



**Viseisei Sai Health Centre**  
LOVE ALL, SERVE ALL

# Viseisei Sai Health Centre

ANNUAL REPORT 2014



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# Viseisei Sai Health Centre Trust

## **VSHC Trustees**

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MBBS, MH Ed, FRANZCOG  
Professor of Obstetrics & Gynaecology,  
Fiji National University and Lautoka  
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**Mission:** *"To provide a community health service by mobilizing resources and collaborating with the community, government and NGO's to provide free quality health service with an emphasis on health promotion and disease prevention".*

**Vision:** *"To make quality, comprehensive health care accessible to all regardless of race, religion or socio economic status so that everyone can enjoy good physical, mental and spiritual health".*

## Chairman's Report



Viseisei Sai Health Centre (VSHC) has reached a point where it needs to realign its activities with the lessons learnt over the last four years. It is clear to us that to work with the community requires a relationship built on trust, commitment and perseverance. Community involvement requires an understanding of traditional community structures. This requires the engagement of the village health committees, the administrative structures of the Vanua and the Province.

In pursuit of this, we have put significant effort in engaging with the Ba Provincial Council and through it, the villages in the Vanua of Vuda for a start. If our projects warrant it, we will be reaching out even further. The community structures involve the Advisory Council and the District Officers.

We have had several very useful meetings with them. Any community consultation on health issues requires very close collaboration with the Ministry of Health both at the local level and centrally. The support from the Wellness Unit and the Divisional and Sub-divisional levels has been very helpful.

2014 has seen the conclusion of a very significant collaboration with European Union to provide our Reproductive Health project. This project has taught us that there are several challenges in reproductive health service provision and gaps in knowledge and attitude of women in the community and their service providers. This project has also taught us that the empowerment of women and girls in their reproductive health has the opportunity to contribute to the national development agenda. If unplanned, unwanted pregnancies can be avoided, many women and girls would be able to develop their professional aspirations without unplanned interruptions. Even worse, the plight of many women in such a situation may have a devastating effect on their lives in general. It has been particularly pleasing that so many youth have benefitted from the project both at the school level and at tertiary institutions. The Reproductive Health team has produced a booklet *Understanding your own Reproductive Health* and this will be launched in 2015.

The NCD project received further funding in late 2014 so that its activities could continue to May 2015. The activities have been directed at educating the community about healthy eating, increasing physical activity and avoiding smoking and excessive consumption of alcohol and kava. Thirteen CHWs have remained active in

this project. VSHC has also produced a booklet on Wellness entitled *A teachers guide for interventions for early prevention of NCDs* and this provides basic information on diabetes, hypertension, cardiovascular disease and how to avoid these conditions. These publications complement the booklets produced in 2013 to help Community Health Workers (CHWs) advocate healthy living.

2014 saw increased activity at the health centre with patient load increasing from an average of 70 a day to around 90 a day. Student teaching remained an important activity with trainee interns spending a three week rotation at the health centre during their primary health care term. Several research projects are at the report writing stage and it is expected that these will be ready for publication in 2015.

As Chairman of the Trust, I am grateful to the staff for their efforts in maintaining their commitment to the values that govern the health centre activities. I am grateful to the Ministry of Health and the Fiji National University for their ongoing support. The European Union and the Australian Governments Department of Foreign Affairs and Trade (DFAT) through the Fiji Community Development Project (FCDP) have been generous in funding our community projects. I also thank my fellow trustees for their advice and support. 2015 will bring new challenges and we remain convinced that with the divine guidance we will be able to serve the community with the best of our abilities.

***Professor Rajat Gyaneshwar***  
***Chairman,***  
***VSHC Trust***

# **Front Desk Annual Report**

## **All the praises to the Lord Almighty for his blessings in our daily work**

2014 has really been a challenging year. Managing the front desk has been exciting as we have always been busy and this has made us more alert and efficient in carrying out our responsibilities. We have been guided well during the busy periods by the helpful and caring staff of VSHC.

MED TEC 32 software has been introduced to the VSHC folder recording system. We have managed to enter more than 8,000 patient folders into the system. Through this program we are also able to track names of patients and are able to identify them by their date of birth, age, national health identification number, residence address, etc. This helps us identify the exact patient, as there are many patients who come to the health centre with same name. The Med Tech system helps us avoid double entries of patient records.

Compared to 2013, this year patient numbers have increased. We see approximately 80-100 patients a day for specialist, general, gynaecology, baby outpatient clinics, and other matters. The record/folder room is nearly full and there is need for extra shelving, which will be addressed next year.

VSHC has received high recommendations on its cleanliness, the short waiting time, free medications and the smiling faces of the staff.

We are always willing to receive comments or ideas on areas for improvement from visitors and patients.

We have found 2014 a challenging and a successful year and look forward to further growth in 2015.

***Deepal Lata***  
***Patiliseva Namuaira***  
***Reception Staff***

## VSHC Clinical Report

When I first arrived at VSHC as its new medical officer this year, I quickly learned that this health centre was distinctively unique and exceptional. In particular, I was struck by both the passion everyone showed for improving the health care system and their willingness to work together across disciplines for the greater good. This collaborative spirit between the VSHC Trust and Ministry of Health is helping re-energize and refocus the efforts to provide quality health care with compassionate and accessible service for all.

The clinical team from the Ministry of Health at the centre comprises a medical officer, a clinic nurse and a zone nurse who are all committed to providing community-based primary health care services. This team provides for general outpatient services, outreach clinics, minor surgical procedures, cervical screening, domiciliary care, timely referral to specialist/hospital, maternal child health clinics, family planning services, NCD clinics, school immunization, nursing services such as drug administrations and dressings. Furthermore, the team dispatches medication from the pharmaceutical provision at the centre and also provides follow-up care for patients.

During 2014, almost 13,000 patients were seen in general outpatient services alone, averaging more than a 1000 patients per month. The total population of Viseisei Zone stands at 5,782. The clinical team has committed itself to expanding patient engagement, as well as reaching out to the community and consistently refining our work while also remaining cognizant of the limited resources.

Nonetheless, it is invigorating to have a dedicated cadre of volunteers and supportive staff at the centre. We, the clinical team, render our sincere appreciation to Dr Saras Nandan and Dr Finau Densy for assisting us. Our gratitude goes to the Administrative team, Reproductive Health team, Wellness team, front desk team and to Sister Akisi Daivalu for their amicable support. It has also been amazing working with volunteers this year from New Zealand, Australia, United Kingdom and Canada. We would also like to make mention the Directors of VSHC, Dr Swaran Naidu and Dr Rajat Gyaneshwar - your level of experience and professionalism is admired and we consider it the utmost privilege working with you both.

However, despite some challenges, we remain hopeful and will continue to grow as we move further along this accelerated path in 2015 with emphasis on inaugurating Medtech, a medical software tool enabling health professionals to efficiently manage their patients, aimed to empower the future of health management and quality patient care through technology. We are also equally enthusiastic about enabling the Healthcare Quality Improvement Cycle.

2014 was a productive year for VSHC. As we strengthen our focus on patient-centred care, our patients remain at the forefront of our purpose. We thank our colleagues for your contributions and look forward to what we can accomplish together in the future.

**Dr Kris Naidu**

*Medical Officer*

**Sokoveti Ravula, Jijilia Koroï**

*Zone Nurse*

*Clinic Nurse*

## **Statistics from the VSHC Clinic Records**

### **Demography**

Population Demography for Viseisei Health Zone from January – December 2014:

	Itaukei	Indo Fijians	Total
Population	2336	3446	5782
Child Bearing Age (CBA)	570	725	1295
Crude Birth Rate (CBR)	23.5	5.2	12.6
Crude Death Rate	7.2	7.3	7.4

### **Births/Deaths**

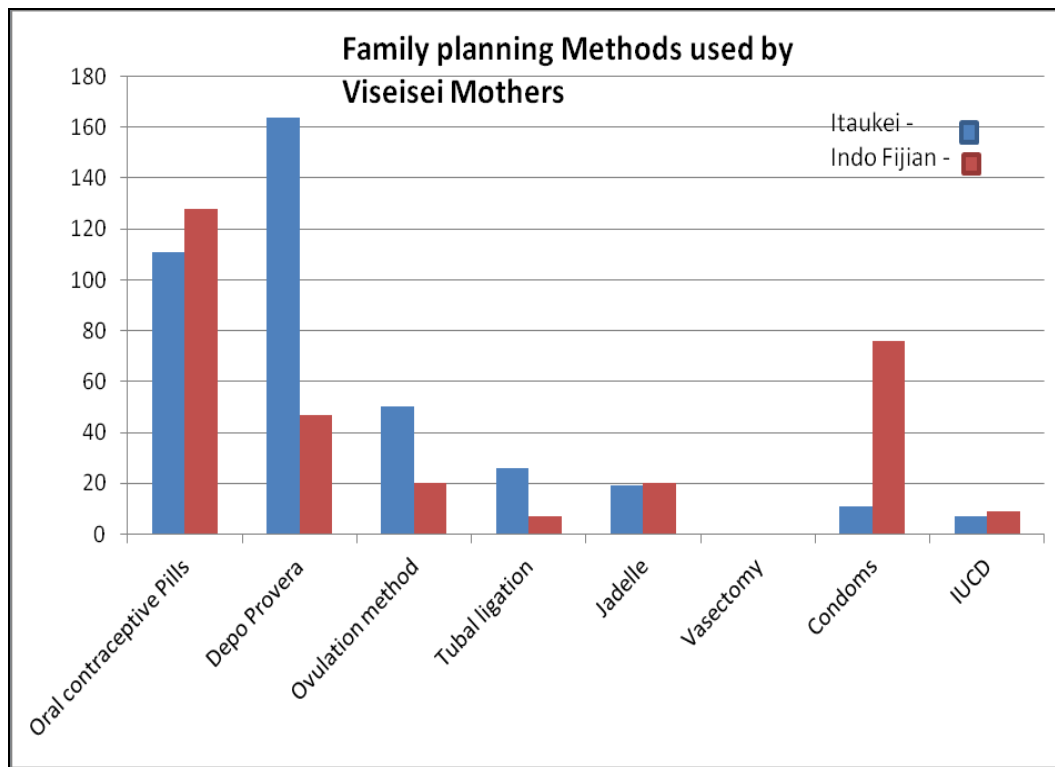
	Itaukei	Indo Fijians	Total
Total Births	55	18	73
Total Deaths	18	25	43
NCD Related	18	25	43
CD Related	-	-	-
Other Deaths	-	-	-

### **Family Planning**

Methods	Itaukei	Indo Fijians	Total
Oral contraceptive Pills	111	128	239
Depo Provera	164	47	211
Ovulation method	50	20	70
Tubal ligation	26	7	33
Jadelle	19	20	39
Vasectomy	0	0	0



Condoms	11	76	87
IUCD	7	9	16
<b>Total</b>	<b>388</b>	<b>307</b>	<b>697 (53.6%)</b>



### Cervical Screening

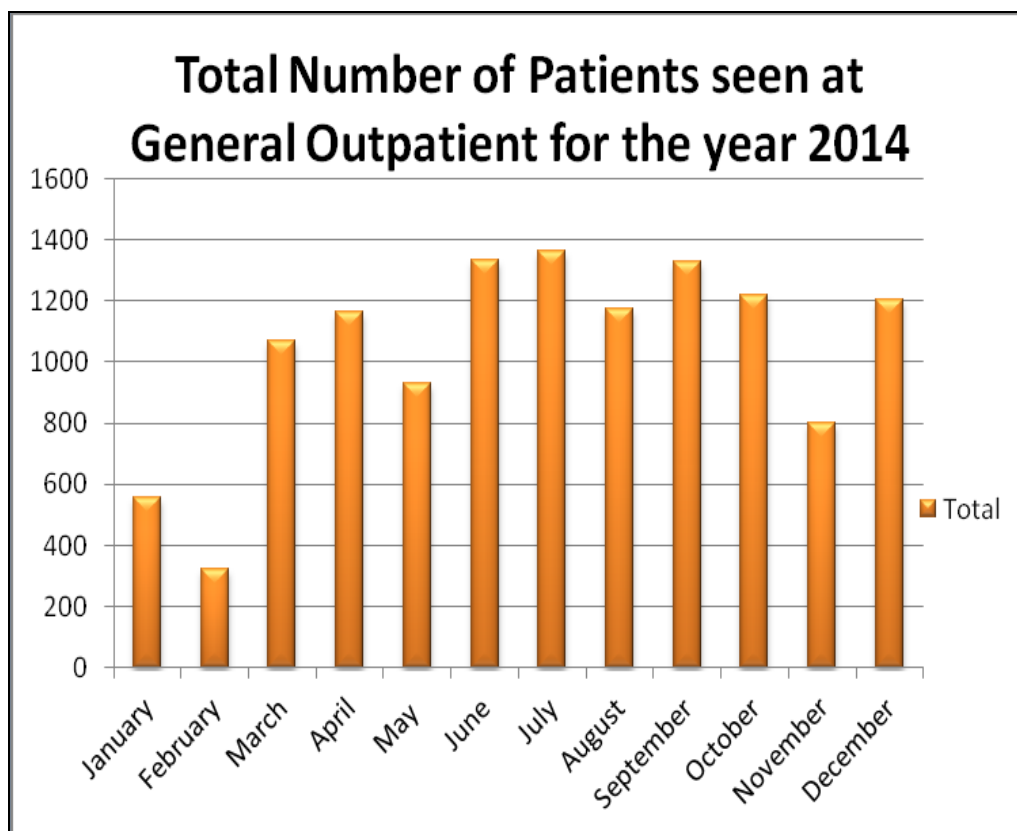
	Itaukei	Indo Fijians	Others	Total
Pap smear clinic at health centre	103	114	-	217
Pap smear clinic at outreach	707	897	1	1605
<b>Total</b>	<b>81</b>	<b>1011</b>	<b>1</b>	<b>1822</b>

### NCD Screening

Itaukei	Indo Fijians	Others	Total	New cases detected				
				DM	HTN	DUAL	Cardiac	Hyperlipidmia
493	360	2	855	11	22	10	-	-

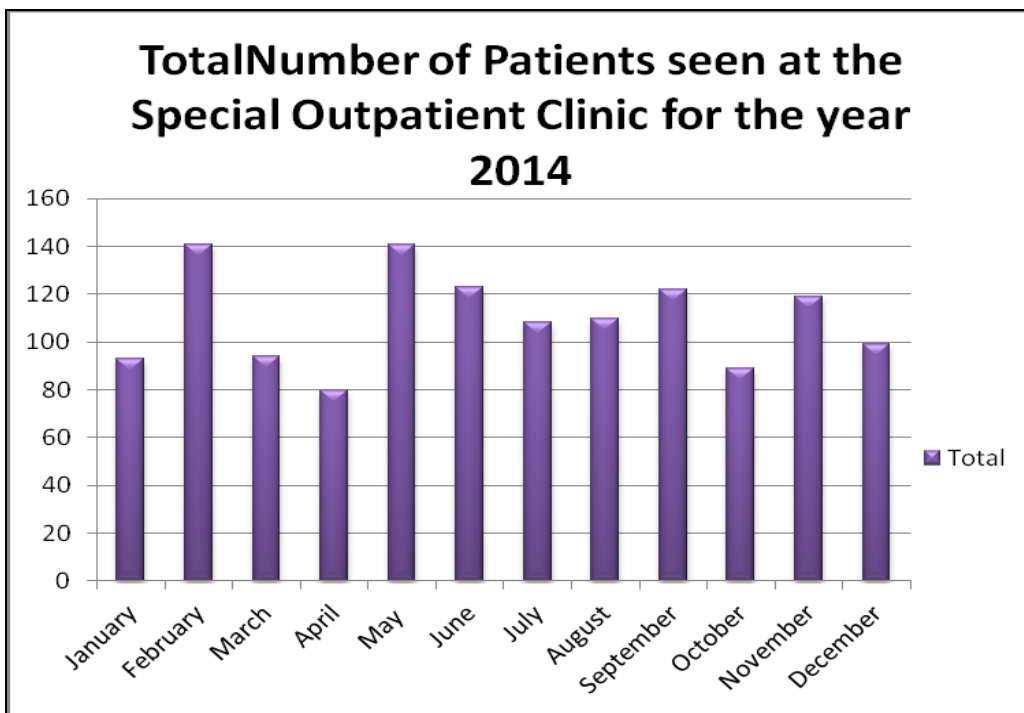
## Total General Outpatient Clinic Numbers 2014

Month	Itaukei	Indo Fijian	Others	Total
January	235	324	-	559
February	148	174	-	322
March	518	550	-	1068
April	499	664	-	1163
May	357	574	-	931
June	470	864	-	1334
July	593	768	-	1361
August	435	737	-	1172
September	508	819	-	1327
October	441	777	-	1218
November	216	587	-	803
December	725	481	-	1206
Total	5145	7319	-	12464



## Total Special Outpatient Clinic Numbers

Month	Itaukei	Indo Fijian	Total
January	15	78	93
February	35	106	141
March	25	69	94
April	24	56	80
May	47	94	141
June	38	85	123
July	33	75	108
August	55	55	110
September	40	82	122
October	20	69	89
November	28	91	119
December	28	71	99
Total	388	931	1319





*Zone Nurse Sokoveti Ravula, Dr Kris Naidu, Clinic Nurse Jijili Koroi*



*Zone Nurse handing out soap to children at Vuda District School*



*Zone Nurse Sokoveti and Clinic Nurse Jijili Koroi*

## **NCD Teams Report**

***"Empowering the poor and disadvantaged community in the Viseisei health zone to reduce the NCD risk factors and disease burden through education, awareness, advocacy and targeted health care."***

### **Introduction**

The Australia Government's Department of Foreign Affairs and Trade (DFAT) has funded the Non-Communicable Disease (NCD) Wellness project at VSHC through the support of the Fijian Community Development Program (FCDP) in the time period August 2013 till August 2014.

A summary of the comparative data from the 2012 VSHC mini STEP survey shows:

- 18% of survey population smoke in Viseisei compared to 16.6% nationally,
- 31% of Viseisei subjects consume alcohol regularly compared to 30.6% nationally,
- 61% of the Viseisei subjects are either obese or overweight compared to 67% nationally,
- 34% of the Viseisei subjects are hypertensive compared to 31% nationally,
- 29% of the Viseisei subjects have diabetes compared to 29.6% nationally.

These statistics show consistency between VSHC and the Ministry of Health, Fiji national STEP survey 2011.

The high rates of these life style risk behaviours increases the vulnerability of Viseisei communities to NCDs, particularly high blood pressure, diabetes and cardiovascular diseases which will ultimately lead to early deaths of productive members of our Fiji communities. The fact that these risk factors have been identified using an internationally validated tool such as STEP, means that any improvements in the community's health can be measured by using standardized criteria. Significant behavioural change takes time and this project is too short a time to make measurable changes. However, the project has started to introduce strategies to impact on behaviour.

The main thrust of the NCD program at this phase is health promotion and monitoring and evaluation (M&E). This emphasis will evaluate the effectiveness of the health interventions and screening programs that we offer. Simultaneously we will be able to recognize areas that require greater efforts in our health promotion program.

The NCD program has developed an M&E template that provides a work-plan of activities and outputs. This is an effective tool as it helps achieve the targets set and intended outcomes.

As well as the FCDP funding, the NCD team was successful in receiving two small proposal grants funded by the Ministry of Health's Wellness unit.

The first grant aimed at promoting home gardens and physical activity in the Viseisei Zone. The objectives were as follows:

- To encourage households to have a backyard garden
- To promote healthy food consumption
- To educate all age groups on benefits of physical activity
- To promote those who are inactive to get involved in physical activity for at least 30 minutes a day

### **Gardens developed in the community**

The gardening project was carried out in all the 13 communities. Ten households were selected from each community by the help of CHWs. Assistance was provided to those households who did not have a backyard garden or had difficulty in sustaining one. The seeds distributed and planted were: cabbage, coriander, tomatoes, eggplant, lettuce, pumpkin, long bean, french bean, cow peas and corn.



*Sakeena (CHW) helping community members develop home garden*



*Planting the seeds in the new garden beds*

The NCD team also started Zumba Sessions in the 13 communities. Each CHW was given two Zumba CDs so that they could conduct a fun and lively physical activity in their respective communities.

*Zumba session in Lauwaki Village Hall*



The second grant was for the publication of the Wellness booklet- '**A teacher's guide for early intervention for prevention of NCD's**'. This booklet has been written as a collaborative effort between the Viseisei cluster teachers and Mr. Ambika Prasad – retired principal of Lautoka teachers college. The Ministry of Education has supported this initiative and discussions are underway to launch this publication in the school curriculum in Fiji.

The NCD project cycle finished in August 2014 and VSHC applied for an extension of the project. The staff were retained so they could continue the work in their communities, and financial support was provided by the VSHC trust in the interim period. An extension of the project was approved from October 2014 till May 2015.

The team have the benefit of last years' experience and are able to implement a more strategic approach to the new program cycle, including regular reporting.

The team is continuing its outreach activities - promoting healthy cooking for better nutrition; home gardening and exercise for physical activity; and community wide education and advocacy for health promotion.

**The table below shows the various programs carried out by the NCD team:**

<b>PROGRAMS</b>	<b>NUMBER OF ACTIVITIES</b>
Physical activity	110
Cooking session with education	27
School education sessions	3
Gardening sessions	214 households
Community education	25
Workshops	4
High risk clinics	40
High risk education sessions	29
Outreach screening	52



**Pictures from community outreach:**



*Dr Finau engaging with patients*



*Patients lining up at Lauwaki Village Hall for screening with Sr. Akisi*



*Professor Rajat giving a talk to school children*



*Vegetable wrap – healthy dish demonstration*

## **COMMUNITY HEALTH WORKERS**

The 15 CHWs for Vuda Zone continued to assist the NCD team in reaching out to the community. To assist the CHW's in their delivery of services an assessment program was designed to gauge their understanding and knowledge on the lifestyle risk factors for NCDs; Smoking, Nutrition, Alcohol and Physical activity (SNAP). Ten of the CHWs went through this assessment. All participants showed that they understood SNAP and the importance of medication compliance and attendance at clinics.

UNDPs Strengthening Community Engagement Initiative is supporting the Teenage Mothers project for the Villages of Viseisei, Lomolomo and Lauwaki. This is the highlight of the year as the CHWs of Viseisei identified this area of need.

The value of CHWs is well recognized and to increase their effectiveness in their role VSHC provides capacity building and ongoing support.



*CHW educating the village about NCDs and its prevention using wellness charts*

## WHO PEN Tool and risk scoring NCD Patients

We have a total of 527 NCD patients and patient data has been captured. Out of these:

- 273 have Hypertension (HTN),
- 113 have Diabetes (DM),
- 133 have both HTN and DM,
- 4 have high cholesterol and
- 4 are cardiac patients (angina, Ischemic heart disease and cardiomegaly).

From the 527 NCD patients, 483 have been allocated with a PEN (Package of Essential non-communicable Disease intervention) score. These represent 91% of the NCD high risk patients. 53% of the patients are in low risk category and have remained the same. 3% are in the high risk category and the rest are in the moderate risk group. During this one year period, patients were able to reduce their PEN score. The PEN tool is useful in identifying patients who are at risk of a nonfatal cardiovascular event.

## Development Areas for the Program during 2015

- Understanding how the community functions and flexibility to enable the program to respond to their needs effectively.
- Greater collaborations have been made with local stakeholders such as the Itaukei Affairs, Ba Provincial Council and the District Office. This facilitates improved communication and interaction between the services of VSHC and community leaders.
- Investment in and training of CHWs.
- Working with other sectors such as Ministries of Health, Education, Youth & Sports, and Women's Affairs, Social Welfare and Poverty Alleviation, and Fiji National University.

### ***NCD Team Consists of:***

Ben Narayan – Health Educator, Diakisi Daivalu – Staff Nurse

Jyotishna Naidu – Research Assistant, Namrata Patel – Staff Nurse,

Mosese Baseisei – Health Promotion Officer

Sheetal Naidu – Research Coordinator

Professor Rajat Gyaneshwar – Team Leader



# Reproductive Health (RH) Project – A Human Rights Project

***"Strengthening rights of rural women by providing them with knowledge, access and control of their Reproductive Health (RH)"***



## **Introduction**

The 2 year Reproductive Health Project funded by the European Union continued into its second year of activities in the rural communities of Ba, Lautoka and Nadi in 2014. It started in November 2012.

This women and girl's empowerment project was developed to address the social inequities that they face today by empowering them with knowledge about their reproductive health and make targeted care accessible.

Rural women and girls are a marginalized and vulnerable group for a number of reasons. They are amongst the poorest with lower education, often without gainful employment, difficulty in accessing health services, and generally unaware of their health rights. They are disempowered to make informed choices with regards to their own reproductive health. This is quite obvious in family planning where many women have unplanned pregnancies.

With education on RH, rural women and girls will be able to better understand their reproductive health and exercise choices over their reproductive function. Thus they will have a greater chance of achieving socio-economic parity with their male counterparts and hence **gender equity** in society.

The International Conference on Population Development (ICPD) in Cairo in 1994 defined RH as: *"a state of physical, mental and social wellbeing in all matters relating to the reproductive system at all stages in life"*. This implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when and how often to do so.

Reproductive health Rights include:

- Reproductive decision-making, including voluntary choice of marriage, family formation and determination of the number, timing and spacing of one's children and the right to have access to information and means needed to exercise these voluntarily
- Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender
- Sexual and reproductive security, including freedom from sexual violence and coercion, and the right to privacy.

- If women are able to access reproductive health it will contribute in the longer term to reduction in poverty, improvement in access to education, reduction in maternal and child mortality.

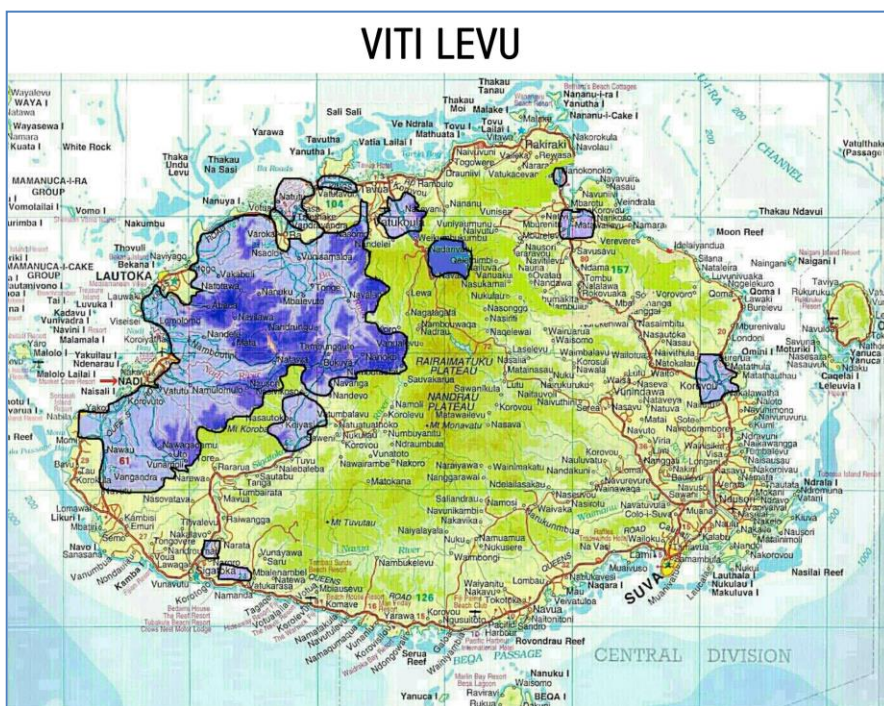
To maintain ones sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections (STIs) and unwanted pregnancies, and be given the choice to decide when to have children.

The overall aim of this project was to “strengthen rights of rural girls and women by **raising awareness and their knowledge in reproductive health and provide them with targeted health care** to ensure that targeted women living in rural Lautoka, Nadi and Ba are empowered through increased awareness and access to Reproductive Health services”.

The main activities of the project were:

- (1) Women and girls in rural areas of Lautoka, Nadi & Ba were provided education, information and awareness raising activities in RH.
- (2) RH outreach clinical services were taken out to remote areas to directly provide these services to women & girls.

**Area covered during the project period** (November 2012 till December 2014)



*The areas coloured in purple are the areas visited for outreach clinics and education by the RH Team*

Areas Visited during the period January to December 2014

<b>Sub Division</b>	<b>Area</b>
Lautoka (12 OUTREACH)	Nabare Settlement, Vanuakula, Lomolomo Hillside, Barara, Waikatakata, Natalau Village, Padarath Rd, Navetau, First Landing Resort, Anchorage Resort, Saweni Tyre Centre, Saweni Shopping Centre
Nadi (11 OUTREACH)	Lavusa, Swami Vivekanadan College, Korovuto Settlement, Nawaicoba, Meiganiya Muslim Primary School, Mate Road, Korovuto Village, Meiganiya, FNU Namaka Campus, Prince Charles Park, SSKM
Ba (50 OUTREACH)	Tuvu, Tavarau, Natawarau Settlement, Raviravi, Karavi, Sarava, Koroqaqa, Nakavika, Nailaga Village, Valele, Maururu, Vatulaulau, Talaiya, Nasolo, Nanuku, Moto, Balevuto, Vutuni, Rarawai, Vaqia 1, Vaqia 2, Field 28, Lane 25, Vunisamaloa Shastri, Veisaru, Bulabula, Nawaqarua, Lavuci, Koronubu, Natutu, Ba Hart Home, Tauvegavega, Rotary Village, Qerelevu, Koronubu Sangam, Varavu, Bulolo, Koronubu Community Post, Vunisamaloa, Navoli, Navatu, Navala, Namau, Nadari, Navia, Naboutolu, Namau, Nacaci, Balevuto Village, FNU Ba
Other (8 OUTREACH)	Rakiraki, Korovou, Vatukoula, Keiyasi, Olosara, Mulomulo, Seaqaqa, Coqeloa
<b>Total</b>	<b>81 Communities visited in 2014</b>

**Overall Project Activity Outputs**

<b>Project Activity</b>	<b>Number of participants in 2014</b>	<b>Total at the End of the Project (2012- 2014)</b>
<b>Overall EDUCATION</b>	6119	11103
Youth Workshops	30	161
Education in schools	1375	2083
Faith Based Workshop	92	254
Teacher's Workshop	131	178
Women's Advocacy Workshop	30	149
University Students	65	243
Community Health Workers	58	93
Nurses	17	52

Total Number of Advocates	672	1130
Individual Family Planning /Safe sex counseling	459	1557
KAPB Research	-	1505
<b>Total CLINICAL</b>	<b>2674</b>	<b>5622</b>
- Outreach Clinics	81	161
- Breast examination	2385	5333
-Pap smears	2048	4033

## **Project Execution:**

### **❖ Mapping and Scouting**

Mapping of the communities prior to the outreach visit was essential as this allowed for proper coverage of the areas to be included in the project. In addition to this, it also helped plan out the activities systematically as the mapping exercise informed the population of the area to be covered and other necessary requirements for the implementation of the project activities as per community needs. This was followed by scouting and canvassing exercise. A map of Viti-Levu was used to identify the communities. This was done in consultation with the local sub divisional health office and zone nurse. The exercise looked at the sub divisional boundaries, including medical areas, with advice and directive from the zone nurses at ground level. The team ensured that a medical area and sub division was completed before it began with the next area.

### **❖ Canvassing**

The canvassing exercise the reproductive health team invested in tremendously has resulted in success during the outreach activities. Visiting the communities prior to the outreach visit led to desired attendance at the outreach clinics. The average number of women attending the education, advocacy and outreach clinics was about 30 to 40 women per outreach.

Distribution of flyers was another key component in making the community aware of the outreach visit. Schools played an important role in helping distribute flyers through school children in their locality. Visiting house to house was also an important part of canvassing. This made rural women feel welcomed and the brief information given to them about the outreach clinic helped them better understand about the visit. The women were very pleased to know that a women's health specialist gynaecologist would be available to attend to their needs.

We also informed the community advisory councillor. In villages the best person to inform the community was the Turaga ni Koro since they are responsible for



administering the day to day schedule in a village setting. Village community halls, schools and private residents were the venues mostly used by the team.

### ❖ **Preparation**

Preparation for conducting the outreach clinic was done a day prior to each outreach mission. Educational material, paper work, contraceptives and the screening equipment needed was checked and packed in the vehicle so that departure took place on time the next morning. Two vehicles were taken to accommodate all the equipment, the team members and also MOH zone nurses from the area.

### ❖ **Services Provided**

#### **(i) Education in Reproductive Health:**

As lack of knowledge and awareness of RH issues is one of the major reasons for poor health seeking behaviour in our communities, great emphasis was placed on the education and advocacy aspect of the project. Included in this was the message of self-awareness, self-respect and value for women and the right to live with dignity and without violence of any form.

The main areas of Reproductive Health Education were:

- ◆ Family Planning and contraceptive use
- ◆ Safe Sex & STI awareness
- ◆ Cervical Cancer and its prevention and screening
- ◆ Women's empowerment, their rights to access RH care
- ◆ Gender based Violence

Education was provided to each individual who attended the outreach clinic. In addition to this several workshops were conducted for health professionals, nurses, teachers, community health workers (CHWs), women's advocates, youth, university students, and faith based groups to create awareness about RH.



*Health educators in the community conducting education sessions*

**School Students:** A total of 2083 school students have had education on some of the RH issues including gender equality, puberty, menstruation, HPV vaccinations and safe sex.



*Talks given to school girls on RH issues, especially the importance of HPV vaccines*

Educational material was provided to all attending the workshops. Follow up evaluation of random samples of those trained has also been conducted to gauge the impact of these education workshops.

**Advocacy and training of advocates** in the community took place. Women’s group representatives, youth, male representatives from communities, males & females from faith based organisations, universities and school teachers (teaching Family Life Education Program) were selected and trained in workshops. A total of 1,484 individuals have been through these workshops and seminars.

**Workshops/Seminar conducted from January to December 2014 for training of Advocates in RH**

Date	Workshops	Location	No. of days	No. of participants		
				Male	Female	Total
28.02.14	Empowerment in RH - FNU Namaka Campus	Namaka, Nadi	1	4	8	12
02.07.14	Empowerment in RH- FNU Ba Campus	Ba	1		18	18

27.03.14	Women's Empowerment in RH- Koronubu Sanatan Ba	Ba	1		22	22
08.04.14	Women's Advocates in RH Ba Women's	Koronubu House, Ba	1		23	23
14.05.14	Women Advocates in RH Dreketi Women's advocates	Dreketi, Lautoka	1	4	9	13

05.02.14	Empowerment in RH - CHW - East	Viseisei, Lautoka	1	1	18	19
02.04.14	Empowerment in RH - CHW-Suva	Lami Town Hall	1		13	13
09.04.14	Empowerment in RH- CHW- West	Viseisei, Lautoka	1		12	12
30.04.14	Empowerment in RH - CHW- Nadi- Lautoka	Viseisei Lautoka	1		14	14
29.05.14	Empowerment of Teachers in RH Tavua Teacher's	Tavua	1	12	12	24
30.05.14	Empowerment of Teachers in RH Ba Teacher's	Ba	1	19	30	49

10.02.14	Empowerment in RH- Ba Nurses	Kononubu House, Ba	1	2	15	17
10.08.14	1. Cervical cancer Screening in Fiji 2. Teenage pregnancy- FOGS Conference	Nadi	1	43	101	144
	Total		17	269	403	672

## **Education sessions in Schools from January till December 2014**

Date	Sessions in Schools	Location	No. of days	No. of participants		
				Male	Female	Total
24/01/14	Togo Lavusa		1	28	26	54
29/01/14	Swami Vivekananda College	Nadi	1	360	455	815
06/02/14	Andrews Primary School	Nadi	1		35	35
07/02/14	Nawaicoba	Nadi	1	28	38	66
11/02/14	Meigania Muslim Primary	Nadi	1		27	27
04/03/14	Tuvu Primary School	Lautoka	1	11	20	31
07/03/14	Tavarau Bharitya School	Ba	1	36	38	74
11/03/14	Raviravi Sangam	Ba	1	31	23	54
06/06/14	Veisaru Primary	Ba	1	17	25	42
04/08/14	Saru MGM School	Lautoka	1	23	20	43
05/09/14	Vunisamaloa Girl Guides	Ba	1		84	84
13/11/14	Lomolomo Public	Lomolomo Lautoka	1	22	28	50
	Total		12	556	819	1375

## **Pictures from Workshops and Outreach Education Sessions**



*Professor Rajat speaking at the nurse's workshop*



*Community Health Workers Workshop at Viseisei*



*Sangam Women's Group with the RH team*



*Health Educator providing RH session  
Education Session on Family Planning in the community*

## **(ii) Clinical Services in Reproductive Health**

All clinical services were provided with full attention to privacy, confidentiality and to meet individual needs. In 2013 the Western Branch of the Fiji Cancer Society provided us with a mobile clinic truck, which was no longer available to us, so this year we took all the equipment and had to put up a makeshift clinic at the host venue.

We have found that education to address community misconceptions increased the attendance to our clinical services, in particular the cervical cancer screening. Education and awareness was an important component to attract the women targeted, rather than simply promoting a clinical service with an “unpleasant medical test”. Understanding the importance of these tests was key for ongoing attendance and helped to advocate testing to other women within the wider community.

The gynaecologist addressed any gynaecological issues and those that required follow up were then referred to the base hospital or to VSHC specialist clinic.

In addition to the education by the health education team, the clinicians counselled all women in the reproductive age group individually on family planning and safe sex. Breast examinations and Pap smears were offered to the women and performed.

Trained health educators, nurses and the gynaecologist conducted education at various stages of an **outreach clinic**. Group education, one-to-one sessions and individual counseling were all part of the strategy.

### **Pictures from the Outreach Clinics**



*Staff Nurse Ake and Namrata setting up a Makeshift clinic*



*Dr Naidu Counselling a patient*

### **Clinical Findings from the Data collected at Outreach visits.**

Preliminary data shows that **51% of women were having a pap smear for the first time and 8.19% had the last one more than 10 years ago.** So far we have diagnosed 3 women with cervical cancer clinically, and another 4 through Pap Smears (total 7). Three other women have had endometrial cancer diagnosed after referral for investigations. There were 50 women with high-grade abnormal Pap smear results, all of whom have been referred for colposcopy and

management. The team has undertaken follow up of all women with abnormal results consistently.

## Clinical Findings

Pap result	Number	Percentage
Normal	2999	74.6%
Benign Cellular changes	753	18.8%
Low grade epithelial abnormality	64	1.6%
High Grade epithelial abnormality	50	1.245%
Endo cervical glandular abnormality	2	
Squamous cell carcinoma on Pap	8	0.199%
Unsatisfactory	106	2.64%
Broken slides /Missing	22	0.54%
Total	4016 (4013 results received)	100

### (iii) Research

Operational research was an essential component of the project. We are aware that little local research data is available to inform policy. "Knowledge, Attitudes, Practice and Barriers to Family Planning/Contraceptive use, Safe Sex/STI and Cervical cancer amongst women & girls" were investigated. We have collected data from 1,505 subjects. The research has shown us the contributing factors for women not using contraception or not presenting themselves for cervical cancer screening.

Survey evaluation of women's experience of pap smears conducted by the team was also undertaken randomly.

### Ongoing Training/ Capacity Building:

The project in its approach is building capacity at several cadre levels:

- **Zone Nurses** – this cadre is currently responsible for delivering a range of public health services to the community. However, our experience is that their knowledge, skills and attitudes especially in the area of reproductive health needs further development. We have done so by providing information and conducting role-play sessions on common scenarios requiring their involvement in counseling women and delivering SRH services. We have also discussed issues regarding leadership, MOH targets, data management and motivation and the need to empower women to be better able to look after their own health, as well their families.
- **Final year medical students from Fiji National University (FNU) -**

Students are placed at VSHC for part of their public health attachment. During this attachment they are taught to understand the rationale underpinning the approaches and targets in delivering RH services. They have experienced

firsthand outreach work and were involved in understanding how field visits were organised and conducted. They assisted with clinical work including Pap smears, under supervision, and by the end of the attachment became proficient in conducting these. This means that as practitioners in future they should be aware of RH issues and feel comfortable to provide basic RH clinic services.

- **Community Health Workers** – VSHC has been conducting training for CHWs. This cadre has an important role in health promotion and advocacy. They have been provided with basic RH information and skills development for advocacy regarding family planning, safe sex and cancer screening and prevention. Sessions were also conducted on domestic violence, child protection and care for the elderly and those with a disability.

- **School Teachers** – The Family Life Education Program at the Ministry of Education (MOE) is a great initiative. However, many teachers find it difficult to deal with SRH related topics. Our program needs further development at collaboration with the MOE.

- **Volunteers** – VSHC has had visiting specialists who have volunteered their time. We had overseas exchange students and Trainee Interns who joined the team within this project period as part of their community learning experiences. They were all briefed about the project, how it all started and how the clinic is carried out. The students assisted both the clinical and education team in interviewing patients and filling out patients folders.

## **COLLABORATIONS**

**Ministry of Health (MOH)** – The team worked closely with the MOH at a policy and operational level, for long term sustainability such collaboration is essential. The project targeted key MOH challenges and used intervention strategies, which are consistent with MOH policy.

At an operational level we worked with the DMO Western and SDMOs from Ba, Lautoka and Nadi. We invited the zone nurses and other MOH staff to work with us in our outreach activities. We even provided transport for them so that they could participate on a timely basis.

**UNFPA** – UNFPA has been a key partner. We have worked with them in the Vuda meeting with the MOH and other sectors in 'Repositioning Family Planning in Fiji'. We hosted a visiting UNDP mission to explain VSHCs outreach program on RH. We also participated in a Permanent Secretaries meeting on aspects of RH. Currently we are working with UNFPA to undertake a program review of the RH training project based at FNU.

**Ministry of Women, Social Services and Poverty Alleviation** – we worked closely with this Ministry and have had several discussions with them in targeting women's groups.



### **Fiji Cancer Society Western Branch-**

The Western Branch of the Fiji Cancer Society worked collaboratively with us, and where we had the use of their mobile clinic, their volunteers came with the team to distribute educational pamphlets on cancers and assist the team.

**Public Awareness Campaign** – We conducted several national media interviews, news broadcasts and contributed to newspaper articles – providing information on reproductive health and promoting the empowerment of women and girls so they are better able to care for their health and therefore their lives in general.

#### **MEDIA: Awareness raising and advocacy for RH**

TV interviews/news	13
Radio	9
Newspaper Articles	14
TOTAL	36

#### **PROJECT TARGETS:**

The outputs of the project proposal have all been achieved above the target set for the project period.

#### **The TEAM consisted of:**

Team Leader and Gynaecologist: Dr Swaran Naidu

Nurses: Staff Nurse Amelia Ake, Sr Diakisi Daivalu,

Health Promotion Officer: Mosese Baseisei,

Health Educators: Seremaia Koroi, George Qalo, Jokaveti,

Data Entry: Warsha Prakash, Research Officer: Sheetal Naidu,

Driver: Achu Dass

# Report from the Admin & Finance Department

## **VISEISEI SAI HEALTH CENTRE (VSHC)**

Fiscal Year 2014 was very demanding for VSHC — while we saw the closure of two major projects; the European Union funded Reproductive Health (RH) Project and the Fiji Community Development Program (FCDP) funded NCD Project, the latter was funded again by FCDP after a lapse of one and half months. It proved very challenging to re-secure the funds for the continuation of the NCD project. During its almost 4-year history, VSHC has grown from a small clinic to a wider perspective focusing in research and education, more outreach activities, proposal writing, capacity building for staffs, societal impact and many more. It continues to grow. As impressive as these are, and as dramatically different as VSHC is today, the focus on mission and vision remains steadfast. This success is directly tied to the enterprising spirit of VSHC's Medical Directors and staff and to a sense of teamwork that crosses disciplines.

As in the previous years, Trainee interns were placed at VSHC from College of Medicine, Nursing and Health Sciences through Fiji National University. Apart from this again in 2014, there were ad hoc international volunteer doctors who offered their services (**in kind**) to the community for short periods. The challenge as always remains to get these volunteers registered under the Fiji Medical Board and making arrangements for their accommodations. We are forever thankful to Anchorage Beach Resort for their altruistic gesture of special rates for our volunteers.

### **Donations**

- ***Cash Donations***

We have continued to receive some cash donations from individuals and organizations and as always we are thankful to them all for their continued support. All cash donations received are acknowledged and receipts are issued accordingly.

- ***Equipment and Medical Supplies Donations***

Donors have continued to supply us the equipments and Medical supplies which all gets recorded into our books.

- ***Contribution of Volunteers***

Volunteers continued to arrive at VSHC. Their time and contribution is impossible to measure in monetary terms. We are forever grateful of them. A special thanks goes to Tom Chivers who came all the way from UK and offered his services for a little over a month.

- ***Policy Procedure Manual***

The Business Operations manual is continually being updated to reflect the changes to the ever changing work environment. All changes implemented are with the approval of the Trustees.

- ***Capital Expenditure For Consideration***

VSHC is continuing to seek funding for the building extension proposal. With each year passing, the shortage of space continues to amplify. We are optimistic that we will be able to secure the funds to extend the building.

- ***Financial Reports***

VSHC continues to maintain its high standards accounting systems and practices to make it more efficient and transparent and avoid any room for fraud and irregularities. We continue to comply with the non-profit organizations Decree/Act. Two major projects; the NCD Project and RH Project were concluded during the year. The independent auditors Ernst & Young and Price Waterhouse Coopers respectively conducted the audit process with nil findings. Interim report continues to go weekly, monthly and quarterly to the Finance Director, Medical Directors and the Trustees. Other interim reports are prepared as and when required by the project stakeholders.

## **PROJECTS**

- ***NCD Project***

The NCD Project which was continued from funding by the Fiji Community Development Fund (FCDP) through AusAid officially came to an end on 31<sup>st</sup> August 2014. However after various meetings and consultations with FCDP, we were able to secure second round of funding for continuation of this project for a further 7 months. The project officially began on 15<sup>th</sup> October 2014 and will run until 31<sup>st</sup> May 2015. In the interim, VSHC continued to carry on the NCD Project through its own funds on a smaller scale to the extent that it funded the salaries for NCD Project Staff and the Doctor.

At the end of its first round of funding, the Project was audited for the period Jan-Dec 2014 by the external Auditors; Ernst & Young who were appointed in consultation with the FCDP. The expenditure verification was done for 99% of all the project expenses. The auditors gave an opinion that the Financial Report of the Project for the period presents, in all material respects, accurately the expenditure actually incurred for the project in conformity with the applicable Terms and Agreements of the Grant Contract. No issues were found or raised. We are happy that we were able to adhere to the terms and agreement of the donor requirements with a clean record.

- **RH Project**

The RH Project which commenced in November 2012 came to an end on 31<sup>st</sup> December 2014. This project was funded by the European Union (EU) and officially started on 5<sup>th</sup> November 2012. The project was officially closing on 4<sup>th</sup> November 2015 but we made an application for extension of the project until 31<sup>st</sup> December 2015. This extension was based on a "no cost" and the same was approved via an addendum by EU.

Changes to the staff structure were experienced during the year. We have lost 2 project staff, a driver and a staff from the Accounts Section. Both moved on to other positions. As per our Operations Manual guidelines, the new appointments required us to advertise. It is very testing to recruit adequately qualified staff but we have been very opportune in being able to build a good team.

There were some major procurement in this project due to unforeseen circumstances when one of our partners; Western Cancer Society operations came to a standstill. The project was working in a non monetary partnership with the Western Cancer Society in using their custom made mobile clinic for all our outreach activities. When the mobile caravan clinic was no longer available, the project team had to come up with alternative solutions in doing a make-shift clinic to carry out its clinical work in the outreach sessions. This resulted in procurement of a mobile examination bed, custom made tents, tables, chairs and many other items so that the patient privacy is maintained while at the same ensuring patient comfort. All procurements were made while ensuring policy adherence and financial responsibility.

Since the project was official closed on 31<sup>st</sup> December 2014, the Finance team had to ensure that all the project expenses were accounted for and the project transactions related to the period of the project duration. Appointment of independent external auditors took place in discussion with the donor agency and Price Waterhouse Coopers was appointed to conduct the project audit. A total of 72% of the expenditure was subjected to the verification. The auditors gave an opinion that the Financial Report of the Project for the period presents that no factual findings to have arisen from the verification procedures conducted during the audit.

- **UNFPA Project**

This research project funds the salary of a research officer. UNFPA continued to support the Research Officer's position during the year.

UNFPA also offered to extend its support to us by providing us with a mobile bus clinic. All procurement paper work took place and a supplier from Suva was finally chosen by UNFPA to make a custom made mobile bus clinic. The manufacturing of

the bus has already begun and we anticipate delivery in the first quarter of 2015. Thank you UNFPA for your continued support to VSHC.

**- MOH Small Grants**

VSHC was successful in securing two small grants from Ministry of Health (MOH) for two projects. The first project was a Backyard Gardening and Physical Activity Project in the Viseisei Zone. The project team promoted backyard gardening by providing seedlings. It also bought a Rotovator to make seedling beds. The objectives of the project were to:-

- To encourage households to have a backyard garden
- To promote healthy food consumption
- To educate all age groups on benefits of Physical activity
- To promote those who are inactive to get involved in physical activity for at least 30mins a day

It also had an added benefit in generating some income for the household thus making the project self sustainable. The project staff has managed to do a total of 136 gardens for the community, 20 for the individual households and for 2 schools.

The second project was for development of Wellness Booklet for the school teachers. The booklet titled "*A Teacher's Guide for Early Interventions for Prevention of NCD's*" has been developed. The booklet has been written as a collaborative effort of the project team, senior educationist; Mr Ambika Prasad, school teachers and medical doctors. The facts were crafted and presented so that it is easily understood and are consistent with the current evidence in the medical literature. The team is now preparing for the launch of the booklet in early 2015.

Cost management has been more challenging both for VSHC and the projects. Keeping within budget lines, not overspending, staying within the variance allowed for each different project all remains a challenge. We at VSHC are very proud to have withstood all the requirements. We are also proud to have withstood stringent audits from our external Auditors with nil findings.

The progress we have achieved to date positions us well to face the challenges and opportunities ahead. It also gives us confidence to move forward on critical strategic priorities for VSHC. We will focus our efforts on seeking further funding to continue the good work and to opportunistically seek efficiencies in our daily practices. As we continue to make progress, yet considerable time and resources are required to write proposals and seeking further funding for continuation of the activities we have started over the last 3 and half years.

Finally I take this opportunity to thank the VSHC Team, the Medical Directors, the Trustees, and everyone who in whatever way may have contributed to the success of VSHC to make VSHC an institution it is today. We are fortunate to have support from many stakeholders such as Ministry of Health, Fiji National University, the

donor agencies etc. They have provided us with many resources and a strong base from which to build and adapt for the future. The VSHC team always has been and will continue to be the primary ingredient to our successfully delivering on the promise of the VSHC's mission and vision.

Thank you all for your continued support. A big vinaka to the MOH staff who are posted at VSHC. Without their support, our clinical services would not be possible.

***Ashni Prasad***  
***Admin/Finance Manager***

***Ashna Chand***  
***Accounts Assistant***

# Training Interns

The Medical School at Fiji National University runs a 6 year undergraduate medical program. The final year is the trainee internship (TI) program in which the students are prepared for their service role upon graduation. During the year they are rotated through terms in Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology and Public Health.

A Public Health placement is an important part of training to be a doctor, as it provides these students with a more holistic understanding of health and disease prevention. From the middle of 2013, students have been attached to VSHC during their Public Health term. Whilst on attachment at VSHC the students are involved in all aspects of community health - general out patient care, maternal and child health, management of high risk NCD patients, women's health and outreach work. During 2014 we have had TIs rotate regularly through the health centre on attachment for 2 – 3 weeks at a time.

The most exciting component of their attachment is to be involved in strategies to empower individuals and the community to look after their own health by avoiding life style health risk factors. They learn about the health priorities of the Ministries of Health in the Pacific as some of the students come from different Pacific Island Countries. They also learn about the thinking behind the World Health Organisations Alma Ata and Ottawa Declarations. Both these declarations lay the philosophical bases for achieving universal health coverage for the community and educating the community to better look after its health needs.

I joined the team in March 2014 as the TI supervisor, and have really enjoyed the opportunity and the experience working with the team at VSHC.

**Dr Finau Dansey**  
**Training Intern Supervisor**



*TI providing NCD education to the community*



*TI providing education to CHWs*

***Viseisei Sai Health Centre Staff at the Launch of the Reproductive Health Project Report***



*Back row (L -R): Ileasa Namuaira (Assistant Turaga ni Koro), George Qalo - Health Educator, Seremaia Koroi - Health Educator Krish Naidu - Medical Officer MOH, Patiliseva Namuaira- Receptionist, Jyotishna (Jenny) Naidu - Research Assistant*

*Front Row (L - R): Sister Diakisi Diavalu, Associate Professor Naidu - Medical Director, Warsha - Data entry, Namrata - Staff Nurse, Ashni Prasad- Admin/Finance Manager, Sheetal Naidu - Research Coordinator, Ashna Chand - Accounts Assistant*



*Lachman - Handyman, Achu - Driver, Sukhu - Gardener*

**LOVE ALL, SERVE ALL**



