



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

# Viseisei Sai Health Centre

## ANNUAL REPORT 2013



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## Contents

## Pages

Chairman's Report .....	2-7
Front Desk.....	8
VSHC Clinical Report.....	9-11
NCD Project Report.....	12-21
High Risk Clinical Data Report.....	21
Health Promotion Unit Activity Report.....	22-23
RH Project Report.....	24-39
Financial Report.....	40-43

## Viseisei Sai Health Centre Trust

### VSHC Trustees

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**Professor Rajat Gyaneshwar**  
MBBS, MH Ed, FRANZCOG  
Professor of Obstetrics & Gynaecology,  
Fiji National University and Lautoka  
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#### Mr. Vinod Patel

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#### Mr. Dev Mishra

Company Director,  
Western Diesel Services,  
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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”.

## Chairmans Report

Time does fly. The Viseisei Sai Health Centre (VSHC) was opened on 2nd April, 2011 with the blessings of Bhagwan Sri Satya Sai Baba. In our short existence a lot has happened. We are seeing more than 70 patients per day at the centre. This means that almost 15,000 patients each year who would have been seen at Lautoka hospital and other existing outpatients are now being seen and VSHC. Associate Professor Swaran Naidu an experienced Gynaecologist has provided specialist consultation on women's health and a senior General Practitioner Dr Saras Nadan has provided care for high risk patients with diabetes and cardiovascular disease. A total of 1230 patients have accessed this clinic. In addition to this, we have 3 outreach programs. The nurse practitioner and community health nurse provide outreach clinical services for disabled patients and others who cannot access the health centre.

The reproductive health team has now provided clinical care and education in reproductive health in outback western Viti Levu extending from the Nausori Highlands to Ba, travelling to remote areas like Bukuya. So far the team has been to 84 communities and villages have performed 2170 pap smears, 2942 breast examinations and provided 5136 individuals with education.

The European Union funding has allowed a vital 2 year project to commence. This project is directed towards empowering rural women and girls about their reproductive health. This project is ambitious and covers rural communities from Nadi to Ba. Its main aim is to empower women to enjoy good reproductive health, avoid unwanted pregnancy, sexually transmitted infections and cervical cancer. The RH team provides education and motivation and backs this up with clinical services provided by an experienced team of professionals in the privacy of a mobile clinic.

The mobile clinic was made available until recently by the Western Branch of the Fiji Cancer Society. In addition the RH team has been conducting workshops for teachers involved in delivering the Family Life Education program in schools, for women's groups, youth, university students and to some faith based organizations. Recently 2 workshops were organized for sub divisional nurses and these were very well received.

The Non Communicable Diseases (NCD's) team has concluded a mini Step Community survey, the first one of its kind in Fiji. The team has conducted 60 outreach education sessions in the communities and schools in the Viseisei Health Zone. It has also piloted the World Health Organisations PEN (Package for Essential NCD's) risk assessment tool for categorizing risks for NCD patients.

The University of New South Wales funded project to study the community life style risk factors for developing non communicable diseases using the STEPs tool and evaluating the impact of interventions on reducing these risk factors concluded in June 2013. We were grateful for this grant as it was our first and got us started on our present path. The STEP survey data is currently being analyzed by Sheetal and Jenny with the help of Stephen Morrel a statistician and Professor Richard Taylor a renowned Public Health expert from the University of New South Wales. The initial impressions are that the data will provide valuable information about life style health risk factors and how these can be reduced. In August we received funding from the Fiji Community Development Program which is being funded by AusAID. This funding has allowed us to strengthen our community intervention program and also train Community Health Workers who will assist with advocating for health living in the community. The current funding is for 12 months. The Trust will have to secure further funding to ensure that this important work continues.

Apart from the outreach work we were invited by the Ministry of Health to participate in a workshop on repositioning family planning in Fiji. This workshop was supported by the United Nations Fund for Population Activities (UNFPA) and was held in Vuda at Ratu Iloilo Vatu House. We were also invited by the Ministry of Women's Affairs to participate in the Rural Women's Day.

We have regular invitations from faith based organizations of various Christian denominations, Sangam and Santan Dharam. I am pleased to report that we have been privileged to work with other Ministries such as Youth and Education. This has allowed us to spread the message of Wellness to schools and tertiary institutions.

Another major achievement has been our Community Health Worker training program. We were very fortunate in being invited by the Minister of Health to commence this training in 2012. We now have a Community Health Worker Cadre deployed in the Viseisei Health Zone to work with our zone Nurse.

Our staff numbers have increased dramatically. The Medical Director Associate Professor Swaran Naidu leads a team of 23. The clinical team from the Ministry of Health still comprises of a nurse practitioner Sereana Sivo, and 2 nurses Sokoveti Ravula and Jijilia Koroi. The administrative team has grown from 1 to 5, with Ashni Prasad being joined by Archana Narayan in managing the accounts and Warsha Prakash, Patiliseva Namuaira and Nasoni managing the front desk and files. The 2 projects have 13 staff. The Reproductive Health project funded by the European Union has a team comprising of staff nurse Amelia Ake and health educators Seremaia Koroi, George Qalo and Jokaveti Tokolau. The Wellness team comprises of Jyotishna Naidu, Benjamin Narayan and Namrata Patel. Mosese Baseisei is the Health Promotions Officer and has input into both the projects as does Akisi Daivalu, a retired senior sister. Sheetal has taken up a UNFPA funded position to manage data for both the projects and is assisted in this by Jyotishna. Our 2 Peace Corps volunteers Joe and Anne Felsen moved onto new projects in Suva after having worked with us for 12 months.

We have recently received funding from the UNFPA to strengthen our information gathering systems so that valuable field experiences can be captured and analyzed in order to provide useful information on how best to improve the community's health. Our experience with current data collection that accuracy of the captured data is of concern as many contradictions are apparent. There are also issues relating to the data currently being collected from the health zones.



This data can be confusing. The UNFPA Funding will allow us to ensure that our data is accurate and presented in a useful way. Capturing the crude birth rate and the contraceptive prevalence rate, needs an accurate assessment of women in child bearing age in the zone. This requires accurate household surveys. The zone crude death rate can also potentially provide useful information regarding trouble spots for NCD risk factors. The PEN scoring system maybe a useful tool for this.

There has been a resignation from the Trust. The former Tui Vuda's wife Adi Kavvua resigned as she now is staying primarily in Suva. Her place has been taken over by Mr. Dev Mishra a prominent businessman who has supported VSHC from its inception. He brings business acumen together with a strong commitment to Sai spiritual values. The other Trustees with me are Mr. Vinod Patel, Associate Professor Swaran Naidu, who is also the Medical Director and Mr. Ashok Kumar, who ensures that the accounting systems are flawless and meet all requirements. The Trustees meet formally and informally on a regular basis and all key decisions are canvassed. The Trust produces an annual report and audited accounts are available.

It would be remiss of me not to identify some other serious challenges in the community health sector. The population we serve is very poor with many households having no regular disposable income. We are competing in the community with vested interest which is much better funded to manipulate community lifestyle choices. Many of these are unhealthy, deeply entrenched and difficult to change. The sick in the community cannot afford to buy their medications and the health centre medication supplies from the ministry of health s remain inadequate. I am also concerned about serious gaps in knowledge and skills of health care providers particularly in the area of family planning and cancer screening. I mention these challenges not out of frustration but only to identify areas in which we can all work together to improve.

During the year we have worked closely with the Ministry of Health. The Minister has been very supportive of our efforts so has been his key staff especially Dr Tukana from the Wellness Unit and Dr Susana Nakalevu and her Divisional staff from the West.

We have continued to enjoy financial support and mentoring from the Fiji National University through both the Vice Chancellor Dr Ganesh Chand and the Dean of the College of Medicine Nursing and Health Sciences, Professor Ian Rouse. Trainee Interns are seconded to VSHC during their Community Medicine attachment. This association with the medical school and particularly with the School of Public Health is very important and mutually beneficial. We will continue to develop initiatives to promote this partnership.

Our aim is to be collaborative in our work by involving the community, faith based organizations, the Ministry of Health, other Ministries such as Education, Women, Youth and we have also worked closely with our funding partners. We believe that in this journey we need to work with all likeminded people to achieve the best possible results for the communities we serve. We are also aware that with collaboration with other NGO's involved in similar projects we can maximize impact and minimize duplication and wastage of scarce resources.

Our work would not be possible without the generosity of so many people who have contributed their time, resources, advice and financial assistance. They know who they are. We remember you all in our prayers and hope you will be showered with blessings.

Finally this journey has been exciting and very rewarding. We need to ensure that VSHC remains sustainable and on a firm foundation. The Trust major challenge for 2014 is to make this happen.

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



## Front Desk Annual Report



Praise The Lord, Ni Sa Bula, Sai Ram. We are thankful to be working amongst Professors, and staff who are all helpful and are always assisting us during our time of need. We have learnt so much from the day to day activities In and Out of the clinic and the In-house training that we attended.

2013 is indeed a challenging year. We have felt that there is an increase in number of patients we serve this year compared to the previous years. We have served chiefs, pastors/priests, teachers, police officers, business people, and many others. Sixty (60) to eighty (80) patients and at times a hundred (100) come through the desk. Therefore, we thank the God Almighty for giving us the wisdom to handle the difficult situations. We've managed to organize files in a manner that is easy for all staffs to pull out folders when needed.

We've come across patients who are so nice and kind and full of patience while some are demanding at times but at the end of the day it is "LOVE ALL SERVE ALL".

We do hope 2014 will bring a more lighter burden as we hope that the Viseisei Community will be a very Healthy Community.

The face of the Viseisei Sai Health Center Warsha and Pa ☺ ☺ ☺

## VSHC Clinical Report



Viseisei Sai Health Centre medical area consists of 3 villages, 17 settlements, and 3 primary schools with its 3 pre schools. Also located are 2 big oil companies Total and Mobil, 3 resorts and the main FEA power station in the western division. In the clinic there is one zone nurse who looks after the community and clinical services, a clinic nurse who assists in minor procedures and drugs administration, and a nurse practitioner who looks after the general outpatient services and outreach clinic.

### **Demography:**

Total population of 5,745 of which 40% are Itaukei (Fijians), and 60% are Indo Fijians. 23% of the total population falls within the child bearing age. There were 61 births during the year and 43 deaths. The crude birth rate was 10.6 per thousand population. For the Itaukei it was 18.3 and for the Indo - Fijians it was 5.5. The crude death rate for the Itaukei's was 7.9 per thousand and for the Indo-Fijians it was 5.2 per thousand. The difference in both the birth and the death rates between the Itaukei's and the Indo Fijians is worth investigating. The majority of the deaths were due to NCD complications.

### **Maternal Child Health:**

Although we had only 61 births we have looked after many women and children from outside our health zone. In our zone we have 100% immunization coverage. 83% of the babies are exclusively breast fed for 6 months and 14 % continue breast feeding for 2 years. We also provided IMCI (Integrated Management of Child with Illnesses). 385 babies have been seen at the clinic. The MCH clinics are normally on Wednesdays.

## VSHC Clinical Report



Children under the age of five years and their mothers are reviewed at this clinic. The Immunization schedule covers children from birth to one year age. The vaccines given are for polio, hepatitis B, meningitis, tetanus, diphtheria, pertussis, haemophilus type B, pneumococcal and rota virus. At 12 months immunizations for measles and rubella are given. For IMCI of the children presenting 219 were diagnosed with pneumonia, 100 with upper respiratory tract infections and 66 cases with diarrhoea.

Ante natal care was provided for 58 mothers. Of these 6 mothers booked in the first trimester. The remaining booked either in the second or third trimester. There were 12 teenage pregnancies.

We also provide family planning services including Pap smears and breast examinations. Associate Professor Naidu provided us with support for the training. This has allowed us to insert Inter-uterine device and Jadelle. Contraceptive coverage rate is difficult to assess as our data is incomplete. We have over a 1000 women in the reproductive age group. Of these 172 women are using deprovera, oral contraceptives, IUCD, Jadelle or condoms. We do not have figures for tubal ligation. Contraceptive coverage rate is a priority for the Ministry of Health and therefore we are committed to establish accurate data for our zone. A total of a 105 Pap smears were performed.

### **School Health:**

There are 645 students in the 3 schools in Viseisei. A team from Western health with the support from our zone nurse conducted health screening test and immunizations for Measles, HPV and Tetanus. 94% of girls aged between 10 – 13 have been immunized for HPV. This should have an impact on the longer term prevention of cervical cancer in these girls. The dental team provided dental care including extractions.

### **General Outpatient Service:**

A total of 14,914 patients were seen in the clinic. This equates to about 70 patients per day. 289 patients were referred to the base hospital for further treatment. 42% of the presentations were for respiratory conditions, 29% had skin infections and 16% with gastro intestinal conditions.

### **Special Outpatient Service:**

A total of 1230 patients were seen in this clinic. Dr. Saras Nadan, an experienced GP managed the high risk NCD patients whilst Associate Professor Naidu provided specialist care in womens health.

### **Challenges:**

VSHC has a high through put of patients each day and the expectations of the patients are sometimes difficult to meet. Their disappointment is around shortage of essential drugs such as Metformin and Enalapril. Furthermore, there is no pharmacy assistance and this places an added burden on the clinical staff.

***Sereana - Nurse Practitioner***

***Jijilia - Clinic Nurse***

***Soko – Zone Nurse VSHC***

***Angeline (Relieving Zone Nurse)***

## 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**

2013 was an exciting year for the NCD team at VSHC. For most of the year the team comprised of Sheetal, Namrata, Ben, Moses and Dr Joe. However, in the last few months there were a few changes. Dr Joe Felsen and his wife Anne left us at Viseisei to join projects in Suva. Dr Felsen was very helpful because of his past knowledge and experience as a physician and especially in the areas of diabetes and cardiovascular disease. The Felsens left us but we were joined by 2 new staff members, Sister Akisi who is a retired senior community health nurse and Jenny who is a recent graduate with a Bachelor in Public Health from Fiji National University.

The team’s major achievements have been the satisfactory conclusion of the University of New South Wales (UNSW) funded project in which we conducted a community based mini STEP survey, introduced community based health interventions using the Ministry of Health (MOH) endorsed SNAP tool, trialed a new WHO initiative using PEN for risk classification of NCD cases and developed new intervention tools as we better understood community health needs. This included the recruitment, training and deployment of 14 community health workers. In July 2013, when the UNSW funding ceased we were able to continue with our work but this time funded by the Fiji Community Development Program (FCDP). Since July our major achievements include refinement of cooking classes, home gardening promotion, physical activity promotion and improved community consultation by further strengthening the community health worker program.

The NCD team is grateful for the strong community support, encouragement by Dr Isimeli Tukana from the Ministry of Health Fiji wellness centre, the support of the Divisional Medical Officer Western, the Divisional Education office and the Divisional Youth office.

The Minister for Health asked us to provide in service training for community health workers from the western division.

This training was successfully concluded and our training officer Mr. Mosese Baseisei conducted follow up visits to see the community health workers in their workplace. This was done in December. The Minister has asked us to provide training for community health workers from the southern and central divisions.

The STEP survey data that was collected in the year 2012 - 2013 has been entered in a reliable and systematic data base. 2678 participants were recruited into the survey.

This year the data entered has been thoroughly checked before analysis. The University of New South Wales (UNSW) team provided assistance in data management trainings and data checks to ensure that the data is clean and ready for analysis. Whilst attending training on data management, the NCD research team was made aware of the importance of proper data collection and accuracy while entering and collecting the data. A lot of time and effort was put in towards rechecking the entered data in order for analysis. Further assistance was provided by the UNSW team in data analysis. Some analysis has been done but we have yet to analyze more data.

According to the STEP survey by MOH in 2002 and 2011 there has been an escalation in the prevalence of diabetes, high blood pressure, obesity, smoking and alcohol intake. The VSHC Survey results further confirm these rising trends. In the table below we provide the summary of the result of our community based Step Survey in Viseisei with figures derived from the Ministry of Health Sep Surveys conducted in 2002 and 2011.

<b>Results</b>	<b>2002 – MOH Fiji</b>	<b>2011 – MOH Fiji</b>	<b>2012 – VSHC</b>
% Daily smokers	17.5%	16.6%	18%
% Current Drinkers	21.6%	30.6%	30.8%
% Overweight or Obese	58.5%	66.9%	60.5%
% Raised BP (140/90)	24.2%	31%	33.6%
% Raised Fasting Blood Glucose	19.6%	29.6%	28.7%



Our interventions to reduce lifestyle risk factors for NCD's are evidence based recommendations from WHO and MOH.

The year started with education and awareness raising sessions in all the 13 communities. Apart from this the NCD team did community outreaches including education, healthy cooking demonstrations, gardening, physical activity sessions and screening. In addition to this, every Thursday NCD High risk clinic involved education, counseling session and as well as screening by nurses and then later doctors consultation with patients.

The team organized guest speakers to come to the health centre and speak to the community and patients on improving their lifestyle choices so that they could keep healthy.

#### Guest Speakers at the Health Centre:

<b>Guest Name</b>	<b>Topics Covered</b>	<b>Number participated</b>	<b>Date</b>
Chef Seeto	Healthy Cooking	39	14/2/13
Sister Sangeeta	Breast feeding & healthy foods	15	17/4/13
Sister Anna	Healthy Snacks – Use of Local Produce	40	25/4/13
Jessie Pullar	Cash for Calories	30	18/4/13
Owen Miles	Biggest Weight Loser	16	23/4/13
Peace Co Volunteer	Breast feeding	17	18/6/13
Divisional Youth Officer	Planting seeds Techniques	25	11/7/13
Dietitian Filo	Healthy Foods for NCD Patients	8	3/10/13
Pharmacist Gena	Diabetes and Compliance	10	5/12/13
Chef Seeto	Healthy Cooking	39	7/11/13

**Pictures showing Guest Speakers in action:**



Chef Seeto serving the food prepared to Seinitki (Tui Vuda's Wife to Adi)



Staff Nurse Sangeeta encouraging Mothers to breast feed



Sister Anna – talk on healthy snacks



Jessie Pullar – Dietician speaking on Cash for Calories

We have been very fortunate in maintaining continuity in our efforts after the UNSW funding was exhausted. We continued our work with a grant that we received after a competitive process from the Fiji Community Development Program which is funded by Aus Aid. With this funding we have been able to carry out over 100 sessions in the communities to reduce their health risk factors and to promote wellness. These sessions have included:

**Table showing the various programs carried out by the NCD team:**

<b>Programs</b>	<b>No. of Activities</b>
<b>Education sessions in the Community</b>	<b>50</b>
<b>Education sessions in Schools</b>	<b>10</b>
<b>Healthy Cooking classes</b>	<b>26</b>
<b>Gardening promotion</b>	<b>6</b>
<b>Physical Activity sessions</b>	<b>5</b>
<b>Community Screening for Diabetes and blood pressure</b>	<b>50</b>
<b>Education sessions for High Risk NCD Patients</b>	<b>33</b>
<b>Guest Speakers</b>	<b>10</b>
<b>Total</b>	<b>180</b>



## Pictures from Community Outreach



Community listening to the education talks and enjoying the healthy meal prepared



Ben educating the women on healthy cooking – using less oil

## Gardening in the Community



Sheetal & the team preparing the seed bed and planting in the community



Community health workers and VSHC Staff playing Volleyball



## High Risk Education Session on Thursdays



Patients Listening to the talks on NCD's and Wellness by the NCD Team

## Outreach Screening



Staff Nurse Namrata checking patient's blood pressure in the community



### **Working with Schools:**

The NCD team also works with the schools in the Vuda cluster to promote wellness. Apart from the education talks on NCD's and Wellness at schools the team organized a healthy cooking demonstration at the Gurukul Primary School for students. This was done in order to educate them on how to prepare quick and healthy meals. At the Western Schools Scouts Rally the NCD team did a healthy cooking demonstration whereby the team prepared chicken and vegetable soup for the Vuda cluster school scouts. The children enjoyed the meal prepared for them. In addition to this the team had also distributed "Khichadi" and salad to all the students at Lomolomo Primary School to promote healthy eating.

### **Community Health Worker Recruitment, Training and Deployment:**

The MOH has been developing a program to train Community health workers to support its various programs at community levels. The Fiji Health Sector Support Program has been involved in this development. As this program was still in its development phase VSHC introduced its own training for this cadre. It was felt very strongly that a community health centre team is under resourced to be able to successfully carry out all the community health advocacy and education program that they require. We recruited 15 members representing different communities and villages and trained and deployed them. Of this initial group 7 had dropped out by the end of the year due to various reasons including having found paid employment, migration and personal reasons. This year we recruited and trained a further 8. Our CHW's work with the zone nurse in providing community outreach health services and they work with our NCD team in reducing community health risk factors and promoting wellness. The VSHC CHW's primary role is in health advocacy and education. They provide no clinical services apart from home monitoring of blood pressure and blood glucose. Next year we plan to evaluate the effectiveness of CHW's in promoting wellness and good health.

### **Some new initiatives:**

SNAP is an intervention tool used by the Ministry of Health Fiji towards reducing NCD risk factors. The VSHC team has revised this tool as a consequence of lesson learnt in the field with working with the community. We have developed 3 Flipcharts to assist CHW's in their efforts to educate the community. . These flipcharts are on Wellness, Diabetes, and Hypertension. We have also developed a CHW logbook for monitoring the activities carried out by the CHW's.

### Staff Development and Training:

1. Developing skills on Proposal Writing
2. How to develop monitoring and evaluation plans
3. Data analysis training
4. Communications and Visibility
5. Community health Workers Training
6. Reproductive Health with Youths and teachers
7. Family Planning

One of our staff members spent a week at UNSW refining her data management skills. Our training officer has been awarded a scholarship on leadership. All our staff have had an opportunity to develop their CV's whilst involved in a busy rich rewarding year.

**Sheetal Naidu**

**Research Coordinator**



### Experience with the WHO PEN Tool for risk scoring NCD Patients

We have a total of 440 High Risk NCD Patients. Out of which 278 patients data has been entered in the data base of whom 70 had both Hypertension (HTN) and Diabetes (DM), 140 had HTN and 62 had DM. All these High risk patients and 13 others have been given a PEN score. This represents 65% of patients at VSHC diagnosed with and NCD. We have performed PEN score on 291 patients. Of these 45 percent were in the low risk category and 8% in the high risk category. The others were in the moderate to high risk category. During the year 12 of the patients were able to reduce their PEN score. This is a promising tool to identify patients at risk of complications so that we can monitor compliance with treatment and reduction in risks for developing NCD risk factors.

**Namrata Patel**

**NCD Research Nurse**

## Health Promotion Unit Activity Report

This unit has a crucial role at VSHC in that there is a recognition that health promotion is key to community health. We are fortunate in having a talented team comprising of Mr. Mosese Baseisei as the health promotion officer supported by George Qalo, Jokapeci Tokalau, Seremaia Koroi and Benjamin Narayan who are all becoming experts in health education. This team works closely with the research and data management officers Sheetal and Jyotishna Naidu.

The health promotion team is a critical part of the two large community projects namely the Community Wellness Program and Reproductive Health Program. These programs are supported by staff nurses Namrata Patel, Amelia Ake, Sister Akisi Daivalu.

Health promotion has been challenging as changing community attitudes can be very difficult. We have learnt that any success requires community involvement throughout the process. The team has worked very closely with the traditional leaders in the Itaukei community and this work is ongoing. The Indo Fijian communities are less well organized and therefore more difficult to influence. However, we have learnt that persistent effort, development of trust and a consultative process pays dividends.

The key focus for the NCD team has been in the Vanua of Vuda and the Viseisei Health Zone. We have prioritised healthy eating, increase in physical activity and reduction in smoking and kava and alcohol intake. We have learnt that the SNAP tool needed to be modified for our local context. Our team has produced 3 Flip charts for use in the community. These charts are on Diabetes, Hypertension and Wellness. We are also working on the training of Community Health Workers as advocates for wellness. We have trained and deployed 21 CHW's to date.

The RH team has a much wider focus and has targeted rural communities from Nadi to Ba. In this project women are educated by our health promotion team regarding family planning, safe sex and cancer screening.

The team has worked closely with the Ministry of Education, with the Ministry of Youth, Ministry of Women and Social Welfare and Itaukei Affairs.

## **Media Coverage**

We have used the media extensively for publicizing our NCD and RH messages. Our team has been on television, radio and newspapers regularly. Media exposure is important in reaching to the community. Examples of this are the television coverage of Lance Seeto the celebrity chef, television radio and printed media coverage during the UNFPA/MOH meeting in Vuda on repositioning FAMILY PLANNING. Mosese Baseisei and Professor Naidu have had several radio and television interviews. Our team has presented at several conferences in Fiji and abroad talking about both NCD's and Reproductive and Sexual Health

**Mosese .S. Baseisei**  
**Health Promotion Officer**

## Reproductive Health (RH) Project



Funded by the European Union

### **Empowerment of Rural women in Reproductive Health Project:**

*“Strengthening rights of rural women & girls by providing them with knowledge, access and control of their reproductive health”*

#### **This Project aims to:**

1. Empower rural women and girls about their reproductive health by group and one to one education and counseling by Gynaecologist, Nurses and Health Educators.
2. To provide targeted health care in the form of breast examination, cervical cancer screening and contraceptive counseling and provision, safe sex and gynaecological advice and service.

At the same time a survey is being conducted to understand women's knowledge, attitude and Practice and Barriers to family planning, safe sex and cervical cancer screening.

It is part of a larger Women's Empowerment program for rural women and girls of Nadi, Lautoka and Ba. Associate Professor Swaran Naidu, who has had extensive experience in Women's Health for almost 35 years, leads the project. Since her return to Fiji almost 3 years ago she has witnessed the disempowerment of rural women because of poverty, lack of employment opportunities and education. Worsening this disempowerment is their lack of control over their Reproductive Health. This is a major issue especially in rural areas of Fiji where family disposable income is low and women are having to cope with the brunt of family responsibilities.

The following illustrates the lack of RH issues awareness and access:

- Contraceptive prevalence rate is low at 30% or less which shows a high unmet need for Family Planning
- Adolescent Fertility rate is at 50 per 1000
- Teenage mothers are 10% of all Births

- High Sexually Transmitted Infections- high particularly among the under 25 year old
- Maternal Mortality rate in Fiji is about 30-40 per 100,000 live births
- Haemorrhage: PPH, Ectopic, Pre eclampsia, Infections, DVT/PE

**Three DELAYS** of recognizing, accessing, receiving care is always an issue in these cases

**Disempowerment of women is worsened by;**

- High poverty rates in Fiji with approximately 40% of the population living below poverty line. This is worse in rural areas.
- High unemployment amongst women, again worse in rural areas
- Women are unaware of their Sexual & Reproductive Health Rights which is their basic Human Right
- A lack of sense of their own worth & value
- Society - many believe and often treat them as inferior
- High rates of Violence Against Women

Women are very vulnerable to unplanned pregnancies and its consequences. Teenage pregnancy rates in Fiji are high with one in ten deliveries being that of a teenager. Most women celebrate this ability to have a baby when this is by choice and not by chance. What should be a joyful event may end up being the beginning of the end of the capacity for a woman to develop to her full capacity enabling her to look after her own interests and have a more meaningful contribution to make to the family and society.

The consequences of unsafe sex are unplanned pregnancies, infections which cause pain, suffering and infertility, ectopic pregnancies (which has been a cause of maternal deaths) and cervical cancer.

Women if empowered to take better care for themselves can enjoy their lives more and become economically productive members of the community.

**The TEAM consists of:**

Team Leader and Gynaecologist: Dr Swaran Naidu

Nurses: Staff Nurse Amelia Ake, Sr Diakisi Daivalu

Health Promotion Officer: Moses Baseisei

Health Educators: Seremaia Koroi, George Qalo, Jokaveti

Data Entry: Nasoni

Driver: Vimal Mani



**Areas Visited from February to December 2013**  
(Outreach clinic with education sessions)

<b>Sub Division</b>	<b>Area</b>
Lautoka (38 outreach)	Viseisei, Dreketi, Saweni, Lauwaki, Vaivai, Lomolomo Settlement, Taiperia, Vunayawa Settlement, Wairabetia, Viseisei Back Rd, Saru MGM, Velovelo, Natabua, Saru Back Rd, Tavakubu Village, Tomuka, Tokovuci, Koroipita, Lovu Hart, Buabua, Lovu Sangam, Naviyago, Qalitu, Vitogo Village, Vakabuli, Vitogo Paipai, Vanuakula, Vadreyawa, Lololo, Vunato, Drasa Dam, Johnson Rd, Teidamu, Vitogo Main Rd, Lomolomo Village, Matawalu Village, Namoli Village, Field 40
Nadi (39 outreach)	Sabeto Muslim, Sabeto Central, Waimalika, Nagado, Naboutini, Korovuto, Navilawa, Legalega, Korobebe, Field 5, Keolaiya, Solovi Interior, Votualevu, Korociri, Nawaka, Fiji Airways Hangar, Sanasana (Sabeto), Port Denarau, Westin Carpark, Nawaijikima, Nausori Highlands, Koroivula Park (Rural Womens Day Fiji), Enamanu Rd, Bukuya, Nanoko, Maqalevu, Nawaqadamu, Vunamoli, Vagadra, Yavuna, Namulomulo, Dratabu, Yako, Moala, Vunayasi, Nasoso/Taiperia, Korovuto, Malolo
Ba (1 outreach)	Nukuloa
Other (6 outreach)	Ra (2), Nadarivatu, Tagitagi, Keiyasi, Loma

## Workshops Conducted:

Date	Workshop	Area
03rd May, 2013	Women's Advocacy Workshop	Viseisei Sai Health Centre, Lautoka
27th May, 2013	Teachers Workshop	Lautoka
28th May, 2013	Youth (University) Workshop	USP, Lautoka
30th May, 2013	Teachers Workshop	Nadi
24th June, 2013	Women's Advocacy Workshop	YWCA Hall, Lautoka
15th July, 2013	Youth Workshop	Lautoka
14th August, 2013	Divisional Community Health Workers Workshop	Viseisei Sai Health Centre, Lautoka
31st August, 2013	Sangam Women's Workshop	Lautoka
02nd September, 2013	Women's Workshop	Nadi
03rd October, 2013	Viseisei Zone CHW Workshop	Viseisei Sai Health Centre, Lautoka
12th November, 2013	Nurses Workshop	Nadi
18th November, 2013	Nurses Workshop	Lautoka
01st December, 2013	Ladies Workshop	Viseisei Sai Health Centre, Lautoka
09th December, 2013	Combined Youth/Women's Workshop	<u>Namaka</u> , Nadi

## Activity Outputs

No	Activity	Output
1	Total number that received education in RH and RH and women's rights	4984
2	Total Males that received education in RH	785
3	Total number of Women Seen in clinics	2948
4	Total Pap Smears performed <ul style="list-style-type: none"> <li>- Percentage that had Pap for first time</li> <li>- Total results received:</li> <li>- Number of high grade abnormality:</li> <li>- Number of low grade abnormality:</li> <li>- Number of Paps with Trichomonas:</li> </ul>	2088  37% 967 (46%) 13 3 122
5	<b>Cancers diagnosed</b> <ul style="list-style-type: none"> <li>- Number of Cancer of cervix diagnosed:</li> <li>- Number of endometrial Cancers</li> <li>- Number of possible breast</li> </ul>	4 2 5
6	Total number of Breast Examinations performed <ul style="list-style-type: none"> <li>- Number referred to Breast Clinic</li> </ul>	2948  25
6	Family Planning Counseling/ education (group)	2948
7	Individual Family Planning Counseling	1098
8	New Family Planning commenced	145
9	Schools Visited	14
10	Total number of school students	566
11	Total Number of Media Awareness: <ul style="list-style-type: none"> <li>- TV</li> <li>- Radio</li> <li>- Newspaper</li> </ul>	10 20 14
12	Booklets: 1: "Reproductive Health for Nurses"	35 given to nurses

## Scouting/Mapping:

**Strengths/ opportunities** – In conducting outreach programs, scouting and mapping is very important since you will understand the areas and boundaries that will be covered during the outreach program. Distribution of flyers is another key component in getting the community to a certain area for the outreach day by visiting them house to house which makes rural women feel welcome and the information given about health professionals that will be providing services eg. (Gyna Doctor) carries weight and services that will be provided. These make rural women feel more important. We also work with the Zone Nurse, Community Health Workers and even the Turaga ni Koro for villages and Advisory Counselors for some settlement or community in trying to gather the community to an allocated venue.

**Weakness/ Challenges** - For most of the areas, we need a familiar person to show us around in our outreach mapping area and we work with zone nurses. This is part of scouting and mapping but unfortunately sometimes zone nurses are unavailable so we have to find our own way in trying to work out the outreach program. We find out venue and distribute flyers and trying to convince them to come for screening and sometimes we have less number of women seen in a day. The weather is another challenge for the team; we need to get out of the interior villages before the rainy session because of road condition. Sometimes we feel the heat and sweat all day while conducting Education session and screening due to tin roofs and less ventilation. Road condition is sometimes dusty, narrow and slippery. Sometimes we get chased by dogs and walk from house to house under the hot sun.

In the arrangement of areas that is to be covered in the outreach program, the program is being informed to the Divisional Medical Officer and the Divisional Health Sister. After informing them we liaise with the various Sub Divisional Health Sisters and Sub Divisional Medical Officers and provide them with a three month tentative program and we also liaise with the nurses of each zone on areas that need Pap smear screening and other Reproductive Health Issues. We get our maps and total population from the Health Inspectors so that it gives use a clear picture on the areas that will be visited and population in a particular zone that needs to cover.

Zone nurses are the bridge between our service and the community. They have a fair understanding on which areas that need screening and which is the best venue for the outreach program so that it captures all groups of people and different areas.

We liaise with the Ministry of Education in regards to the teacher's workshop. We provide them with our program for the one day training, what are the benefits of the teachers and what all we provide in the workshop e.g. (certificates & meals). These is also done for the Ministry of Youth and Woman's in regards to the workshop and also form a network with these Ministries if they need us to have Education Sessions with their various Groups or even in schools.



## Difficult roads in the interiors



## Distributing flyers in the communities





## Clinical Outreach:



**Setting-up** – We have generally had the use of the caravan from the Western Cancer Society for our clinical outreach work. However the truck has been unable to go to all the very rural and interior areas where access by roads has been difficult. In those situations we have set up makeshift clinics using curtains and mobile bed in community halls and sometimes in the homes of generous hosts. We have been to some remote areas and had to work in some very difficult situations. Nevertheless, it has been a great year of activity. We have enjoyed reaching out to women.

### **Fiji Cancer Society – Western Branch:**



The Western Cancer Society Volunteers who accompany us on outreach, with the provision of their mobile clinic caravan.

Thirty seven percent of all women that had Pap Smears with us had never had one before and may not have had it if we did not go to them. Many women were either shy or afraid to have a pap smear but once they had education by the health educators they felt confident in coming forth to have this performed.. In our post pap questionnaire assessment, most women were very happy that they have had a pap smear and were surprised as to how easy it was to have them.

So far we have detected 13 High grade abnormalities in the Pap results. Once these women have had treatment, it would mean that 13 have been prevented from having cervical cancer in future. We are in the process of following up women to make sure that they have had colposcopy and treatment. We will be following all these through the hospital and with phone calls to make sure adequate follow up management has been received by them.

We have given the results to the women in the community and some to the zone nurses for follow up.

We are very grateful to all our hosts in the various villages and settlements we have visited so far. Many of the Turaga-ni-koros have gone out of their way to accommodate us and individual families and schools have been excellent and generous host. To all our hosts we would like to express our gratitude and look forward to seeing you all again in future.

#### Education: Education Only Visits

<b>No</b>	<b>Sub Division</b>	<b>Areas</b>
1	Lautoka	Sawene, Viseisei Point, Abaca, Tavakubu, Natabua, Lomolomo, Naviyago Settlement, Vakabuli, Vunato, Vanuakula, Field 40 pre school, Lomolomo preschool, Satya Sai school, Lovu preschool, Matawalu, Waikatakata
2	Nadi	Naboutini, Korobebe, Korociri, KPMG (martintar), Bukuya
3	Ba	
4	Other	Sigatoka Andrah school

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3	Ba	
4	Other	Sigatoka Andrah school



Health Educator George discussing contraceptive and need for family planning in Buabua



Dr Swaran – education under trees in Lololo



Focus Groups



## Outreach Clinics in the Villages



Working in the villages



Pap Smear Demonstration

## School Visits - Talks to Students



Health Educator Koroi talking to the students



Dr Naidu talking to the girls on HPV Immunization



## Workshops



Nurses workshop in Lautoka



SDHS Nadi at the Nadi Nurses Workshop



DYO Lautoka during opening:  
YOUTH workshop - Students



USP

## Women's Advocacy



### **Trainee Interns (FNU):**

The interns joined us on the 15th of July, 2013.

There were 7 of them who took turns spending 5 weeks each at Viseisei Sai Health Centre.



Trainee Interns Walter and Donna of the Fiji National University – College of Medicine



## European Union Visits:



EU Pacific Ambassador – Andrew Jacobs



The ladies of Matawalu village with the Deputy General of the EU – Mr Conarn

Staff Nurse Ake **FOLLOWING UP** patients by personally handing them abnormal results and organizing treatment, sometimes – with the help of the zone nurse.



Reproductive Health Team

## **Report from the Admin & Finance Department**

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

The year 2013 has been a very busy year for the Administrative Department. Trainee interns were placed at VSHC from College of Medicine, Nursing and Health Sciences through Fiji National University. We also had elective students coming from abroad to do their attachment.

Apart from this there were ad hoc international volunteer doctors who offered their services (**in kind**) to the community for short periods. It is always a challenge to get these volunteers registered under the Fiji Medical Board and arrange for their accommodations.

### **DONATIONS:**

#### **Cash Donations:**

We are very grateful to all cash donors for their continued support in funding and running of the Health Centre. All cash contribution made are acknowledged and issued with receipts accordingly.

#### **Equipment and Medical Supplies Donations:**

VSHC also receives equipments and Medical supplies from the various donors. All Equipments and Medical supplies gets recorded into the asset and inventory register respectively upon receipts.

#### **Contribution of Volunteers:**

The Charity makes substantial use of volunteers, currently contributing their time in some way. Amongst their many contributions, the volunteers were involved in the following activities:

- 1) Health Care Services
- 2) Finance and Administration
- 3) Project Management and supervision

It is impossible to calculate the monetary value of volunteers' contributions but if the work they perform were to be done at commercial rates their contributions would cost hundreds of thousands of dollars per year.

### **Policy Procedure Manual**

To improve and manage the health centre efficiently, a comprehensive Operations Manual is in place. Any prudent changes necessary will be implemented as and when required.

### **Capital Expenditure For Consideration**

VSHC is considering the building extension proposal. With increased activities, VSHC is facing shortage of space. The funding is being discussed with the prospective donors to facilitate the necessary extension.

### **Financial Reports**

VSHC have an efficient, transparent organizational structure and fully functional management accounting systems in place. The trustees have maintained adequate accounting records, which disclose with reasonable accuracy at any time the financial position of the organization, enabling them to ensure the financial statements comply with non-profit organizations Decree/Act. They have safeguarded the assets of the organization and taken reasonable steps for the prevention and detection of fraud and irregularities. All these stringent controls and efficient accounting systems in place puts VSHC in a very strong positions in successfully securing funding from donor agencies. The following finance reports are prepared for the various stakeholders:

- 1) *Weekly Cashflow Report:*  
For Finance Director and Medical Directors.
- 2) *Monthly Finance Reports:*  
For Finance Director, Medical Directors and Trustees.
- 3) *Monthly and Quarterly Project Reports:*  
For Finance Director, Medical Directors and project stakeholders
- 4) *Annual Audited Finance Reports:*  
For all stakeholders, partners and associates.

### **Audit/Auditors**

VSHC accounts are audited annually by the external auditors. The auditors, Mishra & Co, have signified their willingness to continue in office.

Practicing good governance and accountability towards staff, partners, communities and all other stakeholders has been the ethos of this health centre. VSHC achieved milestones when it secured funding from donor agencies to conduct different projects.



## PROJECTS

### **NCD Project**

The NCD Project which was initially funded by the University of the New South Wales (UNSW) ceased in July 2013. However the project continued after securing further funding from the Fiji Community Development Fund (FCDP) through AusAid. The FCDP project officially began on 1st August 2013. The funding was very timely from FCDP.

The first quarter of this project was audited by the FCDP in-house Auditors. Apart from some minor issues, the auditors were happy with our accounting standards.

Movements in Human Resource section saw an additional employment of two more staff due to increase demand and a movement of a staff member to another project.

The Finance team attended a three day “MANGO Training” workshop conducted by FCDP at the Tanoa Hotel in Lautoka. The training helped in learning and capacity development in terms of managing grants.

### **RH Project**

The RH Project, funded by the European Union (EU) commenced in November 2012. Most of the staff recruitment took place in 2012 but the procurement of equipments was done in 2013. It was challenge in trying to meet the EU’s procurement requirements. The project officially started its outreach activities in February 2013.

During the year, RH project experienced movements in the Human Resource department as well. We have lost two project staff from the Accounts Section, both have moved on to other positions. The new appointments required us to advertise for positions. Recruitment of adequately qualified project staff remains a challenge but we have been very fortunate in being able to build a good team. Staff recruitment and management is conducted according to Operations Manual.

The Finance staff attended workshops conducted by the EU called the “Audit Coaching” workshop which ran for 3 days.

This workshop helped the finance team in up skilling their knowledge and in being more proficient in handling the accounting requirements for this project.

### **UNFPA Project**

This is new research project funded by the UNFPA to conduct research in our field of project works. This project funds the salary of a research officer.

Accounting requirements for all projects are very rigorous. VSHC have withstood very stringent audit from both the Auditors of the EU & FCDP projects. This was the first time VSHC have been put through such a tough process and we are glad that apart from the some minor issues both the project auditors were happy with our procedures and systems. We are proud to have withstood stringent audits from our Auditors.

To ensure sustainability of the projects as well as better monitor them, number internal processes have been developed. To promote quality assurance within VSHC and its service delivery, VSHC has set up clear organizational structure and system for conducting regular monitoring and evaluation on its organizational management and program delivery.

Our efforts are to continually improve the way we operate in order to provide quality service.

We look forward to an equally busy 2014.

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

## Staff of Viseisei Sai Health Centre



Back row (L –R): George – Health Educator, Ishwar Chand –Maintenance/  
Handyman, Benjamin Narayan – Health Educator, Patiliseva – Receptionist,  
Jokapeci – Health Educator, Ashni – Admin/Finance Manager, Sister Akisi,  
Seremaia - Health Educator, Jyotishna – Research Assistant, Vimal – Driver,  
Latchman – Handyman

Middle row (L- R): Sheetal – Research Coordinator, Warsha – Data entry  
personal, Staff nurse Jijilia, staff nurse Amelia, Staff Nurse Namrata, Staff Nurse  
Angeline, Archana – Accounts Assistant

Front Row (L – R): NP Sereana, Professor Gyaneshwar – Chairman VSHC Trust,  
Associate Professor Naidu – Medical Director