condition of the facility, especially internally, is poor, but usable. The working conditions in the facility are hot and humid. These conditions cause a rapid deterioration of drugs and medicines as there is no air conditioning. Although built with toilet and sink facilities, there is no running water. Water is drawn from a water catchment adjacent to the building. Pipes have not been connected to
the building and the rest room is used as a store-room. All fixed assets are either rusted or obsolete. Tables and desks are being eaten by termites. Despite these conditions it is essential to have a dispensary on this remote island.

**Staffing**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
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</thead>
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<tr>
<td>Calistus Saplealug</td>
<td>Dispensary Manager</td>
<td></td>
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<td>College</td>
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</tr>
<tr>
<td>Margie Seramanyoung</td>
<td>Dispensary Manager</td>
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<td></td>
<td>College</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>John Domo</td>
<td>Dentist</td>
<td></td>
<td></td>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thomas Reity</td>
<td>Radio Operator</td>
<td></td>
<td></td>
<td>High School</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
**Condition of Facility**

The general condition of the facility is fair. Specific areas are poor. The inside of the building needs to be cleaned and painted. Supplies and drugs also need to be re-arranged in an orderly fashion. The window screens, the cement ceiling and some doors have deteriorated badly. One window of the building has been vandalized. The facility was not designed to have electricity. The building is hot and humid.

**Operational Funding**

Operational funding to support dispensary services on Satawal Atoll comes from the Department of Health Services Budget of the Yap State Government. Addition support comes from Satawal Municipal Government. In-kind contribution from the community chief is evidenced through the allocation of the land for dispensary services and a volunteer worker as a radio operator.

**Services (Types and Scope of Services Offered)**

See standard list

**Patients’ Recording System**

Manual recording of patients’ data is the method used at Satawal Dispensary. Patients’ charts are numbered by their houses (household numbering). The dispensary manager uses daily work sheets to record patient’s full name, age sex, complaints, diagnosis, and treatment either on first visit or revisit and other comments. Such information is kept and reported at the end of the month (monthly reports). The health assistant reports information to the area supervisor, then to the state department of health services for data input and storage with the medical record unit for health planning purposes.
There is no major bio-medical equipment at Satawal Dispensary. Equipment available includes scales, BP cuffs, and stethoscope, thermometers, glucometers, fetalscope, an examination table in very poor condition and a bed. The freezer for vaccines is run by solar power but is no longer operational.

**Drugs and Supplies**

Drugs and supplies are stored on wooden shelves, tables and boxes. Most drugs are in date with a shelf-life of two years. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is fair.

Every week, drugs and supplies are inventoried. When there is a need for drugs and supplies the dispensary manager calls the state center, area supervisor or neighboring islands for
necessary supplies to be dispatched on the next available voyage. The Yap State Department of Health Services has devised an Essential Drugs List for all dispensaries, including Satawal. Based on this list, drugs and supplies are supplied periodically. A field trip ship comes to Satawal once a month, depending on fuel availability and serviceability.

**Communications**

A Single Side Band (SSB) radio is located in Satawal Dispensary for community use. It runs on cell batteries charged from solar panels. Although, there is a radio operator, all dispensary managers and dentist can also use the radio. About 200 meters away, the school on the island has computers that access wave mail. These computers are run also by solar power/panels. SSB Radio is used for daily and weekly reporting on encounters, and monthly reporting of dispensary services and needs. It is difficult to liaise with other sites on SSB Radio when it rains or cloudy. Maintenance of communication equipment is the responsibility of the radio operator.

**Training and Skills**

The dispensary managers are a graduate nurse and a trained practical nurse. Both are trained as health assistants under standards established by Yap State Department of Health Services. The dental nurse has a college education from Palau Community College. The Health assistants (dispensary managers) undertook a series of re-training courses in recent years in EPI and Immunization, ARI, MCH/Family Planning, STI prevention and control, NCDs prevention and education and the basics of primary health care management and dispensary operation.

**Strengths of Satawal Dispensary**

- Accessible to the island community
- Community Support
- Operational Hours (24 hours/7 days a week)

**Weaknesses of Satawal Dispensary**

- Hot and humid
- No running water
- No lighting
- No on-site physician.
- Patient referral takes more than one week

Health risk factors are sanitation/environmental, nutritional ill-heath conditions and including substance abuse.
Located about 590 nautical miles from the state center, is Lamotrek Dispensary on Lamotrek Atoll. It is the only health care facility serving about 339 (FSM 2000 Census) inhabitants on the atoll. The current population, however, is estimated at approximately 500 people. The facility is 30’ x 60’ in size and is a concrete building situated on municipal government land. The dispensary is large. It has a porch, an extension, two in-patient rooms, dental room which is also the radio room, store room, restroom with sink, toilet and shower and an outpatient area. It needs cleaning and renovation in most areas. Because of its remoteness, the hours of operation are 24/7 (24 hours a day 7 days a week).

**Staffing**

| Joseph Yetigmal | Manuel Eloimai | Missing, Esther Letalimpeiy |

Lamotrek Dispensary is staffed by three health care providers classified as dispensary managers and a dentist. These personnel are under the public service system of Yap State Government as full-time-employees.
<table>
<thead>
<tr>
<th>Provider</th>
<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
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<tr>
<td>Joseph Yetigmal</td>
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<td></td>
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<tr>
<td>Esther Letalimeiy</td>
<td>Dispensary Manager</td>
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<tr>
<td>Manuel Eloimai</td>
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<td>College</td>
<td></td>
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<td>30</td>
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</tbody>
</table>

**Condition of Facility**

The condition of the facility is fair. The building is concrete all around, tiled floor, equipped with toilet, shower and sink. A problem is the lack of running water into the building. Parts of the ceiling, glass louvers, window screens and the floor are cracked, rusted, broken and chipped. The two rooms for male and female in-patients need to be cleaned. The water catchment beside the building needs to be cleaned and to be connected by pipes to supply the dispensary.

**Operational Funding**

Operational funding to support dispensary services on Lamotrek Atoll comes from the Department of Health Services Budget, Yap State Government. Additional support comes from Lamotrek Municipal Government. In-kind contributions from the community chief or council are evidenced by the allocation of land for dispensary services and they also provide cleaning services in the dispensary vicinity.

**Services  (Types and Scope of Services Offered)**

See standard list
**Patient Recording System**

Patient records (charts) are stored in filing cabinets. Patients’ charts are numbered by house (household numbering). The dispensary manager uses daily work sheets to record patient’s full name, age sex, complaints, diagnosis, treatment either on first visit or revisit and other comments. Such information is kept and reported at the end of the month (monthly reports). The health assistant reports information to the dispensary supervisor at the state department of health services for data input and storage with the medical record unit for health planning and reporting purposes.

**Equipment**

Equipment at Lamotrek Dispensary includes a manual centrifuge, stethoscope, some dental equipment including a pair of pliers for pulling teeth, scales, radio, IV stand and beds, and cabinets. There is no major bio-medical equipment.

There is a fiber glass boat for the dispensary, but the engine is not working.
**Drugs and Supplies**

Drugs and supplies are stored on wooden shelves cabinets, boxes and on desks or tables. The building is not air conditioned and the room temperature is hot and humid. These climatic conditions tend to cause drugs to deteriorate more quickly than those stored in an air conditioned room.

Most drugs are in date with a shelf-life of two years. Drugs consist of analgesics, scabicides/bedbugs, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is fair.

Every week, drugs and supplies are inventoried. When there is need for drugs and supplies dispensary managers call the state center, area supervisor or neighboring islands for necessary supplies to be dispatched on the next available voyage. Yap State Department of Health Services has devised an Essential Drugs List for all dispensaries, including Lamotrek. Based on this list, drugs and supplies are supplied periodically. A field trip ship comes to Lamotrek once a month, depending on availability of fuel and serviceability.

**Communications**

There is a SSB Radio in Lamotrek Dispensary that belongs to the community. It is the only communication equipment in the dispensary. Its is used to make contact daily for accountability as well as to report any unusual circumstances (disease outbreaks or epidemics) on the atoll and also to report weekly and monthly dispensary activities including encounters.

Lamotrek also has another means of communication to the state center or neighboring islands through the internet using “wave mail” through PEACSAT. The system runs on solar power and its location at the island school compound. Dispensary managers can access wave mail at times when the radio is unserviceable.
Dispensary managers are a graduate nurse and a trained practical nurse. Both are trained as health assistants under established standards by Yap State Department of Health Services. The dental nurse has a college education from Palau Community College. Health assistants (dispensary managers) went through a series of re-training courses in the past few years in EPI and Immunization, ARI, MCH/Family Planning, STI prevention and control, NCDs prevention and education and basics for primary health care management and dispensary operation.

**Strengths of Lamotrek Dispensary:**
- Accessible to the island community
- Community Support
- Operational Hours (24 hours/7 days a week)

**Weaknesses of Lamotrek Dispensary**
- Hot and humid
- No running water
- No lighting
- No on-site physician (In case of emergency or with a critical case, dispensary staff consult with the area supervisor for advice by radio)

Health risk factors are sanitation/environmental, and nutritional ill-conditions and substance abuse.

<table>
<thead>
<tr>
<th>Name of Dispensary: Elato Dispensary</th>
<th>Island: Elato Atoll</th>
</tr>
</thead>
</table>

Located 580 miles from the nearest secondary health care facility is Elato Dispensary on Elato Atoll. It is the only dispensary on the island serving 96 inhabitants (FSM 2000
Census). At the time of the assessment the island representative reported that there are 110 people residing on the atoll. The facility is a pre-fabricated building of about 26’ x 40” in size. It has a similar architectural design to those found on Seliap and Falalus. It was built in the 1970s. The average patients seen per month is forty (40).

**Staffing**

Frances Taweryan, DM

Elato Dispensary is staffed by one health care provider classified as a dispensary manager. This person is under the direct supervision of Dr. Arthur Yolwa of Falalop Woleai, Health Center. He is employed under the public service system of Yap State Government as full-time-employees.

<table>
<thead>
<tr>
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<th>Title</th>
<th>DOB</th>
<th>Year Employ</th>
<th>Level of Education</th>
<th>Annual Salary</th>
<th>Average Patient/Day</th>
<th>No. of Patient/Month</th>
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<tr>
<td>Frances Taweryan</td>
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<td></td>
<td>High School</td>
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<td>2</td>
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</table>

**Condition of Facility**

In spite of its looks, the condition of Elato Dispensary is fair. There is no running water and the toilet is not working. Doors are broken with some holes. The inside of the facility needs to be re-arranged and cleaned. It is a good facility that has been neglected for some time, due to the temporary absence of the dispensary manager who was attending a month long continuing course for health assistants at the health center on Falalop, Woleai. When Elato’s dispensary manager is absent, the dispensary manager in Lamotrek covers Elato using the SSB radio and motor boat between the two islands.

**Operational Funding**

Elato’s operational budget is from Yap State Government, Department of Health Services. These funds are used for salary and other recurrent expenses (i.e., supplies and materials).
The island community donated the land on which the dispensary is currently situated for the provision of primary and preventive health care services to the people.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

The recording system on Elato is by household numbering. Each house on the atoll is assigned a number. Each household uses the house number when visiting the dispensary for any service. In addition to the house numbering, the dispensary manager uses daily worksheets to record personal information, complaints, diagnosis and treatment of daily encounters. At the end of the month, the recorded information is reported to the area supervisor, then to the state director of health services for data input, storage and reporting for planning purposes.

**Equipment**

Elato Dispensary has a stethoscope, BP cuffs, scales, freezer (out of service), wheelchair, broken microscope, bed frames and cabinets. There is no major bio-medical equipment.

**Drugs and Supplies**
Drugs and supplies are stored on wooden shelved cabinets, boxes and on tables. The room temperature is hot and humid all year around. Most drugs are in date with a shelf-life of two years. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is considered to be fair.

Every week, drugs and supplies are inventoried. When there is need of drugs and supplies dispensary managers would call the state center, area supervisor or neighboring islands for needed supplies to be dispatched on next available voyage. Yap State Department of Health Services has devised an Essential Drugs List for all dispensaries, including Elato. Based on this listing, drugs and supplies are being supplied on periodic basis. Field trip ship comes to Elato once a month, depending on availability of fuel and serviceability.

**Communications**

Elato has a SSB (Single Side Band) Radio for accountability, weekly conferences and monthly reporting. Internet access through PEACSAT Wave Mail is also available on Elato. These devices are located about 100 meters from the dispensary in the school building.

**Skills and Training**

The dispensary manager is a high school graduate trained as a health assistant under established standards by Yap State Department of Health Services. Health assistants (dispensary managers) went through a series of re-training courses in recent years in EPI and Immunization, ARI, MCH/Family Planning, STI prevention and control, NCDs prevention and education and basics for primary health care management and dispensary operation.

**Strengths of Elato Dispensary**

- Accessible to the island community
- Community Support
- Operational Hours (24 hours/7 days a week)

**Weaknesses of Elato Dispensary**

- Hot and humid
- No running water
- No lighting
- No on-site physician. In case of emergency or with a critical case, dispensary staff consult the area supervisor for advice by radio.

Health risk factors are sanitation/environmental, nutritional conditions and substance abuse.
Located about 420 nautical miles from the nearest secondary care facility is Fachailap Dispensary on Fachailap Atoll. It is the only health care facility to provide basic primary health care services to an estimated population of 141 (FSM 2000 Census). The size of the building is about 28’ x 50’ constructed in concrete. The facility has patient rooms, storage room, rest room (not working), radio room and an outpatient room. The dispensary is located on government land which was donated to the state government for primary health care services. The average patients seen per day is around 2 and in a month approximately 40 to 50 patients.

**Staffing**

Tom Wichilbuch, DM III

Fachailap Dispensary is staffed by one health care provider classified as a dispensary manager and responsible for the management of the facility including patients’ direct services. Fachailap Dispensary or Atoll is in close to Piig Atoll and these dispensary managers work closely together in the provision of services. The dispensary manager in Fachailap is a graduate nurse who is employed under the public service system of Yap State Government as a full time employee.

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<tr>
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<th>Annual Salary</th>
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<tr>
<td>Dr. Arthur Yolwa</td>
<td>Area Supervisor</td>
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<td>Thomas Wichilbuch</td>
<td>Dispensary Manager</td>
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<td></td>
<td>College</td>
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</tbody>
</table>
**Condition of Facility**

The condition of the facility is fair. There are areas in and around the building that need immediate attention. The facility has torn screens, broken louvers, a cracked ceiling and termite infested partitions and doors.

**Operational Funding**

The operational budget for Fachailap Dispensary comes from the Department of Health Services Budget, Yap State Government. In addition, from time to time, the local government (municipal) provide both in-kind and financial assistance to support its operation.

**Services (Types and Scope of Services Offered)**

See standard list

**Patient Recording System**

Fachailap’s recording system uses daily work sheets for daily encounters and reports findings, diagnosis and treatments of patients. This information is transmitted at the end of the month to the area supervisor and state director of health services for data input, storage and official reporting.

**Equipment**

Equipment at Fachailap Dispensary includes; scales, a freezer for vaccine, radio and cabinets. There is no major bio-medical equipment.
Drugs and Supplies

Drugs and supplies are stored on wooden shelved cabinets, boxes and on tables. The room temperature is hot and humid all year around. Most drugs are in date with a shelf-life of two years. Drugs consist of analgesics, scabicides/pediculids, anti-hypertensive, antibiotics, bronchodilator, laxatives, vitamins, IV solution, IV tubing and sutures. Storage of drugs is fair.

Every week, drugs and supplies are inventoried. When there is a need for drugs and supplies, the dispensary manager contacts the area supervisor, the state center or neighboring islands for necessary supplies to be dispatched on the next available voyage. Yap State Department of Health Services has devised an Essential Drugs List for all dispensaries, including Fachailap. Based on this list, drugs and supplies are supplied and inventoried periodically. A field trip ship comes to Fachailap once a month, depending on availability of fuel and serviceability.

Communications

Fachailap Dispensary has one SSB Radio. Daily, weekly and monthly reports are made using this radio. In the event that the dispensary’s radio is unserviceable, the community radio, which is located about 300 meters away, is used.
Training and Skills

The dispensary manager is a high school graduate trained as a health assistant under established standards by Yap State Department of Health Services. Health assistants (dispensary managers) went through a series of re-training courses in recent years in of EPI and Immunization, ARI, MCH/Family Planning, STI prevention and control, NCDs prevention and education and basics for primary health care management and dispensary operation.

Strengths of Facility

- Accessible to the island community
- Hours of Operation Opens 24/7
- Community support

Weaknesses of Facility

- Hot and Humid
- No lighting/electricity
- No bio-medical equipment
- Concrete beginning to crack and chipping away.

Health risk factors in Fachailap are nutritional and environmental related.
Section 7. Other Primary Care Services

Chuuk State

1 Structure

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<tr>
<td>Substance Abuse and Mental Health Program</td>
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<tr>
<td>Environment &amp; Sanitation Program</td>
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<tr>
<td>Dental Program</td>
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</tbody>
</table>

2 Program descriptions

Maternal and Child Health Program

In addition to the coordinator who is a graduate nurse with a Master of Public Health degree, there are two graduate nurses, two practical nurses, one HA midwife and a CWSHN coordinator.

Set clinics are held for prenatal mothers. Post partum and well baby clinics are also held at set times although mothers with babies will be seen at any time. Health education counseling is given during the first visit and, as indicated in follow up clinic visits. Breast feeding support groups are active and increasing in number.

Lagoon island dispensaries, staffed, generally by HAs provide MCH services to their catchment population supported by at least one visit a year by PH staff. Referral from lagoon islands to PH centre clinics at the hospital is frequent.

Outer Island outreach services are provided by sending MCH staff with the PH outreach team. Yearly visits are planned but may be every second year due to limited transport availability. Generally access to MCH services in the outer islands is poor, with the high number of male HAs in outer island dispensaries limiting access to prenatal care. The increasing use of trained female should address this, but more staff and training is needed.
With limited outreach visits, early prenatal care, counseling and health promotion and education is very limited.

PH staff are generally multi-skilled and program specific staff cover the needs of other programs on outreach visits.

The program, has recently taken part in the national MCH needs assessment survey, the results of which will be used to determine service provision in the future.

CWSHN

This program which is an integral part of the MCH program has one staff member who is the CWSHN coordinator. There are currently 690 clients with most falling into the categories of cerebral palsy, visual and/or hearing impairment, speech impediment and developmental delay. Approximately six new clients are added each month. There is an active Parents of Special Needs Children Association with 11 branches on the islands. They report cases to the coordinator.

In the past, there were cultural barriers to parents identifying having children with a disability. However, after a single one week campaign the number of clients rose from 30 to 370.

Family Planning

In addition to the coordinator who is a nurse practitioner, there are two staff, one health educator and one practical nurse.

On the main island, occasional visits are made to villages to inform communities about available services. Community based reproductive health evenings are held approximately once or twice a year on request.

Outreach visits to the lagoon islands are conducted approximately four times a year with the PH team staying for a period varying from a few days to two weeks during which comprehensive education and services are provided across the PH programs including Family Planning. A full range of FP services is provided during these visits.

Family planning promotion and counseling to women is severely limited by the high number of male HAs in dispensaries. The increasing use of TBAs helps to overcome this but training of TBAs is badly needed.

Immunization

There are a total of 10 staff in this program. In addition to the coordinator, there is one graduate nurse, one school immunization nurse, seven practical nurses. The program has access to an immunization physician on a consultancy basis.

The program works closely with the pediatric physician and all children are given the relevant immunizations prior to discharge after delivery.
Regular well baby clinics provide the venue for much of the immunization but children can be brought in at any time for immunization.

Immunization is always a major focus of the PH outreach visits to all island dispensaries and, although some dispensaries have refrigerators, mostly immunization takes place during outreach visits. Visits are always preceded by radio information informing communities of the forthcoming visit.

There is currently an immunization “catch-up” campaign on the main island providing four visits to 25 sites covering 11 villages.

In 2004, a WHO facilitated coverage evaluation estimated coverage at 80%.

**STI/HIV/AIDS**

This program, in addition to its state responsibility, has been contracted to provide consulting services to the other three states and to the Republic of the Marshall Islands.

In addition to the coordinator, who is a graduate nurse, there is one physician, one male and one female counselor and a laboratory technician.

As well as requested testing, automatic screening is conducted at antenatal clinics, on food handlers, visa applicants, students and prior to marriage.

**HIV/AIDS**

There is an active HIV/AIDS Taskforce and Community Planning Group.

There is a comprehensive and vigorous preventive education program which includes radio, flyers, brochures, banners, bill boards and posters, mostly locally produced.

Outreach activities offer information, education and voluntary testing. Pre-test counseling is always provided, as is post test counseling for those indicating positive test results. Treatment for PLWHA is provided with nutrition counseling. HIV positive clients are given periodical clinical assessment and counseling as part of their treatment regimen. This includes TB, STI, pap smears and oral and dental checks.

There is an established protocol for the protection against infection, for those caring for PLWHA. Education in procedures for the protection of all health workers is provided.

There are currently 19 confirmed cases with another 13 cases pending confirmation. These comprise 18 males and 14 females with the females, generally partners of infected males. Cases are aged between 19 and 34 years.

Preventive education is provided to school students from grades 9 to 12. Other groups targeted include youth groups, women’s groups and other community groups.
STI

The last confirmed case of syphilis was more than 10 years ago.

In the last three months there have been 10 confirmed Chlamydia cases (female) and 8 confirmed Gonorrhea cases (6 male and 2 female).

Health Education

Health Education is mandated as a result of a cholera outbreak in the late 1980s. As a result, this program works closely with the sanitation and environmental health program. This is a front line program with the twin aim of prevention and control. The program has six staff with a coordinator, two health educators (1 male and 1 female) and three health education assistants (all female).

Health education is generally gender specific and given to males and females separately. Health Education services are provided to all of the PH programs. Community activities include outreach work (approximately five per year) to communities, women and youth groups, church groups and NGOs. The 20 schools on the main island are visited monthly for health education activities. Where an outbreak occurs, these are increased. Requests, often on basic hygiene and sanitation matters are always responded to. Where visits are made for educational purposes, they are combined with inspection visits by the sanitation program. Individual and group educational activities are given twice weekly in the hospital.

Communicable Diseases

This program is confined to TB and Leprosy. A Physician, Dr Dorina Fred is an integral part of the program. In addition to the coordinator, there are four staff comprising to practical nurses and a laboratory technician.

Regular clinics are conducted daily for follow up visits by appointment and for walk-in clients.

Outreach visits are made on the main island, lagoon islands and the outer island groups focusing on screening, community awareness, health education and case follow-up. All dispensaries are visited at least once a year. Staff conduct home visits for monitoring and follow-up at least once a year. Information, promotion and health education is limited to outreach visits from PH staff with HAs providing curative services and, generally, not providing outreach or promotive and preventive services. Some education is given during clinic visits by patients. There is a limited and embryonic plan to provide incentives to a community aide to seek out potential clients and to provide DOT in the communities.

Leprosy

The leprosy program aims at elimination through active screening and treatment of confirmed cases. When a positive case is identified contacts are screened.
TB

Radio education on TB symptoms are infrequent and screening is sporadic. Most screening and testing is carried out during visits by PH staff on infrequent outreach visits.

Non-communicable Diseases

This program is essentially focused on Diabetes and hypertension. In addition to the coordinator who is a graduate nurse, there is one practical nurse and one HA. The Public Health physician, Dr Dorina Fred has input into this program.

One clinic a week carried out for screening purposes and one for follow upon clients identified during screening.

There is little outreach or preventive education carried out.

Outreach to the outer islands is carried out as part of the PH team outreach visits. Outer island HAS are, generally, not equipped to undertake screening.

Substance Abuse and Mental Health

This large program has a staff of 22. In addition to the coordinator, there are four mental health specialist coordinators, four counselors (one female and three male), two practical nurses, four community workers, four mental health educators, one boat operator, a secretary and a data clerk. Six physicians are involved in the program.

The program has four major components: clinical - both inpatient and outpatient, outreach services – jail and outer island, education services – school, church groups, youth groups, parents, NGOs and government agencies, and administration.

Promotive and education activities include mental health day, no tobacco day, a youth summer camp, a day hospital program (counseling), war on drugs activities and accident prevention.

Of a total historical number of 700 clients, there are currently 150 active cases split between substance abuse – tobacco, alcohol and locally grown marijuana, with mental health clients mainly classified as schizophrenia, neuroses and depression with a number falling into more than one classification.

An active prison program addresses those inmates normally convicted of substance abuse related crimes, mental health related crimes.

Counseling is provided to clients and families together where possible. For those mental health clients on medication, compliance is supported by community workers, dispensary HAs and family members. Weekly outreach visits are made to lagoon islands and four visits are made to outer islands each year.

There have been 12 reported attempted suicides and 8 completed suicides in the past year.
Environment & Sanitation

In addition to the coordinator the program has four health educators and twelve health inspectors. As well as working closely with the Health Education program this program works closely with the National Food Safety Office and the EPA.

The program is structured to respond rapidly to epidemic or disease outbreaks.

Sanitation surveys are regularly carried out in communities examining water sources and quality, toilet facilities, cleanliness of the environment and waste disposal.

Activities include inspections of schools, barbers shops, public places, government institutions, hotels and restaurants. Ships are checked for US declaration of health and de ratting especially fishing vessels.

Outreach activities include the training of dispensary HAs in sanitation inspections and response to outbreaks. Outer islands are visited on a regular basis.

Food handling training is provided and senior high school students are targeted for education.

Dispensaries

A review of dispensaries in Chuuk is currently being undertaken, overseen by the national Division of Health.

Chuuk has 83 dispensaries listed as operational. Some are not currently staffed, and some have no useable building.

The three categories of dispensaries in Chuuk are Government Building on Government Land, Government Building on Private Land and Private Building on Private Land.

A figure of 8 or 9 in the first category does not give an accurate picture of the number of functional dispensaries in Chuuk. It has not, at this time, been able to determine how many locations are providing dispensary services. There appears to be disagreement on whether services to the community being provided by a HA from his/her house should be considered to be a functioning dispensary. One view is that where services are being provided to a community that should be considered as a functioning dispensary regardless of the building being used (ie includes HAs working from home). At the other extreme, there is a view is that only Government Buildings on Government land staffed by a HA (or other health professional) can be considered as a functioning dispensary. This issue needs to be resolved before a definitive list of functioning dispensaries in Chuuk can be finalized.

Dental

This program has, in addition to the coordinator, five dentists, four dental assistants and three dental technicians. There are no dental nurses (eight recently retired or left).
Full dental services are provided in the PH centre. Like other states the numbers of children with decayed, missing or filled teeth is very high from a very early age. A variety of preventive programs are in place, relying mainly on oral/dental hygiene education, fluoride varnishing and the application of sealant. For example, the MCH program refers all first post partum visit mothers to the dental program for education.

On the main island, all school children receive a dental visit each year for screening, referral for treatment, fillings, sealant and education. Currently fluoride varnish is not applied on these visits although plans are in progress to include varnish in these visits.

Outer island services are very limited. Some islands have not received a visit for over two years. The occasional dental program visits tend to concentrate on extractions or temporary fillings for those in pain. Headstart students in each outer island region are supplied with fluoride tablets once a year.
Kosrae State

1 Structure

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<th>Administrator</th>
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<tr>
<td>Maternal &amp; Child Health</td>
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<td>Immunization</td>
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<td>Substance Abuse and Mental Health</td>
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<tr>
<td>Dental</td>
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</tbody>
</table>

2 Program descriptions

Maternal & Child Health
The provision of Maternal and Child Health Services is well integrated with the other PHC programs providing a seamless service to mothers and children in Kosrae through clinics provided at the Public Health Unit co-located with the hospital and through the five community based health clinics. Well Baby Clinics are held at the Public Health Unit with monitoring and clinical services provided by a team including Public Health Physicians, Public Health Nurses and Health Assistants. Integrated outreach clinics at the Community Health Clinics are provided monthly.

Family Planning
The coordinator has one staff nurse (male) and one practical nurse (female) on staff.

A relatively full range of Family Planning methods are available including contraceptive pills, IUDs, Norplant, Depot Provera, condoms and vasectomy. The program team work closely with staff of other PHC programs with PHC nurses from other programs able to insert Norplant and give Depot Provera injections. Clinics are held at the Public Health Unit on Mondays, Tuesdays, Wednesdays and Thursdays. Outreach clinics are provided at community health clinics monthly. All services are carried out during outreach clinics other than IUD insertion which is conducted at the Public Health Unit.
Barriers to service are generally cultural, and there is a need for a private room for counseling. It is reported that no vasectomies have been carried out in the past 15 years. Around that time there was a perception that vasectomy did not work, probably more due to a lack of understanding of the need for complementary FP methods to be used until tests confirmed sperm absence.

FP education and promotion activities are conducted at schools and the College of Micronesia, although there is parental resistance to early education being given to young students. Community workshops are conducted to elicit understanding and support from parents and community and church leaders.

**Immunization**

The immunization program is an integral component of MCH. As well as the coordinator, the program has a graduate nurse and a clerk and provides funding for a laboratory technician. Vaccines are, generally supplied by CDC. The cold chain is monitored by the immunization clerk and is considered to be efficient. Immunization is carried out at MCH clinics and at outreach clinics at each community health clinic monthly.

The child immunization schedule is clearly articulated and the fact that, currently the coverage is 98% shows that it is strictly adhered to. Radio messages to non compliant parents of overdue children are used to great effect.

DTAT and OPV boosters at school entry, TT boosters after 10 years and prenatal, and adult influenza and pneumococcal immunizations are provided.

**Health Education & HIV/AIDS**

*Health Education*

The Health Education Coordinator provides health promotion and education services to all programs in the form of advice, design and production of leaflets and posters.

*HIV/AIDS*

The HIV/AIDS program is overseen by the Chief of Medical Services as the HIV/AIDS physician. The Kosrae State HIV/AIDS Coordinating Committee meet quarterly to review and plan HIV/AIDS activities.

As well as requested testing, automatic screening is conducted at antenatal clinics, on food handlers, visa applicants, students and prior to marriage. Approximately 800 test are done each year. No contact tracing is carried out at this time but the coordinator is well aware of this lack and is developing a sensitive, non-threatening and culturally appropriate strategy to address this.

Currently there is no facility for private and confidential counseling which is not automatically identified with HIV/AIDS. There is a need for a counseling room which gives
greater privacy and confidentiality (This also applies to STI). It is important that the room is located such that it is not readily identified as a counseling room for STI/HIV/AIDS.

Communicable Diseases

Principal Diseases are Tuberculosis, Leprosy and Sexually Transmitted Diseases

Four outreach workers assist the coordinator. They have basic training, given locally, on symptoms, screening and treatment including medication, the importance of treatment compliance. They conduct screening in schools and household members of positive cases. They report cases with apparent symptoms for diagnosis and provide follow-up services for active clients where appropriate. Monthly meetings are held to review past activities, future plans and to test knowledge and provide continuation training.

Leprosy

In 2004 there were 6 new confirmed cases and in 2005, to date there have been 4 new confirmed cases (one of which is an 8 year old child). Currently there are 4 active cases all of whom should have completed the course of treatment by the end of 2005.

STI

Automatic screening is conducted at antenatal clinics, on food handlers, visa applicants, students and prior to marriage. This program works closely with Family Planning and HIV/AIDS.

TB

Screening is carried out in schools, particularly during March, which is TB month (although the opportunity is taken to screen, also, for leprosy)

General

Health Education is always given when requested from any source. Youth groups are strongly targeted. The use of condoms as a contraceptive is sometimes opposed by parents, particularly for younger children. This has resulted in the promotion of condoms to combat HIV/AIDS because opposition is less due to an acceptance of the perceived greater seriousness of HIV.

Currently there is no facility for private and confidential counseling which is not automatically identified with HIV/AIDS. There is a need for a counseling room which gives greater privacy and confidentiality (This also applies to HIV/AIDS). It is important that the room is located such that it is not readily identified as a counseling room for STI/HIV/AIDS. The NCD Coordinator would like one full time additional graduate nurse to assist in her work.
Non-communicable Diseases

Predominantly, this program covers diabetes and hypertension. In addition to the coordinator, there are five NCD Assistants working in the community (one in each municipality) providing monitoring and screening activities on Mondays and Wednesdays. These outreach workers carry out home visits on Tuesdays. At the clinics, they monitor weight, blood sugar levels and blood pressure, referring cases on clearly established criteria, and providing education and counseling. They provide two-weekly written reports to the coordinator.

Clinics are held at the Public Health Unit on Mondays and Thursday mornings by appointment with Friday morning clinics provided for opportunity clients. with monitoring and clinical services provided by a team including Public Health Physicians, Public Health Nurses and Health Assistant. The team work closely with other PHC staff on such issues as nutrition.

Substance Abuse and Mental Health

In addition to the coordinator, this program has one counselor, one psychiatric nurse (recently graduated), five outreach workers and one data clerk.

The two areas covered in this program are mental illness and substance abuse. The Chief of Medical Services oversees this program. Outreach workers, working three days each week, make home visits to clients and primary care givers to provide support and monitor compliance, with medication often held and given to clients by the outreach worker. They also seek new cases. Health education on both mental health and substance abuse is provided in schools and support given where appropriate, from fifth grade through high school. There are Drug Free Clubs to provide education programs and diversionary activities.

Mental Illness

Services provided in this program are support and counseling for both clients and primary carers, as well as the provision of appropriate medication. All clients are diagnosed with schizophrenia. For those clients with compliance problems, injections of medication at three weekly or four weekly intervals are given.

Substance Abuse

This is mainly alcohol, with a small number of marijuana (locally grown) cases and many clients are referred through the justice system as an alternative to a custodial sentence.

After a significant number of both attempted and completed suicides (over 15 in 2002/2003), a task force was established, including community and church leaders, with good results.

Environment & Sanitation

In addition to the coordinator, there is one Health Inspector.
Activities in this program include water testing and education programs. Test results indicate that approximately 50% of catchment water supplies are contaminated. Treatment recommended is emptying, cleaning and refilling of catchment containers, dosing catchment water with Chlorax and/or boiling water.

Other activities include inspections of hotels and restaurants and reviewing and giving advice on plans for new buildings with particular regard to sanitation and ventilation. Village inspections which cover environmental hygiene, sanitation, toilet, solid waste disposal and water supplies are carried out twice a year.

Dental

Dental services are often considered as a component of medical Services. Whilst the full range of routine curative services are provided, the thrust of the dental services is aimed at Preventative services, mainly at school children. A dentist is providing services in school each day with a well equipped portable unit identifying cases for referral and providing sealing and fluoride applications as part of the preventive program. Despite this, 12% of first grade students are classified as DMFT (having decayed, missing and/or filled teeth).

It is essential to provide oral checks and preventive services at an earlier age than school attendance. Particular attention should focus on initiating a service to carry out fluoride varnishing, three monthly, on children from the age of two years.
Pohnpei State

1 Structure

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<th>Chief of Primary Health Care</th>
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2 Program descriptions

Maternal & Child Health

The current acting coordinator has been the coordinator for a number of years and is also filling the position of PHC Supervisor. Recruitment of a new coordinator is underway.

MCH is the overarching program including Family Planning and Children with Special Health Needs programs (the CWSHN position is currently unfilled). In addition to the coordinator there is one graduate nurse and a bookkeeper/clerk.

There are two set clinics for prenatal mothers each week and two well baby clinics although mothers with babies will be seen at any time. Health education counseling is given during the first visit and, as indicated in follow up clinic visits.

There is no outreach activities on Pohnpei Island as individual health assistants at dispensaries provide MCH services to their catchment population.

Outer Island outreach services are provided by sending MCH staff with the routine immunization outreach visits. PHC staff are generally multi-skilled and program specific staff cover the needs of other programs on outreach visits. Four outreach visits to each group of islands is provided each year and the team comprises a physician, and, ideally, a member from each of the PHC programs.
Family Planning

The FP coordinator is a Nurse Practitioner and has one graduate nurse and one practical nurse as staff.

Set FP clinics are held twice weekly, mainly for clients using Depot Provera and Norplant, although opportunity clients will be seen at any time. A gynecology clinic is held once a week.

First visits include explanation of options and counseling on the individual appropriateness of the methods. Individual health assistants at dispensaries provide FP services to their catchment population with the exception of Norplant when clients will be referred to the PHC clinic as required.

In the outer islands, Has provide all FP services except Norplant, so that outreach visits to the outer island mainly comprises health promotion and health education activities.

Outreach activities on Pohnpei Island are mainly for adolescent reproductive health including full clinic services provided at the Public High School for all high school students (including church schools). Until recently, services were supplied at the Youth Centre but that building has been taken for other purposes and there is a great need for a new youth centre to be found to provide Adolescent Reproductive Health services to non-school attending to youth.

There used to be a mobile team to reach communities on Pohnpei Island but this has not operated for four years due to lack of resources. The FP program does respond to specific requests from communities for information, education and services according to available resources.

Immunization

The immunization program has nine staff. In addition to the coordinator, there is a school health coordinator, one Health Assistant at Lukop, four practical nurses, one laboratory technician and a data clerk.

The team provide immunization at twice weekly clinics at the PHC centre and also twice weekly to dispensaries on Pohnpei island. Immunizations are conducted at head start, kindergartens and elementary schools for children identified as not being fully immunized.

Regular visits to all outer islands are made with Immunization staff always present on outer island visits.

Promotional and educational activities are provided at all opportunities and use is made of prenatal clinics and subsequent post partum clinics to ensure the widest possible exposure of mothers to immunization opportunities and follow up for new born babies and children brought to well baby clinics. Information, promotional and education opportunities are provided in the Obstetrics ward post delivery.
Clinical nursing staff are not specifically involved in promotional or educational activities about the hospital pediatrician frequently calls for immunization of inpatients not immunized.

The cold chain is constantly monitored and reliable. Immunization rates are high with 95% of two year olds fully immunized. This has reduced to 85% only due to the recent introduction of MMR2 into the schedule and does not reflect a true reduction in rate.

**STI/HIV/AIDS**

In addition to the coordinator who is a nurse practitioner, there is one practical nurse, one educator (a HA) and a laboratory technician. The program is in the process of moving to new premises jointly with the adolescent reproductive health program, where access, privacy and confidentiality will be much improved.

As well as requested testing, automatic screening is conducted at antenatal clinics, on food handlers, visa applicants, students and prior to marriage.

There are currently no HIV positive cases identified in Pohnpei state. One case was confirmed a number of years ago and that person died shortly after. The case contracted the disease external to FSM.

Tests for syphilis, gonorrhea and Chlamydia and hepatitis B are routinely carried out, with the number of positive syphilis cases rising, gonorrhea cases rising slowly. Chlamydia testing is currently carried out only on females and has not been carried out for long enough to judge the direction of movement in case numbers. It should be noted that numbers of positive cases cannot be interpreted as prevalence or incidence rates and the increases may, in fact be due to increased and improved screening procedures and increased access to risk groups. However, there are indications that STI is an increasing problem amongst young people.

Contact tracing is carried out using confidential and sensitive procedures.

**Health Education**

The coordinator is the sole staff member and has significant training in nutrition and lifestyle issues. Although HE support is provided to all PHC programs, the emphasis of this program is nutrition and breastfeeding, both of which are important bases for preventive activities across the range of PHC programs. Food safety training, including prenatal food safety is an integral part of this program. This is carried out in communities and through the College of Micronesia in cooking demonstration and related health issue activities.

Health Education sessions are provided during routine PHC clinics and on a one-on-one basis for clients referred by these clinics and by inpatient physicians, particularly in the case of diabetes and hypertension patients.

Information, promotion and education is carried out using radio, informative and innovative printed materials and outreach sessions at schools, committees, clinics and to individual groups on a proactive basis as well as in response to requests.
Collaboration with local NGOs and other government agencies is used to extend education activities.

Pohnpei island and outer island HAs are provided with health education materials for local use.

There is an identified need for clinical hospital nurses to be given training and materials for use with inpatients under their care.

**Communicable Diseases**

This program is confined to TB and Leprosy. A Physician, Dr Eliazer Johnson is an integral part of the program. In addition to the coordinator, there are six staff comprising one graduate nurse, two practical nurses and three health assistants.

**Leprosy**

The leprosy program aims at elimination through active screening, with 86 cases under treatment at this time. The screening focuses on epidemic hot spots with three teams screening 100% of all household members in targeted villages. When a positive case is identified all contacts are screened.

**TB**

Radio education on TB symptoms are frequent with the voluntary seeking of testing being the main source of clients. Sputum test and X-ray are used. Any initial positive case is immediately put on treatment. There are currently 22 active cases with 6 new cases reported this year.

Since March 2005, staff provide DOT daily to all cases. This is a significant drain on resources and the recruitment, training and use of outreach DOT assistants is under consideration.

For both programs, HAs in the outer islands carry out screening and testing.

Support visits for HAs is an important part of outreach visits.

**Non-communicable Diseases**

This program is essentially focused on Diabetes and hypertension. In addition to the coordinator who is a graduate nurse, there is one HA.

Regular clinics are carried out for screening purposes and the establishment of follow-up regimes including referral for nutrition and lifestyle education.

Both Pohnpei island and outer island dispensary HAs carry out screening and education activities, supported by visits from the PH team during outreach visits.
Where appropriate the emphasis is on treatment through exercise and diet in preference to medication.

The majority of cases are on Pohnpei island and on those islands which have regular delivery of processed food by ship or by air.

Outreach to the outer islands is carried out at least twice a year but there is frequent consultation with outer island HAs by radio.

**Substance Abuse and Mental Health**

As well as the coordinator who is a Medex, there are fourteen staff comprising one educator, two treatment staff, one counselor, one mental health aid, one tobacco control aide, one outreach supervisor, five community workers (three on Pohnpei island and two on the outer islands, one administrative assistant and one driver/tradesperson.

Clinics are carried out twice weekly at the PHC centre and once weekly in the hospital. Substance abuse is generally tobacco, alcohol and locally grown marijuana.

Community visits and follow up activities are conducted two days every week on Pohnpei island and outer island visits are made three or four times a year.

As there ids no “half-way-house” available, correctional service facilities are used as a secure holding area.

Counseling of clients is family based with clients being followed up monthly for stable clients and weekly or fortnightly for less stable clients.

Outreach work consists of school, community and outer island visits with the PH outreach team, although it is culturally difficult where families are excluded in youth education programs.

Clients in prison have the same access to services and counseling as the general community. Clients are rarely referred by police but the courts do refer clients to the program.

There are currently 250 clients with approximately 130 substance abuse clients, 80 mental health clients and 40 in both programs.

In 2004, there were three female completed suicides and one male suicide.

**Environment & Sanitation**

The sanitation and environmental health program is integrated into the Pohnpei Environment Protection Agency.

In terms of public health, the program tends to be reactive in the event of an epidemic or a public health issue arising. Activities include inspections of schools, public places, government institutions, hotels and restaurants. Ships are checked for US declaration of
health and de ratting especially fishing vessels. Village inspections which cover environmental hygiene, sanitation, toilet, solid waste disposal and water supplies are carried out infrequently on request.

Health education includes radio messages and pamphlets. Schools are visited annually with promotive and preventive projects conducted through schools with grade 5 and six classes. Visits are made to the outer islands on an ad hoc basis.

There is a rural assistance program aimed at improving individual sewage disposal practices by providing technical assistance and financial assistance with materials. Approximately 80 assistance packages are provided annually out of 800 applicants.
Yap State

1 Structure

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2 Program descriptions

Maternal & Child Health
The MCH program includes a component for children with Special Health needs up to 21 years of age. Staff comprises the coordinator, one nurse and a clerk.

MCH clinics are held morning and afternoon Monday to Thursday at the PH Unit at the hospital and these clinics are integrated with other programs, particularly Family Planning.

Outreach on Yap Main Island is limited to screening of headstart and elementary schools students.

Currently, eight female Birth Attendant trainees are undertaking practical training on their respective islands and this will improve services to women where currently male health assistants are unable to provide services.

Family Planning
Officially there are two other graduate nurses in the program but they function across the other programs.
There has been an increase in the use of tubal ligation amongst clients in their late 30s and early 40s and Norplant in clients in their early 20s to late 30s. The use of condoms is widely accepted with the IUD the least popular method.

FP clinics are carried out at the PH Unit at the hospital on Tuesdays with opportunity clients seen at any time from Monday to Thursday.

Health Education is limited to brochures and pamphlets and outreach work is very limited with one workshop a year carried out. It is 2 years since a High School has been visited for Health Education.

Yap is next highest to Pohnpei in cases of teen pregnancy.

**Immunization**

As well as the coordinator, the program has a graduate nurse and a clerk and provides funding for a laboratory technician. Vaccines are, generally supplied by CDC. The cold chain is monitored by the immunization clerk and is considered to be efficient. Immunization is carried out at PH clinics from Monday to Thursday as required. Follow up of overdue clients is done by telephone and community leaders are used to promote attendance at clinics.

The outer island coverage (fully immunized by 2 years) is estimated at 90% with Yap Main Island at around 60% giving a total state coverage of about 79%.

Adult HepB, influenza and tetanus are given.

Outreach work is limited and school health program is implemented once a year when the school clerk checks new student’s certificates.

**STI/HIV/AIDS**

There has only been one confirmed HIV case identified two years ago. No contact tracing was done.

Syphilis cases showed a rise in 2004 and still appears to be increasing.

As well as requested testing, automatic screening is conducted at antenatal clinics, blood donors, head start teachers, pre-employment for food handlers, incoming visa applicants and students. Approximately 800 test are done each year.

Currently there is no facility for private and confidential counseling due to lack of privacy in the PH arena. There is a need for a counseling room which gives greater privacy and confidentiality (This also applies to STI). It is important that the room is located such that it is not readily identified as a counseling room for STI/HIV/AIDS.

Health education is given to high schools, Fisheries academy, Public Safety, colleges and through women’s and church groups.
In the period Jan to Mar 2005, the following tests and results were noted:

HIV tests 168, 3 positive being confirmed (likely to be negative)

RPR tests 258, 51 positive, TP-36

HepB tests 82, 8 positive

3 positive Chlamydia and 5 positive gonorrhea

**Communicable Diseases**

No other staff other than a laboratory technician are in the program, although one DOT worker was trained early in 2005 and is assigned to give TB medication to one client.

Principal Diseases are limited to Tuberculosis and Leprosy.

Clinics are held twice a week on Monday and Wednesday. There is follow up on confirmed cases to do contact screening through visiting the community. Non-compliance is not perceived to be a problem.

Elementary schools have recently been screened for both TB and leprosy with no confirmed cases

**TB**

Seven clients are on DOT at this time with 2 just completing treatment and 5 continuing.

Chest clinics have been carried out on 23 persons.

Home visits are made for DOT and to provide education to clients and family members.

**Leprosy**

Recently 4 new cases were confirmed, all from the Outer islands and, since then, all outer islands have been visited and screened.

There is little Health Education carried out in the general community.

**Non-communicable Diseases**

There are no additional staff, other than the coordinator in this program, although other PH staff cooperate in the provision of services. Predominantly, this program covers diabetes and hypertension.

Clinics are held at the Public Health Unit on Mondays by appointment with opportunity clients being seen during other clinics from Monday to Thursday, with monitoring and clinical services provided by a team including Hospital Physicians and Public Health nurses.
Additionally screening is sometimes done for school staff. There is little regular outreach work done or home visits carried out. Hence non-compliance is a problem which is not addressed.

Health education is given during the screening and monitoring services with counseling on a diet plan.

**Substance Abuse & Mental Health**

This program has a coordinator and two substance abuse counselors – one male and one female, two community workers and a clerk. The program has approximately 86 clients, less than half of whom attend the clinic.

Weekly clinics are held and a prison program designed for prisoners is active providing anger management, family role and general education on the results of SA.

Similar activities are provided for identified students at high schools (bad grades, substance abuse, special aid needs).

Home visits are carried out during the first week of every month for treatment and client and family counseling.

Mental Health clients are fully classified by a visiting psychiatrist who comes for three days every so often.

Outer Island youths are being recruited (5 so far) to be trained as tobacco sting operators and peer counselors.

An active community education program is carried out regularly using radio, meetings, schools and brochures and pamphlets.

The program works closely, but carefully, with the police force in potential child abuse or attempted and completed suicide cases. There were 5 attempted and 3 completed suicides last year, all teenagers.

**Environment & Sanitation**

This program has three staff, with two trained on the job. Activities in this program exclude water testing which is carried out by the EPA with whom the section works closely.

Activities include inspections of schools, public places, government institutions, hotels and restaurants and reviewing and giving advice on plans for new buildings with particular regard to hygiene sanitation and ventilation. Ships are checked for US declaration of health and de ratting especially fishing vessels. Village inspections which cover environmental hygiene, sanitation, toilet, solid waste disposal and water supplies are carried out frequently.

Health education is coordinated with EPA and includes radio messages and pamphlets. Visits are made to the outer islands on an ad hoc basis.
The EPA has four programs, pollution control, pesticides, water quality and public education. They coordinate public announcements on current issues, produce a bi-monthly newspaper, carry out school visits and make presentations and conduct workshops on water quality control measures. They conduct water sampling and testing on the main island and the outer islands on every outer island trip made by the government vessel.

Dental

Dental services are often considered as a component of medical Services. Discussion with Dr Gufsa indicated that, whilst the full range of routine curative services are provided, the thrust of the dental services is aimed at preventative services, mainly at school children.

There are 2 dentists, one dental nurse and one dental technician, with 5 dental nurses in the outer islands as well as one HA who has been trained to extract teeth.

The section provides services, fluoride varnish and sealant, as well as dental education in all headstart and elementary schools.

Fluoride varnish is now being applied at well baby clinics to babies at around 7 months. Dental Education pamphlets and pamphlets on nutrition are provided.
Section 8. Observations and Propositions

General Observations

Many of the general observations relate equally, or close to equally, to all states. It is not the intention of this report to pinpoint specific issues and relate them to individual states, rather to generalize across programs and states.

1. All Public Health programs using the PHC approach, comprise curative/treatment, preventive, and promotive services in varying degrees. Most of the programs across all states appear to be heavily accentuated toward the provision of curative services. This applies equally to dispensaries. Certainly, the provision of curative/treatment services is perceived as a priority by the general public, but, in most cases, the provision of these services takes an excessive proportion of the scarce available resources, particularly staff and time, leaving inadequate resources for promotive and preventive activities. As a result, promotive and preventive activities are either not being undertaken, or, at best, are largely performed in a perfunctory fashion, infrequently, and are lacking in innovation. They lack careful and detailed planning and targeted strategies.

While screening activities are carried out, appropriately, in dispensaries and in a number of programs, they tend to focus on patients or clients with relatively advanced symptoms when they attend clinics and do not focus sufficiently on early detection in the community where education and promotive activities may avert the need for treatment. Because of this, clinical loads are increasing, or, at best, being maintained, with the result that resources continue to be diverted from the more effective and cost-effective preventive and promotive interventions. Unless there is a change in this inappropriate sharing of resources it is unlikely that dispensary, public health clinic and inpatient case loads will be reduced, nor will the health of the people of FSM improve.

2. Most preventive and promotive activities are carried out by Public Health staff from the Public Health/Primary Health Care (PH/PHC) headquarter units located in the respective main centers, when they undertake outreach visits. Health assistants have been trained to undertake the full range of curative, preventive and promotive activities but they appear to concentrate on curative/treatment services. The expectation tends to be that unwell people must travel to a dispensary to seek treatment from a fit and healthy service provider who sits and waits for his or her community members to attend the dispensary. Few health assistants appear to undertake community visits to deliver health education messages and to promote healthy lifestyles or to seek those with early symptoms and encourage them to attend the dispensary in order to receive screening, information, education and counseling.

3. Generally non-communicable diseases such as diabetes, hypertension and ischemic heart disease are significant, if not the predominant, causes of mortality and morbidity in all states, yet these are amongst the most under-resourced programs. This may be because funding for this program tends to come from domestic rather than external
sources, but a strong preventive approach to non-communicable programs has far
greater potential for reducing both morbidity and mortality with their attendant
demand for the health dollar than, say, the HIV/AIDS programs which are, by
comparison, extremely well resourced by external funding.

Allocation of resources to programs appears to relate more to the source of funding
than the importance of the program in terms of a program’s potential effect on the
quality of life of the citizens of the country or the potential to contain or reduce
morbidity and, as a result, to lower the consequential draining effect on scarce
financial resources.

4. Most clinics are poorly maintained and, as a result of the lack of maintenance over the
years, are in need of refurbishment and in some case complete renovation. There are
a significant number of cases where dispensaries are completely derelict and new
dispensaries need to be built.

5. Not all PH/PHC Units are well accommodated with some programs having totally
inadequate or substandard space in which to conduct their clinics and counseling and
education activities. Privacy and confidentiality are compromised in such
circumstances with the likely result that people belonging to high risk groups may
avoid seeking information, education, screening or treatment. This is particularly
important in areas such as infectious diseases including STI and HIV/AIDS as well as
family planning. More worrying is that this may be indicative of the low importance
being placed on PH/PHC with a resulting negative effect on public perceptions of
health priorities and on motivation of PH/PHC staff. Inadequate staff numbers in
some programs may also be seen as a result of the lack of importance or low priority
given to PH/PHC programs.

6. All states have their strengths and weaknesses with most having some well resourced
and some well managed programs but also some poorly resourced and poorly
managed programs. There does not appear to be any particular program which is a
strength or a weakness in all states, hence equity of access to, and receipt of, quality
of care varies widely between states. Quality assurance programs and standards of
practice vary significantly between states and between programs. One state has a
comprehensive quality assurance program across all health services with clearly
defined standards of practice and standards of service for hospital and PH programs,
another has a similar program for hospital services only, whilst there is little evidence
of quality assurance in the other two states.

7. The most important and effective resource in a health centre, dispensary or aid post is
a well trained, well supported and motivated health professional. There is rarely a
direct relationship between the quality and size of the building and the quality of
health care provided. There appears to be a strong emphasis across all states on the
importance of a dedicated building, sometimes only staffed for a few hours a week,
from which health services are dispensed. The emphasis is on large solidly-built
buildings, furnished with a wide range of health equipment. The idea of a partnership
between the community, other agencies and health does not appear to be considered
as appropriate or desirable. Internationally, some of the most efficient and cost-effective health programs are those where communities provide the accommodation and the department of health provides staff, equipment and services. Some of the highest quality of care observed during this visit was provided in what could be described as shabby buildings, ill equipped and shared with other government or community agencies.

8. There is significant evidence of shortages of dispensary supplies of medication and simple, but necessary equipment such as glucometers and test strips, in all states.

9. Most dispensaries practice burning and burying as their methods of waste disposal. Although this is not ideal, there are, currently, no practical alternative methods for the disposal of clinical waste. Safe storage and disposal of sharps, using secure sharps containers should be considered. Containers which have been used could be collected and replaced with empty containers during outreach visits. Sharps could then be disposed of using the hospital waste disposal system. Burning of non sharp waste is currently considered to be the only practical option but safer alternatives need to be sought.

10. With some exceptions, most clinical nurses in hospitals were reported as having had little or no training in providing health education to inpatients. No state practices any form of rotation between clinical nurses and PH nurses to create an understanding of the synergy between clinical care and public health care and to develop or refresh skills which should be common across both classifications of nurses. Often the time that patients are most receptive to counseling and health education is when they are faced with the reality of their own illness. It is important that clinical nurses use their proximity to patients at this time to provide counseling and health education.

11. Access to data in a convenient, useable form is difficult nationally and in all states. Generally state program coordinators send monthly and/or quarterly reports to the national office however this is program data and may not be consistent with core data provided to the national office through the hospital based reporting system. Many program coordinators never use these reports for their own monitoring or planning purposes. Quarterly reports tend to be in a form designed to satisfy funding agencies and are of limited use for epidemiological purposes. There appears to be no single point of access to key indicator data for FSM. There is no annual report which examines health and health care trends in FSM. Core data is gathered centrally at the national Division of Health, however, accessing the available data, checking and cleaning the data and preparing it for analysis is a time consuming task and, with specific exceptions, is not undertaken, largely because the analysis would not be used at the present time.

Generally, collection of data is seen by PH/PHC Program Coordinators and staff as a chore which is of no value and delivers no benefit to them, their clients or their programs. Having to collect, collate and report data is almost universally resented. Use of data is not seen as a management tool or as a means of monitoring and evaluating their work and their progress in achieving program objectives.
Closely connected to the issue of data collection and reporting is the issue of computer skills. Computer skills are, generally, poorly developed and hamper data collection and reporting.

12. The relationship between state PH/PHC program staff and national PH/PHC program staff is not well developed. Most state staff see the national staff as demanding excessive reports and accountability, thus making their life and their job ever more difficult. There is little, if any, appreciation of the support and assistance which can be, and often is, provided from the national level.

13. Time management by most PH/PHC staff is very poor, as are program planning and evaluation skills.
Addressing the Issues

The Primary Health Care approach is based on the well-established and well-proven premise that the most effective and cost-effective health interventions are those pursued by individuals and families for the prevention of health problems before they arise. The prevalence of the many lifestyle-related diseases in FSM will diminish only when the population is educated and motivated to change behavior. This approach is founded on Community Based Health Care which is as a genuine partnership between the Community and the Division of Health.

There appears to be little in the way of partnership between the community and the health departments in the states. Community expectations appear to be that “the government” will provide all. Since the change of funding arrangements between Compact I and Compact II, necessary changes have been made in health service provision but the fundamentally important step of transferring responsibility for primary health care to the community, with support from government, does not appear to have been developed. There are a small number of examples of community involvement and the basis for a future partnership has occasionally been established, but it does not exist as a general principal for the future of primary level health care.

Future plans for the provision of the primary level of health care are mostly directed at dedicated buildings, many on a grandiose scale and at inappropriate locations (such as close to the hospitals), with unnecessary and expensive equipment which will rarely be used and are unlikely to be maintained, and staffed by high level clinical providers rather than health promoters. All this is provided to the community by “the government” with no genuine involvement of the community other than the establishment of a health committee which may not even be effective.

Commitment and support for the need to move to a genuine Primary Health Care model needs to come from the highest levels in both state and national government. As important, and arguably more important, is the need for senior health managers and decision makers to make a similar commitment and to direct the flow of resources, increasingly, away from hospitals and curative care to preventive and promotive activities.

Hence, the issue of excessive concentration on curative services compared with preventive and promotive services will not be able to be addressed effectively in the short term as this fundamentally depends upon the community being informed and understanding their own role in, and responsibility for, their own health and, as a result, making lifestyle decisions based on that knowledge. It will take time and genuine commitment for this to be achieved.

However, it is vital that changes in approach, attitude and practice are effected at all levels from the dispensary, through public health program staff to the highest levels of management and decision maker. A commitment to primary health care at all levels is essential if the benefits of preventive and promotive health are to be realized.
**Capacity Building and Skills Enhancement for PH/PHC Staff**

The issues of lack of time and lack of staff to carry out preventive and promotive activities, whether due to insufficient resource allocation to PH/PHC programs or an overemphasis on curative care, could be addressed to some extent by improving efficiency in the use of existing resources. In terms of program staff, this could be achieved through targeted Capacity Building and Skills Enhancement.

Increased efficiency should be achieved through providing interactive workshops for all PH staff in the following areas:

- time management
- self performance assessment
- program monitoring and evaluation
- program planning
- record keeping
- data management and use

Training courses should be designed or sourced in order to upgrade the computer skills of all PH staff, but particularly Program Coordinators and at least one other program staff member. These courses should include basic skills training in appropriate versions of:

- MS Windows
- MS Word
- MS Excel

Improved computer skills will complement the capacity building and result in improved report writing, data management and use of data to allow for enhanced program monitoring evaluation and planning.

**Retrospective Data Analysis**

The collation, management and analysis of existing public health datasets will contribute important information for program evaluation, determination of health and health care trends, future planning and reporting FSM health data for regional and international comparisons.

Available data from each state should be accessed and collated for the years 2002, 2003 and 2004 for each state across all PH/PHC programs in a format agreed by the National Health Planner, the relevant National Program Coordinator and other relevant senior staff.

This data for all public health programs should be analyzed, graphed to show trends and described in a brief narrative report for each program. This could become the basis for an annual report for the National Division of Health which could be used for national planning and will have the additional advantage of being a data source for regional and international organizations. Currently FSM has largely disappeared from regional and international health reports due to the lack of available data.

It will also be a valuable tool for national and state program managers in assessing progress, evaluating program effectiveness and progress and will underpin justification for
modification and planning of future programs. This should have a significant effect on quality of program outcomes.

**Continuous quality improvement and Standards of Practice**

It is important that the two issues of Continuous Quality Improvement and Standards of Practice are addressed together to secure compatibility of purpose, process and practice.

Currently a comprehensive and evidence-based Quality Assurance Program which addresses Standards of Practice for all health delivery programs, delivery outlets and tiers of service exists in one state. A similar program exists in another state for hospital level care delivery. These were both developed by the same consultant. The program appears to be comprehensive, appropriate and of a high standard. Hence it would appear unnecessary to start afresh when the existing program will serve well as a basis for the development of a National Quality Assurance Program.

It is suggested that the existing program be adopted as a starting point for consideration by all states so that agreement on National Standards of Practice can be determined.

**Other general issues**

An appropriate approach is to aim, in all four states and at the national level, to work with stakeholders and support their initiatives to improve health systems that will lead to the provision of basic health services that will be sustainable, functional, effective and accessible, particularly to those living on islands and atolls. The approach should also aim to mobilize consumers and opinion leaders to exercise their responsibilities and rights in order for them to enjoy healthy lives.

There is a need to consolidate and rationalize all efforts into a single, costed operational plan covering all states. It should be understood that there may be variations between operational targets between states and these need to be clearly articulated in the plan. This operational plan must be compatible with the Infrastructure Development Plan. There is a need to articulate, in very practical steps, actions required (by when and by whom) to achieve targets set in the Infrastructure Development Plan. Where these targets are identified as unrealistic or achievable, this needs to be brought to the attention of the National Health Planner. The priorities, targets and strategies identified in the Infrastructure Development Plan are too broad and need to be broken down into component activities and tasks and to be determined in accordance with available budgets for the period covered.

Included in this plan should be identification of areas where further data collection are necessary for a more thorough planning in the areas of Program Targets, Human Resources, Infrastructure and Equipment etc.

Included in this plan should be the process of developing realistic and attainable norms, in accordance with national and international standards, in terms of Standards of Practice at all levels of health care, which will in turn determine the needs for necessary inputs such as number of facilities, staffing, standard of practice, supplies, equipment etc.
A possible process leading to the development of this operational plan might be:

- Stakeholders Meeting
- Review of Infrastructure Development Plan
- Review of other relevant background information
- Situation Analysis (establish the base-line)
- Development of draft Operational Plan and Standards of Service definitions
- Review of Operational Plan
- Development of final Operational Plan
- Launching of the Operational Plan

Some key issues in this process will be:

**Service Delivery**

- Reducing barriers to health care services – physical, financial and human
- Increasing access to health care – similar to the above
- Harnessing the comparative advantage of the private sector to reach underserved populations and areas
- Improving quality of care – provider practice & attitude
- Expanding access to preventive care
- Increasing the effectiveness and functionality of health service delivery points at all its operational levels - dispensary, community health center and hospital
- Improving functional inter-program relationships and practices
- Promoting Inter-sectoral actions for health care delivery

**Procurement**

- Improving relevance, availability and functionality (maintenance issue) of equipment at all service delivery points at all levels
- Improving availability and distribution of drugs, supplies and diagnostics

**Organizational Development & Institutional Relationships**

- Human Resource Management
- Leadership Development
- Internal Communication and Coalition building

**Performance Improvement & Management**

- Strengthening, standardizing and integrating routine data collection systems including the HMIS, program management and existing surveillance systems
- Data linkages and application for policy development, programming, planning and performance management

**Action Priorities**

- Formulation of an evidence based health care operational plan that provides an enabling environment for joint partnership, financing and sustainable health development between communities and the health service
- To improve access to quality health care delivery across all states
• To increase inter-tier relationship and inter-sectoral actions for health care delivery
• Establish a continually available and affordable supply system for drugs, supplies, diagnostics and equipment
• Strengthen the existing data management system in the health sector to provide evidence for policy, programming and planning, and link to broader databases required for state planning
• Developing the leadership capacity of key players in the health sector to lead and manage the implementation of the health plan as a performance improvement and reform process

Possible Strategies

• Adopting an inclusive consultative process to develop and implement the Operational Plan
• Collaborate with the relevant sectors including the Department of Finance and Administration, Department of Economic Planning and the Planning and Statistics Office to implement human resource development and management reform for health workers
• Establish and implement norms and standards for infrastructure, equipment etc that will guide clinical, management and community practices for health care delivery in all states
• Examine the feasibility of resource plans to include community based models of financing and increasing budgetary allocation to health
• Develop and implement guidelines for inter-tier (national and state) relationships (roles, responsibilities, reporting channels etc.) for the delivery of health care services. This should include primary & secondary care, inter-program relationships as well as interaction with all players in the health sector
• Develop an evidence-based procurement system for the sustainable procurement of drugs, supplies, equipment and diagnostics
• Institutional capacity building and strengthening for data management, program management, program planning, monitoring and evaluation and human resource management
• Leadership development capacity building
• Introduce program-based succession planning

Challenges

• Building a coalition to implement the operational plan and policy
• Creating trust in partnerships that include all levels of government and community
• Legislative mechanisms for data integration across states, programs and tiers
• The politics of health and development
• Political and social accountability

Wider Reform Issues (Requiring action outside the health sector)

• Human Resource Management
  o Deployment & distribution of staff
  o Management of effective staffing ratios related to populations served
  o Retention & Motivation of staff
o Staff Productivity
o Staff Remuneration

- Expanding options for resource mobilization and management
- Politics and Policy Development
- Inter-sectoral action for health
  o Water
  o Sanitation and Environmental Health
  o Power Generation and Supplies
  o Transport networks
  o Communications

- Donor Coordination
  o Negotiating development assistance
  o Evaluating the contribution of development partners
  o Ensuring program priorities are evidence-based and relevant to sustainable
domestic priorities instead of donor priorities