

Why a New Dental Clinic?



Year-round treatment, a working environment that retains dentists, and a design built for the realities of Makira-Ulawa Province.

This report explains why replacing the old dental room mattered. The problem was not simply an old chair. The province needed a service that could keep operating when the dentist travelled on outreach, and a clinic where trained local clinicians could do the work they studied for.



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Makira-Ulawa
Provincial Government

60,000

people in the province

1 DENTIST

historically serving Makira

YEAR ROUND

treatment must continue

People need care throughout the year

Most people live outside Kirakira. Outreach is essential, but the provincial capital also needs a functioning dental service while the dentist is away.



Makira-Ulawa is dispersed across islands and coastal communities.



Dr Lenstar Hagatea returned home to serve his province.

Makira-Ulawa Province has a population of about 60,000. Many communities depend on boats and long journeys to reach Kirakira. Some patients travel for many hours, only to find that the dentist is away on an outreach tour.

Outreach cannot replace a year-round base service. Kirakira needs enough clinical capacity for one dentist to travel while another continues treating pain, infection, trauma and routine needs at the provincial hospital.

Dr Lenstar requested a posting to his home province after completing his internship. His commitment showed what was possible when the province could retain a skilled local clinician.

Before Dr Lenstar, no dentist had remained in the Kirakira post for longer than 18 months during the previous decade. Distance and living conditions contributed, but the working environment also mattered.

After years of university and clinical training, it is deeply discouraging to work in a room where the chair does not move and essential equipment cannot be used. Clinicians cannot provide the standard or range of care they were trained to deliver.

A better clinic supports professional pride, safer care and retention. It also creates space for a second dentist or dental therapist, so patients can receive treatment throughout the year.

A rural posting becomes more sustainable when a clinician can use their skills, work safely and see that their service is valued.

The equipment restricted care

The former dental room could not support reliable infection control, modern treatment or a second clinician.



The chair did not move and the light could not reach or illuminate the mouth.



The sterilisation room had no light, windows or running water.

WHAT THIS MEANT FOR PATIENTS AND STAFF

- Suction was not working.
- Handpieces had no water and frequently broke down completely.
- Without reliable handpieces, the dentist was unable to do fillings.
- The sterilisation room had no light, no windows and no running water, compromising infection control.
- The dental light could not reach the mouth and illuminate the treatment area.
- The dental chair did not move, causing back pain for the dentist and making it difficult to see.
- Treatment was consequently focused heavily on pain relief and extractions.
- The poor working conditions made recruitment and retention harder.

An earlier attempt to establish dental care at Namuga had already shown that donated equipment alone was not enough. Without appropriate power, maintenance and protection from the environment, valuable equipment deteriorated before a sustainable service could develop.

The Kirakira project therefore started with the whole operating system: infrastructure, reliable utilities, equipment protection, infection control, maintenance, workforce and provincial ownership.

The goal was not simply to replace old equipment. It was to create the conditions for a dependable provincial dental service.

A clinic designed for the province

The concept combined clinical function, accessibility and protection from Makira's demanding tropical conditions.



The proposed clinic, including the long accessible ramp.

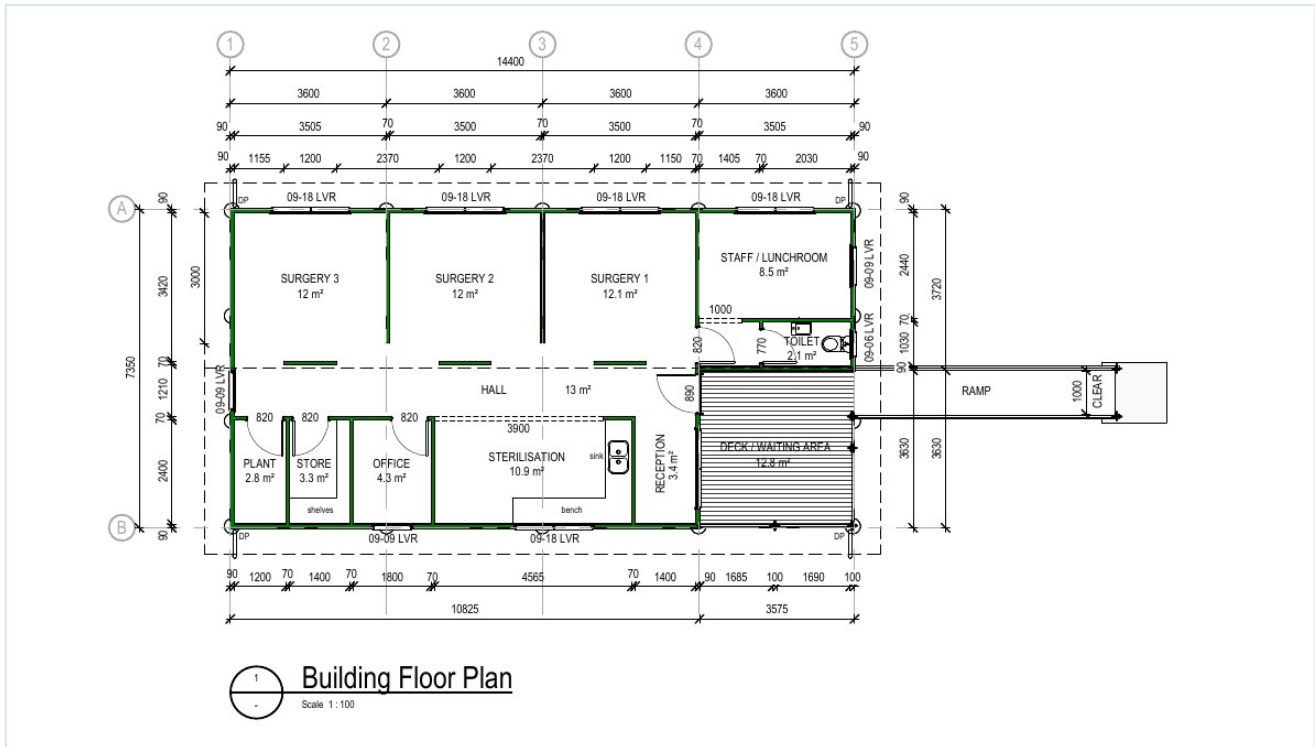
DESIGNED AROUND THE SETTING

- Insulation and efficient cooling protect people and equipment.
- A separate plant room reduces heat and noise in clinical areas.
- A water tank and staged filtration protect dental units and sterilisers.
- Power protection reduces damage from surges and voltage drops.
- Larger rooms accommodate patients who arrive with family.
- The accessible ramp provides safer entry to the clinic.
- The prefabricated components were designed so all parts could fit into a 20-foot shipping container.

The building design turned the service requirements into a practical, resilient clinic for Makira.

A three-surgery clinic with built-in resilience

Three surgeries provide year-round capacity, backup when equipment fails and space for visiting teams.



The enlarged plan shows three surgeries, sterilisation and a separate plant room.

WHY THREE SURGERIES

Two surgeries allow Kirakira to keep treating patients while a clinician travels on outreach. The third room provides backup when equipment fails and extra capacity during visiting programs.

The clinic also gives the national dental department a credible place to post a second dentist or dental therapist.

WHAT THE PLAN PROVIDES

- Three separate treatment rooms.
- A dedicated sterilisation room.
- An open reception and waiting area.
- Office, storage and staff facilities.
- A separate plant room for specialised equipment.
- Direct access from the long disability ramp.

A clinic that supports year-round care

The design links patient access with workforce retention. It gives clinicians the tools and environment to practise well, supports outreach without closing the Kirakira service, and protects equipment in a difficult tropical setting.