



Viseisei Sai Health Centre
LOVE ALL, SERVE ALL



Viseisei Sai Health Centre

ANNUAL REPORT 2012



www.viseiseihealth.org

vshc@kidanet.net.fj

+679 628 0503

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Viseisei Sai Health Centre Trust

VSHC Trustees

VSHC TRUSTEES

Chairman:

**Professor Rajat
Gyaneshwar**

MBBS, MH Ed
FRANZCOG
Professor of Obstetrics
& Gynaecology
Lautoka Hospital & Fiji
National University

Associate Prof Swarna Naidu

DSM, Dip Obs,
FRANZCOG
Associate Professor of
Obstetrics &
Gynaecology
Lautoka Hospital & Fiji
National University

Secretary/ Treasurer:

Mr Ashok Kumar

Finance Director
TCG Group of
Companies Sydney,
Australia Sydney,
Australia

Mr Vinod Patel

Company Director
Vinod Patel & Co, Fiji

Mission

"To provide a community health service by mobilizing resources and collaborating with the community, government and NGOs 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"

Viseisei Sai Health Centre
Viseisei Back Road
P O Box 4380,
Lautoka
FIJI

Ph: (679) 6280 503
Email: vshc@kidanet.net.fj

Introduction

Viseisei Sai Health Centre (VSHC) is a newly built Health Centre situated at Viseisei Back Road, Viseisei Village, Lautoka, Fiji. It was opened on the 2nd April 2011 by the Minister for Health, Dr Neil Sharma, the Tui Vuda and Ms. Sudha Mishra. The Health Centre is owned and run by the Viseisei Sai Health Centre Trust which was set up by Professor Rajat Gyaneshwar and his wife Associate Professor Swarna Naidu together with Mr Ashok Kumar and Mr Vinod Patel. The Trust has spent approximately \$500,000.00 in setting up the Health Centre. The Trust has been registered as a charitable organization in Fiji. It has signed a Memorandum of Understanding with Ministry of Health (MOH) and the College of Medicine, Nursing and Health Sciences (CMNHS) and Fiji National University (FNU).

The purpose of the Centre is to provide free, quality, comprehensive, compassionate primary health care to the community. This includes a general outpatient service and some specialist services. A network of international experts is used to provide advice about complex health problems. Thus the services provided are consistent with the health priorities of the Ministry of Health i.e. diabetes, heart disease, family planning, safe sex and cervical cancer. There is also an emphasis on research and community health education. The VSHC has a commitment to empowering the community to enjoy wellness by avoiding health risks.

The VSHC has a well developed robust governance structure. The trustees are respected members of the community, and the Medical Directors bring over 70 years of experience in health. A medical advisory board with nominees of the Minister of Health, the VSHCT and the community has been set up. There is a well organized administrative structure and a transparent financial management system.

Chairman's Report



I write this report on behalf of the Viseisei Sai Health Centre Trust with a sense of humility. The developments of the last 2 years since the opening of the Viseisei Sai Health Centre have been possible only through divine grace. Many like-minded people have spontaneously contributed to the many achievements that have occurred in this time. The wise counsel and efforts of my fellow trustees have been inspirational. They have been selfless and all of us have worked with an open mind learning more about our vision and mission.

The Tui Vuda Momolevu Ratu Eparama Kitione Tavaiqia has been generous with his patronage. We have been very fortunate to have had the support of the Minister of Health, the Honourable Dr Neil Sharma, the Vice Chancellor of the Fiji National University, Dr Ganesh Chand and the Dean of the College of Medicine Nursing and Health Sciences Professor Ian Rouse. Their encouragement has been pivotal. We have also been fortunate in being able to collaborate with Dr Joe Koroivueta, the Director of Primary Health Care and his team at the Ministry of Health. In this regard Dr. Isimeli Tukana, the Minister's adviser on Non Communicable Diseases, has been very helpful with his advice and mentorship. The Ministry's western divisional team, under the leadership of Dr Susana Nakalevu and Dr Abdul Shah, has supported us in our activities as a health centre providing services for the Viseisei Health Zone in the Lautoka/ Yasawa Subdivision.

We have a dedicated committed team of workers led by Associate Professor Swaran Naidu who is assisted by the administrative manager Ms Ashni Prasad. At the front desk we have Warsha and Patiuseva. Lachman and Sukhu maintain the property and surrounds. The NCD team is led by Sheetal Naidu and ably assisted by S/N Amelia Ake, S/N Namrata Patel, Ben Narayan and

Health Promotion Officer Mosese Baseisei. Dr Jo Felsen, our senior physician peace-corps volunteer provides clinical and operational advice to the team. Swaran who is assisted by S/N Amelia Ake, Seremaia Koroi, George, Jokapeci, Mosese and S/N Ann Felsen, our peace corp volunteer, leads the Reproductive Health Project team.

Each one of our staff is valued and without them we would not be able to succeed.

Some members of the team were responsible for the successful application for 2 major project grants. The AusAID Knowledge Hub at the University of New South Wales funded the first grant, which supports the NCD project. This project is about reducing community risk factors for diabetes and heart disease, which are both major health challenges for Fiji. The second project is funded by the European Union. This project is about empowering rural women and girls about their Reproductive Health (RH).

Funding was received from the KeriKeri Rotary Club from New Zealand for solar electrical panels to harness solar energy for electricity generation. The VSHC is concerned about environmental issues in all its activities.

Key Achievements for 2012

1. Growth in clinical services with over 13,000 consultations in 2012
2. Success in receiving the funding of two projects.
3. Recruitment and training of staff
4. First community based mini step survey in Fiji with the recruitment of 2668 subjects completed
5. NCD risk reduction interventions designed by MOH adapted and deployed in VUDA.

6. Recruitment, training and deployment of 13 Community Health Workers (CHW's).
7. RH project developed and set up for deployment in by November
8. Two Peace Corp Volunteers joined staff
9. Kerikeri Rotary Club of New Zealand installs solar power panels as part of our environment friendly initiative
10. Outfitting of dental unit commenced.

KEY CHALLENGES:

- 1. CLINICAL SERVICES** - The MOH provides a nurse practitioner and 2 nurses. The clinical load has become too heavy for them especially when one of them is on leave or gets called away to attend workshops
- 2. DRUGS AND CONSUMABLES** - The VSHC is reliant on the MOH for its supply. The drug supplies do not meet demand and many patients with high- risk conditions such as poorly controlled hypertension and diabetes are unable to get their regular drug supply. We are short of vaginal speculae for our outreach work.

The constant shortage of essential drugs makes adequate management of diabetes and cardiovascular disease difficult. Patients generally can't afford to buy their drugs.

- 3. SPACE** – As our activity has increased we have found that the existing Health Centre space is inadequate. The garage at the Drs' residence has been converted into office space for the RH team. It is not entirely suitable, as it gets very hot in the afternoons.
- 4. A meeting area** is planned in the adjacent grounds when funding becomes available. It is hoped to have a sheltered space for about 50 people where workshops and community meetings can be held. This space will be essential for continued community education activities.

- 5. INTERNET CONNECTIVITY** - In spite of efforts by wonderful volunteer Amit this remains a challenge and has a bearing on productivity and efficiency.
- 6. TRANSPORT** - The roads around Viseisei are rugged and sometimes impossible. The community is scattered and transportation challenging. A 24 year-old Pajero has been acquired to replace the Toyota Townace, which was unable to cope with the road conditions. The Pajero has made access better but its life span is a concern because of its age.

WHAT HAVE WE BEEN DOING

WORKING WITH THE COMMUNITY

There have been 5 meetings initially with the community and these were used to modify the vision and mission and also develop a work plan. The Director of Preventative Health for the MOH attended the meeting where the work plan was developed. This was a process involving the community as partners. There have been several meetings with school teachers from the district and more initiatives are under way to involve the community in all VSHC activities.

WORKING WITH THE MINISTRY OF HEALTH

VSHC works closely in collaboration with the MOH. It is a partner with the MOH in meeting the key health challenges defined by them. The health priorities of the VSHC are consistent with those of the MOH. The clinical practice follows MOH guidelines. The VSHC is incorporated as a Ministry Of Health facility in the Lautoka/Yasawa subdivision

The VSHC has taken over the delivery of the MOHs services for the Viseisei Health Zone. It is relieving the Lautoka Hospital, the Natabua and Namaka Health Centres of a significant load. In this role the VSHC comes under the direct supervision of the SDMO Lautoka/Yasawa.

WORKING WITH FNU/CMNHS

The 2 Medical Directors hold senior academic positions with the CMNHS and at Lautoka Hospital. In this role they teach and provide supervision for postgraduate (PG) trainees.

They lead research activities for the PG students and have started 2 significant research projects in the area of Public Health.

In his role as the Professor of O&G at FNU, one of the medical directors has an advisory role to the Minister on matters relating to reproductive health for the West.

CLINICAL SERVICES

In the last 2 years we have grown in our capacity to deliver our mission which is to help the community become more aware of how to look after its health needs. We do this by providing clinical services in collaboration with the Ministry of Health (MOH). The Sub Divisional Medical officer Lautoka/ Yasawa guides this collaboration. Our current clinical load has increased to about 70 outpatient consults per day, 50 Maternal and Child Health Cases per week and about 30 high risk cases with diabetes and cardiovascular disease each week. In addition each week our team does outreach home visits for vulnerable patients who can't come to the Health Centre. In addition we provide a women's health consultancy service and see on average of 15 cases per week.

The above clinical load is of direct benefit to the MOH, as these patients would have otherwise needed to access care either at Natabua Health Centre or at Lautoka. VSHC now is the only health facility providing free medical care between Namaka HC and Natabua HC. The immediate service area covered for the Lautoka/Yasawa Sub Division is the Viseisei Health Zone which has a population of about 15000. However, patients access our services from the

adjacent areas which extent to beyond Sabeto in the South and Lawaki in the North. The reason for this is easier accessibility to care at the VSHC.

Our clinical services have been strengthened by regular visits by overseas volunteer doctors. There is an annual one-day general medical and dental service provided by the visiting NZ Sai Medical team. About 500 patients are provided free medical and dental services and all medications on this day. This team also provides specialist gastroenterology and geriatric consultations. A similar team from Australia held a camp at Viseisei in 2011 when over 600 patients were seen.

Statistics for Patients seen at VSHC in the year 2012:

GENERAL OUTPATIENTS

I TAUKEI	INDO FIJIANS	OTHERS
6663	7225	100

SPECIAL OUTPATIENTS

DIABETES	HTN	DM/HTN	HEART DISEASE	RHD
339	460	293	57	6

OUTREACH/HOME VISIT

I TAUKEI	INDO FIJIANS	OTHERS
297	553	2

MATERNAL CHILD HEALTH (MCH)

I TAUKEI	INDO FIJIANS	OTHERS
1019	386	46

FAMILY PLANNING USE

FP METHODS	I TAUKEI	INDO FIJIANS	OTHERS
PILLS	122	117	1
DEPO PROVERA	130	7	0
NATURAL	50	20	0
TUBAL LIGATION	28	6	0
JADELLE	20	24	0
CONDOMS	9	54	0
IUCDS	12	6	0

PREVENTATIVE HEALTH

The Medical Directors of VSHC have a commitment to preventative health. They are in total agreement with the current push by the MOH to encourage 'wellness'. Wellness means that everyone in the community should enjoy good physical, mental, spiritual and social health. To enjoy wellness the community needs education about its health needs. The MOH has defined Non Communicable Disease (NCD) and Reproductive Health (RH) as priority areas.

In recognition of these priorities the VSHC is undertaking 2 projects, one on NCDs and the other on RH. Both the projects are about empowering the community to enjoy wellness. The project details are prescribed elsewhere in this report.

RESPONDING TO EMERGENCIES AND HELPING THE COMMUNITY DEVELOP RESILIENCE.

The VSHC has several roles in the community. One important role is to make the community better prepared to meet the challenges of natural disasters. We have faced 3 floods and a serious cyclone. Many families have fragile houses and poor water supply and sanitation. Much can be done to address this. We are at a very early stage in developing strategies to meet these challenges. However, we have been involved in some immediate initiatives.

1. Flood relief: Food parcels were taken to Lomolomo village during the January 2012 floods
2. Hurricane relief: After the Cyclone Evan in December 2012, Vodaphone made a grant of \$13000. This money is being used to provide water tanks, which will be placed so that the community can access water when supplies are cut. Chain saws were also purchased to cut and clear storm debris.
3. Toilets: Two communities have poor toilet facilities and still use pit latrines. We are exploring how to assist them.
4. We are collaborating with the District Commissioner's office to facilitate flood mitigation work for farmers in Wailoku.

STAFF DEVELOPMENT

1. The policy of VSHCT is to provide staff with a good, supportive environment for high quality work and professional development. The Medical Directors have both been invited to conferences in Sydney, Colombo, and Mumbai and within Fiji to present at conferences and meetings.
2. Two members of the NCD project were invited by the University of New South Wales to present in Sydney in November on our community health worker program

3. Staff recruited to the RH project have had intensive up skilling in RH
4. There is a regular in service training program at VSHC open to all staff
5. The Community Health Worker Training Program involved classroom based teaching and attachments to the Diabetes Centre, the Sexual Health Hub, VSHC clinics and on Community field visits.
6. We have had an office volunteer who has gained admission to the medical course at the University of Fiji.
7. We also have had elective medical students from Australia and NZ.
8. Two senior clinicians have joined us from the US as Peace Corps volunteers. Joe is an experienced physician so has been very helpful in staff development work with the NCD project. His wife Anne is a RH nurse so her talents are invaluable to the RH project.

GOVERNANCE

At least one of the medical directors is present at the health centre on most days to ensure that services are run well.

The trustees consult each other regularly and all key decisions are made consultatively.

The accounting system has matured with the introduction of MYOB and training of staff. We have produced audited accounts. A recent review from Ernest and Young on behalf of the European Union was favourable although some suggestions for improved practices were made. These are underway.

An operational manual is being developed to strengthen key performance areas and to set guidelines for the management of VSHC's core business.

The 2 projects are on target as far as meeting deadlines are concerned.

I thank all those who have joined us on this journey. I will not name anyone but please know that we are ever grateful for your advice, kindness, mentorship and assistance, large or small.

SOME VISITORS TO VSHC

The 1st visitor for 2012 was Dr isimeli Tukana, the national advisor for NCD's to the Ministry of Health Fiji. In the visitors book he commented "first primary health care setting in Fiji milestone break through".

Two weeks later Swami Tadananda, Jitesh Pala and Anil Pillay from the Ramakrishna Mission Nadi paid a visit. Swami Tadananda wrote "impressed with the establishment has great potential".

A week later 2 dear friends, Sai devotees and our daughter's in-laws, Krish and Selvani Naidoo spent more than a week with us. Selvani is a nurse and was able to give valuable advice.

There were several visits from Professor Richard Taylor from University of New South Wales, Sydney to help set up the NCD study. Early in February Stephen Morrell a statistician and a collaborator in our research work from the University of New South Wales visited and said, "I wish I was sick".

In March we were visited by Dr. Margret Cornelius who is working with the Fiji Health Sector Support Program (FHSSP) funded by Aus-aid and has been advising us on NCD interventions. During this time Devi and Sara Pavan, former doctors from Sydney, long time residence of Prashanti Nilayam, in Puttaparthi, India who can recount many close encounters with Sai Baba, also visited us.

The next month saw visits from Rotarians from Kidman Park and prospect in Australia.

Nola Vunualailai a statistician from the research office at the medical school, Fiji National University spent the day with us to advice on data management.

On 23rd May Rajats mother celebrated her 93rd birthday at the HC with an afternoon tea. Later that month the DMO western Dr. Nakalevu and the divisional health sister Leslie Boyd visited us. On 27th May we were moved to have a visit from Mr. Jai Ram Reddy who in his political career served Fiji unflinchingly and with great commitment.

June saw a flurry of visitors of many of Rajat and Swarans international O&G colleagues including the presidents and senior officials of RANZCOG, AFOG, SLCOG, PSRH and the Indian federation.

The following month we had visits from Vishnu Deo, the past chairman of Fiji Sathya Sai Organisation Fiji who gave his great encouragement when the health centre was being conceived.

Dr Gandhi from Townsville spent a week with us helping at the HC as well.

We had visits from Eddie Stice the Peace Corps Country Director, Colin Tukuitoga from New Zealand Health and Dr Gunu Naker, Anurag Prasad and Prakash Patel our sai colleagues from Sydney.

Dr Krish and wife Pushpa Nair from NZ, former work colleagues were welcome visitors and in the same month we had a visit from Jonathan Cole from the Auckland dental association and Joan Lal a senior dentist from Suva.

Michael Brown John visited us October from the Fiji Community Development Project when we were made aware of the Aus-aid project funding for which we could be eligible.

Later that month Dr Ilisapeci Kubuibola the head of public health and primary health care at Fiji National University spent an afternoon looking at our facilities.

November saw the visits of Mr. Y P Reddy, Kanti Lal Gina, Mr. Lionel Yee, Ambalika Kutti and Roshan Lal from Vodafone.

There were many others who visited us and each of these visits provides great encouragement and support. We are very grateful for all the support the VSHC has had from MOH, FNU, all our donors and well-wishers.

*Professor Rajat Gyaneshwar
Co-Medical Director VSHC*

Nurse Practitioner's Report



The Viseisei Health Zone has a total population of 5,728. There are 2,276 iTaukeis and 3,452 Fijians. The zone includes 4 villages and 14 settlements. Our clinical services include general outpatients, accidents and emergency, maternal child health, pap smear screening, family planning, gynecology and a special outpatient service for high risk patients with diabetes and cardiovascular disease. We also conduct outreach visits in the community and do home visits for those who can't come to the Health Centre. These include those who have suffered stroke, have had amputations or other physical disability.

There were over 13,000 consultations in 2012. Most were for patients from the Viseisei Health Zone but there were several people from Ba, Nadi and beyond who presented for care.

The NCD project has identified several new cases of diabetes and cardiovascular disease. This puts on additional workload on the services. We also have participated in the PEN project on NCD risk identification. This is being currently trialed.

The recent community based STEPs study has identified the Vuda community has having a very high-risk profile for NCDs.

*Thank You
NP Sereana*

Nurses Report

2012 was a challenging year for us as we felt the increase in workload compared to the year 2011. One of the main reasons was that we now have a full time Nurse Practitioner who was stationed on the 15th of February. We see approximately 60-80 patients a day and sometimes 100. Since we do not have a Pharmacist, we as Nurses are also dispensing drugs on top of giving injections, dressings and triaging.



We also have Mother and baby clinics held every Wednesdays together with Family Planning and Ante Natal Clinics. On Fridays the Zone Nurse and the Nurse Practitioner go out to do outreach and home visits. The Zone Nurse also does schools visits with the School Team from Lautoka/Yasawa Subdivision when they do their yearly school visits to the schools in the Viseisei Zone. Yes, the year was indeed challenging but we are often reminded of the motto of this health centre, which is **"Love All Serve All"**.

PHARMACY:

The pharmacy is supplied essential drugs by the MOH. We are constantly short of the following: enalapril, metformin and some antibiotics. Our quarterly need for the drugs does not match the supply. We prescribe 16200 metformin tablets and receive only 5000. We prescribe 11700 enalapril and receive only 5000. The table below provides a snapshot.

Quarterly requirements of Drugs at Viseisei Sai Health Centre

Tablet	VSHC needs	Current Supply at VSHC
Metformin 500mg	16,200	5000
Glipzide 5mg	3600	3000
Daonil 5mg	2700	5000
Asprin 300mg	1980	3000
Nifedipine MR 20mg	11700	5000
Losartan 50mg	5760	1000
Atenelol 50mg	450	0
Simvastatin 20mg	1800	3000
Furosemide 40mg	3600	0
Methyldopa 250mg	450	5000
Spironolactone 25mg	90	3000
Hydralazine 25mg	180	0
Brufen 400mg	180	1000
Flucloxacillin 250mg	3000	2000
Flucloxaicillin 500mg	5000	1000
Griseofulvin 125mg	3000	1000
Griseofulvin 500mg	3000	1000
Co trimetizole	3000	1000
MVT	5000	1000
Paracetamol	5000	3000
Cap Amoxicillin 500mg	3000	2000
T Erthromycein 250 mg	3000	2000
Caps Doxy 100mg	500	100

Elixir	VSHC Needs	Current Supply at VSHC
Amoxicillin	500	100
Panadol	500	100
Co.metrizole	500	100
Flucloxacillin	500	100

Ointment/Cream/Solution	VSHC Needs	Current Supply at VSHC
Tetracycline eye ointment	100	70
Neomycin Cream	200	50
GMS Sulphate	200	50
G.V.Paint	50	5
Chlorophenicol Eye drop	100	70
Asthalin Solution	20	5
Sulbutamol Inhaler	50	10
Whitfield ointment	50	10
Whitfield solution	50	10

Injection	VSHC Needs	Current Supply at VSHC
Propen	500	200
Benzathine Penicillin	300	200

NCD Project Report

Effectiveness of Interventions for prevention and control of Non-Communicable Disease (NCD) in Primary Health care (PHC) settings: A pilot project at Viseisei Sai Health Centre, Fiji.

INTRODUCTION:

The burden of Non – Communicable Diseases (NCD's) provides a major health challenge for Fiji causing considerable premature mortality and limitation of improvement in life expectancy.



Life expectancy is at a standstill and unacceptably low both for men and women. NCD's include cardiovascular disease, diabetes, cancer and chronic lung disease are contributed to by risk factors related to diet, exercise, tobacco and alcohol consumption, which can be measured and monitored through population prevalence surveys (such as STEPS). Evidence from developing countries suggests that appropriate interventions can successfully reduce community risk factors.

Control of NCD with lowering the population risk factors and reduction in premature adult mortality can be accomplished through primary prevention by

changing diet, increasing physical activity, reducing consumption of tobacco, alcohol and kava in populations through health promotion and structural changes.

The VSHC is ideally placed to serve the Vuda community health needs which has a population of about 15,000. The Viseisei Zone includes 4 Fijian villages: Viseisei, Lomolomo, Natalau and Lauwaki; and 9 settlements: Lauwaki, Wairebetia, Viseisei Back Road, Vuda Back Road, Dreketi (small and large), Wailoko, Lomolomo Seaside, and Lomolomo Hillside. The zone also includes Vuda Point, which is largely an industrial and commercial site with 3 hotels.

The aim of the project is to assess the effectiveness of interventions for prevention and control of Non-Communicable Disease (NCD) in individuals and the community in a Primary Health Care (PHC) setting.

This is the first study undertaken in the primary health care setting in Fiji to investigate NCD's risk factors at the community level using the WHO STEPS methodology.

STEP SURVEY INVOLVED:

Step 1- to quantify risk factors where participants were surveyed with behavioral questions such as alcohol/kava intake, tobacco use, nutrition and physical activity.

The questionnaires were filled the day prior to the screening with Step 2. Informed consent was obtained.

Step 2 – physical measurements were taken including height, weight, waist/hip and blood pressure.

Step 3 - Biochemical measurements of fasting blood glucose/fasting blood cholesterol.

Steps 2 and 3 were done early the next morning to ensure the participants had come fasting. After the testing the participants were given a feedback form with their findings. Furthermore, a medical personnel was there to discuss the results with them.

Participants were advised of any abnormal findings and referred to VSHC for further management.

This study is utilizing the MOH interventions to reduce individual and community risk factors. The effectiveness of these interventions will be assessed by a repeat STEPS study at the conclusion of the intervention. For the purposes of this study the MoH interventions such as SNAPS and the nutrition fact sheets for healthy eating have been modified for local use in consultation with the community. Further consultations with Fiji Health Sector Support Program (FHSSP), National Food and Nutrition Centre (NFNC) and National Centre for Health Promotion (NCHP), MOH have guided us towards implementation of the interventions.

A VSHC Flip Chart, with information on NCDs for use by community health workers, has been developed keeping in mind that the local communities will be able to use it easily.

POPULATION STUDIED

The total population of the Viseisei zone is approximately 15,000. The total population in the ages of 25-64 years is close to 3350. The total number of participants screened during this survey was 2668. The NCD team was able to screen at least 80% of the population.

INTERVENTIONS:

The intervention program has three phases. The first line of intervention was done during the first stage of measurements where the nurse practitioner or doctor had a one on one counseling session with the patient.

The second line of intervention is the education based on the promotion of 'Wellness' and awareness of NCD. During this phase, the centre established a position for a Health Promotion Officer whose duty is to organize and follow up community activities. The recruitment of community health workers as a catalyst for community participation fostered the program to a height that redefined the community health workers not as an extension to the nursing fraternity but as health advocates. This encouraged community members to be aware of healthy lifestyle and practice positive behaviors such as cooking with less salt, consumption of less sugar and use of less oil and portion control of meals.

This vigorous approach was based on the SNAP model prescribed by the Ministry of Health on the prevention of NCD's. The acronym for **SNAP** is as follows:

S - Smoking

N - Nutrition

A - Alcohol & Kava

P - Physical Activity

Community meetings and outreach was organized with SNAP as the main tool for intervention. Given below is the list of meetings and community outreach that was undertaken from July to December 2012: altogether 38 education session in the community

A Peace Corp volunteer Dr Joe Felsen facilitates an educational and awareness session for the high-risk patients once a week at the Health Centre.

Community wide education involves awareness raising on healthy living and 'Wellness' with the aim of preventing or adequately managing Diabetes, Hypertension and Coronary Artery Disease and Obesity.

Education Sessions- three times a week

The NCD Team reaches out to the communities to educate them on the risks, complications and management of NCD's. In undertaking this program communities are enlightened on issues regarding the food intake and portion control. In the process communities are also given sample meal plans to help manage their diabetes and salt reduction diets to lower their blood pressure levels.

In addition to this the modified SNAP tool that has been developed by VSHC is used.

High-risk Sessions- once a week

This session is for high-risk NCD patients whereby Dr. Joe Felsen and the health educators have a group and a one on one session to ensure that the patients understand management and compliance. An experienced general practitioner Dr Saras Nandan runs this NCD clinic every week to counsel and manage high-risk patients.

Home glucose monitoring

Community Health Workers monitor glucose for the patients in their locality for high-risk Diabetic patients and advice on management. CHW's report back any abnormalities and refer the patients to VSHC.

The nurses and Dr. Joe also monitor these record books of the CHW's

Physical Activity

Encouraging physical activity has been a challenge. Several people have started to walk but a lot more needs to be done. Volleyball sets have been distributed into the community. Their use is yet to be evaluated.

Healthy Cooking

Non-stick pans have been distributed to CHWs to promote the use of minimal or no oil while cooking.

In addition to this 7 Healthy cooking sessions were carried out in the community to demonstrate healthy cooking practices.

Guest Speakers

There have been several special visits by MOH staff who have talked about diabetic foot care and SNAP

NCD TEAM:

Medical Directors of VSHC:	Professor Gyaneshwar and Associate Professor Naidu
Research Coordinator/Nutritionist/Data Manager:	Sheetal Naidu
Research Nurses:	Amelia Ake Namrata Patel
Health Promotion Officer:	Mosese Baseisei
Health Educator:	Benjamin Narayan
Data Entry Personnel:	Warsha Prakash
MOH Staff:	Viseisei/Vuda Zone Nurse, Nurse Practitioner
Peace Corp Volunteer:	Dr. Joe (USA)
General Practitioner:	Dr. S. Nandan

Acknowledgments:

- Professor Richard Taylor, Knowledge Hub, School of Public Health, University of New South Wales, Australia: funded this project together with the Viseisei Sai Health Centre.
- Ministry of Health, Fiji for their ongoing support

Sheetal Naidu
Research Coordinator/Nutritionist



Staff of VSHC in July 2012

COMMUNITY HEALTH WORKERS PROGRAM FOR VISEISEI SAI HEALTH CENTRE

The Community Health Workers (CHWs) Program is in line with the Ministry of Health's national work plan. Viseisei Sai Health Centre was invited by the Minister of Health to train and deploy this cadre. The VSHC is one of the first Public Health facilities to implement this project. 15 volunteers were chosen from the community to be trained as health workers. This initiative emanated from the many community consultative meetings that have been held since the inception of the VSHC.

The role of the CHW was identified as being primarily to be advocates for wellness. Their role is to work with and under the supervision of the zone nurses. They undertook a weeklong classroom based teaching to learn about health risks and the MOH intervention tool SNAPs. Following this they had field visits to a range of facilities, which included:

- Golden Age Home,
- The Diabetic Clinic,
- The HIV & AIDS Hub Centre,
- The Mental Health Hope Centre,
- Lautoka Health Centre,
- Viseisei Sai Health Centre.

Part of the requirement in their four-week attachment was to organize a community health advocacy project. All projects were executed well and were a credit to the CHWs. It showed their potential as very effective in complementing the work of the zone nurse.



The following projects were implemented by the CHWs with the assistance of the NCD and Health Promotion team of VSHC.

- Dreketi Healthy Cooking Program
- Lauwaki Young People's Education Session at Salvation Army Centre
- Viseisei Village NCD Education Session in Vuda Back Rd (Delainadi)
- Viseisei Village Traditional Cooking Styles Session
- Barara Flats Healthy Cooking Style Session
- Dreketi Senior Citizens Celebration South Indian traditional Cooking Session
- Lomolomo Village Methodist Youth Fellowship NCD Education Session
- Viseisei Village Clean Up Campaign
- Lauwaki Village Vegetable Gardening Program.
- Volleyball sessions and walking

The CHWs especially showed their commitment and their interpersonal and organizational skills in working within the community during these projects. Vuda is still very traditional in terms of its culture and customs, and going into the vanua (villages of Viseisei, Lauwaki, Lomolomo, Namara and Abaca) requires protocol and formalities. Witnessing the will of these individuals and their strength and stamina as Community Health Workers for the villages and settlements really is seeing another driving force for VSHC. Out of all the 13 community health workers trained 11 are women and only two are males who represent the community in Barara flats.

Even though the communities acknowledge that the Community Health Workers represent them, it is not always easy in actual practice. The Health Promotion Officer together with the VSHC NCD team comprising of the Research coordinator, 2 nurses and Dr Joe Felsen, the Peace Corp doctor support the community health workers and walk with them in whatever activities they do, so that the people can see that they play an important role in their communities. The main aim here is that the people will be tuned into the importance of taking control of their own health.

*by Mosese Baseisei,
Health Promotion Officer*

Reproductive Health (RH) Report

*REPRODUCTIVE HEALTH REPORT FROM 3rd TO 31st DECEMBER
COMMENCEMENT OF EDUCATION TEAM*



The Reproductive Health Education team formally started on the 3rd of December 2012. Three health educators were recruited together with the existing Health Promotion Officer to organize and implement educational sessions in conjunction with the clinical outreach program that looks at Cervical Screening (Pap smear), breast checks and other RH services such as contraceptive counseling and provision.

The objective of the education team is to educate and empower women and communities on Reproductive Health issues such as Cervical Cancer, Sexually Transmitted Infections (STIs), HIV & AIDS, Family Planning and other Sexual Health issues. Other connecting issues discussed during education session

focuses on the importance of understanding sexuality as well as Self Awareness. In the process of discussing this issue of Sexuality and Self Awareness, Values is intricately discussed since this element assists an individual in decision-making.

ORIENTATION AND TRAINING OF HEALTH EDUCATORS

In the process of the orientation of the Health Educators, they were taken through a vigorous orientation process where they were required to research for their own development and also build on their personal knowledge. This process enabled the new recruits to understand the basic information about Cervical Cancer, Sexually Transmitted Infection, Anatomy and Physiology as well as Family Planning.

INCORPORATION OF LIFE SKILLS AND INTERACTIVE SESSION STRATEGY

The orientation and training exercise for the Health Educators was intensive and strenuous. The project realizes the fact that information alone cannot bring about attitudinal change and behavior change. Therefore the skills training was also undertaken to augment the Reproductive Health issues mentioned. Skills discussed during this training are:-

- Values Clarification Skills
- Rebuilding Self Esteem Skills
- Communication Skills
- Decision Making Skills
- Negotiation Skills
- Anger Management Skills
- Relationship Skills

All these life skills approaches were discussed in contextualized scenarios so that the 'trainee Health Educators' are able to understand how one makes his or own decision and the importance of Values and how it influences a person's attitude and behavior. The Health Educators were then introduced on how to prepare interactive session's with the community and the importance of simplifying important take home message after every educational session.

Specialist Clinic

Dr Swaran Naidu conducted a Reproductive Health specialist's clinic once a week at VSHC. During the year approximately 400 visits by women and girls were made to this clinic for a comprehensive assessment and management mostly as outpatients. About 12 to 15 patients were seen per session per week.

The main reasons for consultations were Amenorrhoea, Abnormal vaginal bleeding, Infertility and obesity related hormonal issues and Pap smear screening.

The number of patients from Viseisei zone was approximately a third while the rest were from outside the zone. Some patients were referred directly to Lautoka hospital for admission and management.

Breast checks and Pap smears were also conducted as appropriate. All abnormal results were followed up and managed if necessary through the colposcopy clinic at Lautoka.

Both the Medical Directors being Obstetricians & Gynaecologists have been involved in RH activities in the following:

1. Academics at the College of Medicine, Nursing and Health Sciences, Fiji National University where they are involved in undergraduate and post graduate training in Reproductive Health. As such they have also been involved in clinical work and teaching at Lautoka hospital.
2. They have been active in community empowerment, awareness, and education programs on Primary prevention issues in RH and successfully put in a proposal to European Union for a large project on "Empowerment of Rural women in RH through education, awareness, and provision of targeted health care via outreach clinic" for rural Lautoka, Ba and Nadi over a 2 year period. This project started in November 2012.
3. Attendance at national and international conferences to present on issues pertaining to Women's Health
4. The main volunteer Gynaecologists in supporting and working on the Australian and New Zealand Sai Medical camps held in Fiji. They saw approximately 450 patients and performed 400 pap smears.
5. Supporting the Western Branch of cancer society through community education on prevention strategies and management of female cancers.

Women's health has been the area where both the medical directors have worked in Fiji, Australia, NZ and UK over a combined 60+ years.

It is a joy for us to be working at a Primary Health Care level with the community. Empowering women and girls to better manage their Reproductive Health is our goal in this area. Every woman empowered contributes greatly to better family conditions as the mother is the centre of a family's well being. This has direct impact on the society and the nation.

Report from the Peace Corp Volunteers

This year the Ministry of Health requested that Peace Corps Fiji-Group89 (25 in total) serve throughout the Nation to promote awareness of NCDs (non-communicable diseases), to assist local healthcare providers with reproductive/maternal health issues and to participate in the identification of and treatment of inadequate sanitation. So, on November 5th 2012 my wife Anne and I found ourselves placed at the Viseisei Sai Health Center (VSHC).



At the time of this annual report, Anne and I are confident that the MOH/P.C. decision to send us to this site is without a doubt appropriate and rewarding. Anne's background is nursing with additional accreditation in breast-feeding (certified by the LaLeche Society). I have practiced general medicine for the last 33 years. We could not be a better fit! The co-founders of VSHC, Prof. Gyaneshwar and Dr. Naidu have begun two large research projects - one in NCDs and one to empower women by supplying education for and care of Reproductive/Maternal Health needs. The NCD study covers 9 settlements and 4 villages. The RH/MH project extends from rural Nadi to rural Ba. I arrived after "The NCD Team" surveyed 2700 adults ages 25 to 64 with a Mini-Step census. They also had already trained 14 Community Health Workers to be the mentors and monitors of NCD education and intervention in their districts.

We are now in phase II of the NCD project, Education and Intervention of high risk patients (those with Diabetes, Hypertension and/or High Cholesterol). To that end with the assistance of our staff and the encouragement of the co-founders I have found myself very busy from day one. To aid Community Health Workers retain their knowledge of NCDs, Mosese Baseisei (Health

Promotion Officer at VSHC) and I developed a 20-page flip chart to be used as a study guide for them and as an educational tool to teach their patients. I give an educational class each Thursday to high-risk NCD patients in the VSHC Conference room. The average attendance is 25. Our two research nurses, Amelia Ake and Namrata Patel and I do educational classes in the settlements/villages. Up to December 31st we talked to 175 adults and provided Blood Pressure and Glucometer checks to the attendees.

This November on World Diabetes Day, VSHC sponsored first a Walk, then a Volleyball Match against Barara, followed by a healthy Heart Smart Lunch.

At VSHC, we have initiated a quality assurance program to review the interventions by our NCD provider/physician to make sure MOH guidelines and NCD intervention protocols have been implemented and are appropriate. The Staff, Anne, and I have done two healthy cooking demonstrations so far.

As you can see our involvement is intense. Anne is doing breast-feeding classes and assisting Dr. Naidu with the education of our 5 new Health Educators for RH/MH. Most importantly, we have been schooled in the SAI philosophy - LOVE ALL-SERVE ALL. The co-founders insist that everyone comes here free of charge, they will be treated with respect; regardless of race, color, gender, or creed. Prof. Gyaneshwar and Dr. Naidu have been completely transparent regarding the finances of the Trust Fund. They insist that all Staff is equal. Anyone employed here can mop a floor or clean a toilet. Work does not end at five o'clock. There is no overtime pay! We are a mission of love and caring for all of mankind—not just a job!

Anne and I will give up 27 months of well-deserved retirement but we have found that WELLNESS –the active process in which we learn to make choices for a happier and healthier life that requires a balance of BODY, MIND, and SPIRIT emanates from the very essence of what Viseisei Sai Health Centre is all about.

Dr. Joe Felsen & Anne Felson

Wellsville, N.Y. USA, PCV Fiji-Group 89

Report from the Finance Team

VSHC has an in-house accounting function which is responsible for the daily input of data onto MYOB, weekly cash flow reports, monthly reconciliations and monthly financial reports. These reports are made available to both the Finance Director and the Medical Directors. Yearly annual audited reports are conducted externally by Mishra & Co. The annual report is made available to the Trustees and all internal and external stakeholders. VSHC is committed to executing its financial management processes in an accountable and transparent manner.

The initiative is directly accountable to the donors and the grant-providing organisations. As such, the Trust, which manages the initiative, enforces a policy framework with strict guidelines to ensure funds are used as intended, through the implementation of an ethical financial management control system. The Trust's policy framework is designed to ensure that VSHC operates within the law, and in accordance with the requirements of the Trust. Ultimately, VSHC also aims to be open about the way in which it operates, as well as its decision-making processes. The Trust is satisfied that VSHC has continued to operate ethically and in adherence to the policy framework. Overall, 2012 has been a successful year for VSHC, as the organisation secured grants from University of New South Wales to carry out a NCD Project, which started in June 2012 after receiving approval from the Ethics Community. In November, VSHC secured another grant with the European Union to carry out a women's health research project, which will run over two years. At VSHC Transparency and accountability will always be the foundation of our policy framework. We at VSHC continue to look forward to the challenges in the year ahead and endeavour to engage in efficient, effective and ethical financial management practices.

Future.....

The Reproductive team has started their project, which has a large rural population to cover from Ba to Nadi.

The NCD community intervention will continue to promote wellness and try to reduce the risk of disease. At the appropriate time retesting of the population will be done.

The Health Centre Clinics have grown and more clinical staff will be required in future. More Drugs will also be needed to meet the demand.

The dental room is being outfitted and equipped.

VSHC will continue to strive for community empowerment to better manage their wellness.